Unannounced Medicines Management Inspection Report
5 May 2016

Hamilton Court

45 Hamiltonsbawn Road, Armagh, BT60 1HW
Tel No: 028 3752 8523
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Hamilton Court took place on 5 May 2016 from 09:35 to 13:50.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though two areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

One recommendation was made for the second time.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 4.2 and 5.0 of this report.

For the purposes of this report, the term ‘patients’ will be used to described those living in Hamilton Court which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Ms Sara George, Acting 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 inspection on 8 March 2016.

2.0 Service details

Registered organisation/ registered person: EBBAY Limited/ Mr Patrick Anthony McAvoy	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Ms Sara George (Acting Manager)	**Date manager registered:** Ms. Mary McKee Registration pending
Categories of care: RC-DE, NH-DE	**Number of registered places:** 35

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 the acting manager and one registered nurse.

A sample of the following records was 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 8 March 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 6 October 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that antibiotic doses are administered in accordance with the prescribed instructions.	**Met**
	Action taken as confirmed during the inspection: The antibiotic course audited indicated that the individual doses had been administered in accordance with the prescribed instructions.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that recording of controlled drugs is in accordance with the organisation's Standard Operating Procedures for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The recording of controlled drugs was in accordance with the organisation's Standard Operating Procedures for the management of controlled drugs.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	In an instance where a patient is prescribed 'when required' medication for distressed reactions, the reason for and outcome of administration should be routinely recorded.	**Not Met**
	Action taken as confirmed during the inspection: The reason for and outcome of administration of medicines prescribed on a "when required" basis for the management of distressed reactions had mostly not been recorded. **This recommendation was restated**	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	Two designated members of home staff should witness medicines being placed in the medicines disposal bin and should sign the disposal record.	**Met**
	Action taken as confirmed during the inspection: From discussion with staff and examination of the disposal of medicines record, it was concluded that two designated members of home staff had witnessed medicines being placed in the medicines disposal bin and had signed the disposal record.	
Recommendation 3 **Ref**: Standard 38 **Stated:** First time	On the personal medication record sheets, discontinued medicine entries should routinely have a straight line drawn through and the date of discontinuation recorded.	**Met**
	Action taken as confirmed during the inspection: Discontinued medicine entries had been cancelled by having a straight line drawn through and the date of discontinuation recorded.	

Recommendation 4 **Ref**: Standard 38 **Stated:** First time	The designated staff members should always cross reference the stock balances specified in the controlled drug record book with the actual stocks during each controlled drug stock reconciliation check.	**Met**
	Action taken as confirmed during the inspection: From discussion with staff and examination of the controlled drugs record book, it was concluded that designated staff members had cross referenced the stock balances specified in the controlled drug record book with the actual stocks during each controlled drug stock reconciliation check.	
Recommendation 5 **Ref**: Standard 39 **Stated:** First time	The temperatures of medicine storage areas should be monitored regularly to ensure they are maintained at or below 25°C.	**Met**
	Action taken as confirmed during the inspection: The temperatures of medicine storage areas were monitored regularly to ensure they were maintained at or below 25°C.	
Recommendation 6 **Ref**: Standard 39 **Stated:** First time	Oxygen cylinders should be chained to the wall.	**Met**
	Action taken as confirmed during the inspection: Oxygen cylinders were stored appropriately.	
Recommendation 7 **Ref**: Standard 39 **Stated:** First time	Glucometer quality control checks should be performed in accordance with the manufacturers' instