Unannounced Medicines Management Inspection Report
20 September 2016

Camphill

Type of Service: Nursing Home
Address: 62 Toome Road, Ballymena, BT42 2BU
Tel no: 028 2565 8999
Inspector: Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Camphill took place on 20 September 2016 from 10.20 to 16.10.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that the most areas of the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were largely satisfactory systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area for improvement regarding the storage of medicines was identified and a requirement was made.

Is care effective?

The management of medicines supported the delivery of effective care. There were largely satisfactory systems in place to ensure that patients were receiving their medicines as prescribed. Some discrepancies in the audit trails were observed and some incomplete records of administration were observed. One requirement was made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

Is the service well led?

The service was found to be generally well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. There were systems which enabled management to identify and cascade learning from any medicine related incidents and medicine audit activity. However, as issues were identified for improvement the auditing process should be reviewed. One recommendation was made.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Wendy McMaster, Covering Manager and Ms Dulce Amor Yanga-Ali, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 May 2016.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare/ Dr Maureen Claire Royston	**Registered manager:** Mrs Anne O'Kane
Person in charge of the home at the time of inspection: Sister Anca Clivet	**Date manager registered:** 5 August 2016
Categories of care: NH-MP(E), NH-I, NH-PH, NH-PH(E), NH-DE	**Number of registered places:** 72

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two patients, one member of care staff, three registered nurses, the deputy manager and the covering manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

A sample of the following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection 2 October 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must forward a summary of the auditing activity undertaken in the Glenshesk unit, the outcomes and action taken on a monthly basis until further notice.	**Met**
	Action taken as confirmed during the inspection: The registered manager had forwarded a summary of the outcomes of the internal audits each month until February 2014, when it was concluded that the auditing systems showed improved outcomes.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that controlled drugs are denatured immediately when placed into denaturing kits so as to render them irretrievable.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that any discontinued controlled which had been placed into denaturing kits were rendered irretrievable at that time.	

Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that records of external preparations and thickening agents administered by designated care staff are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A sample of records was selected for examination. Records of the administration of thickening agents were well maintained; however, there were some incomplete records of the administration of external preparations. It was acknowledged that these medicines were included in the weekly audit process. Management advised that these records would be closely monitored from the day of the inspection onwards.	
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that the controlled drug register is completed appropriately on every occasion when a controlled drug is received, administered or disposed of.	**Met**
	Action taken as confirmed during the inspection: Examination of the controlled drug records indicated that these had been maintained in a satisfactory manner.	
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that robust arrangements are in place for the management of blood glucometers.	**Met**
	Action taken as confirmed during the inspection: There were robust arrangements in place for the management of blood glucometers. These were audited on a regular basis and the date of opening of the control solutions was recorded.	
Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that robust arrangements are in place for the management of medicine refrigerator temperatures.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the cold storage of medicines. Refrigerator temperatures were monitored and recorded on a daily basis and were included in the weekly audit process.	

Requirement 7 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that controlled drug stock reconciliation checks are not pre-adjusted/signed.	**Met**
	Action taken as confirmed during the inspection: Examination the records of controlled drug reconciliation checks indicated that these were signed at the time of the check only and not in advance of checks.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that a second nurse witnesses the disposal of medicines in the Glenshesk unit and countersigns the record.	**Met**
	Action taken as confirmed during the inspection: The Glenshesk unit was no longer in operation. The completed QIP from the previous medicines management inspection indicated that this recommendation had been addressed.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that the frequency of auditing of liquid medicines in the home is increased.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the liquid medicines were included in the monthly auditing process. A variety of liquid medicines were included. As written this recommendation has been met, however, as a small number of discrepancies were observed in liquid medicines and other areas for improvement were identified, a recommendation regarding audit has been made.	
Recommendation 3 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that medicine records are archived promptly.	**Met**
	Action taken as confirmed during the inspection: With the exception of few medicine records, records were archived once completed or obsolete.	

Recommendation 4 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that the required consistency of thickened fluids is recorded on the personal medication record and the medicine administration record.	**Met**
	Action taken as confirmed during the inspection: The sample of personal mediation records and administration records indicated that the fluid consistency of thickened fluid was recorded on these records.	
Recommendation 5 **Ref**: Standard 39 **Stated:** First time	The registered manager should ensure that the storage space in the Glenariff unit is reviewed.	**Met**
	Action taken as confirmed during the inspection: There was sufficient space for the storage of medicines in the Glenariff unit treatment room.	
Recommendation 6 **Ref**: Standard 39 **Stated:** First time	The registered manager should ensure that the date of opening is recorded on all medicines, particularly those with a limited shelf-life after opening.	**Met**
	Action taken as confirmed during the inspection: The date of opening was recorded on eye preparations, but was not recorded on the insulin pen in current use. This was addressed during the inspection. Therefore as written this recommendation has been met. However, it was noted that seven eye preparations had passed the expiry date and should have been removed and replaced 10 days prior to the inspection. Therefore it was concluded that there was no effective system in place to manage medicines with a limited shelf life. A requirement regarding the management of limited shelf life medicines was made.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses, agency nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of diabetes, dysphagia and distressed

reactions was provided in the last year. The most recent training was in relation to syringe drivers.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The management of medicines with a limited shelf life requires review. It was found that one insulin pen which was not labelled did not state the date of opening. The dose prescribed indicated that this pen could be in use for up to 75 days, but the insulin pen would expire after 28 days of opening. This insulin pen was replaced, labelled and marked with date of opening at the inspection. In one unit, seven containers of eye preparations had passed the expiry date. These were removed during the inspection. A requirement was made.

Areas for improvement

The management of medicines with a limited shelf-life once opened must be reviewed to ensure that robust arrangements are in place and medicines are not administered after the expiry date has been reached. A requirement was made.

Number of requirements	1	**Number of recommendations**	0

4.4 Is care effective?

The majority of medicines which were audited at the inspection had been administered in accordance with the prescriber's instructions. Some discrepancies were observed in a few liquid medicines and it could not be ascertained if some external preparations had been administered as prescribed. It was also noted that the audit trails on three eye preparations indicated that the eye preparation had not been administered as prescribed. Management agreed to report this to the prescriber. One requirement was made. (A recommendation in relation to audit was made in section 4.6)

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. A care plan was maintained.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

Whilst it was confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber, it was noted that one patient had been refusing medicines on an ongoing basis, including one anticoagulant medicine. This had been reported to the prescriber at the start of September 2016 but had not been followed up. Management advised that that the prescriber would be contacted later on the day of the inspection and agreed to raise this with staff.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate records for transdermal patches. Some incomplete records of administration of external preparations were observed and discussed. It was agreed that these records would be closely monitored with immediate effect.

Following discussion with management and staff, it was evident that when applicable, other healthcare professionals were contacted in response to issues or concerns in relation to medicines management.

Areas for improvement

A system must be developed to ensure that all medicines are administered in strict accordance with the prescribers' instructions.

Number of requirements	1	**Number of recommendations**	0

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

The patients spoken to at the inspection advised that they had no concerns regarding the management of their medicines and confirmed that staff responded to their requests for medicines in a timely manner. The patients were complimentary about the staff and their care.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These had been reviewed and revised in March 2016. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

There were a variety of systems in place to monitor the management of medicines and some areas of good practice were acknowledged. A review of the internal audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice. However, in view of the findings of this inspection, it was recommended that the auditing process should be further developed. A recommendation was made. As part of the quality improvement process, it was suggested that the QIP should be regularly reviewed.

Following discussion with management, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated through individual supervision, team meetings and at shift handover.

Areas for improvement

The auditing process for medicines management should be further reviewed to ensure that it is effective. A recommendation was made.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Wendy Mc Master, Covering Manager, and Ms Dulce Amor Yanga-Ali, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 21 October 2016	The registered provider must ensure that robust arrangements are in place for the management of limited shelf medicines.
	Response by registered provider detailing the actions taken: The findings of the QIP were discussed at a nurses meeting on 28/09/16. Weekly audit of all limited shelf life medication to be more robust to ensure compliance is met. Audits will be monitored by Acting manager. Following Pharmacy inspection on 20/09/16 Gp's Care Managers and next of kin of all residents who had received eye preparation that passed expiry date were contacted. All 7 were residents affected had an eye test carried out by Optimise and no deterioration in vision/pressure detected.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 21 October 2016	The registered provider must make the necessary arrangements to ensure that all medicines are administered as prescribed.
	Response by registered provider detailing the actions taken: Requirement discussed at nurses meeting on 28/09/16. Policy and procedure if residents refuse medication discussed in detail. weekly audits and drug trails to be completed to monitor and reduce risk of out of stcok medications
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 21 October 2016	The registered provider should ensure that an effective audit process is in place.
	Response by registered provider detailing the actions taken: Recommendation discussed at a nurses meeting on 28/09/16. weekly audits to be more robust and will be monitored by Acting Manager to ensure compliance.

Please ensure this document is completed in full and returned to** pharmacists@rqia.org.uk **from the authorised email address

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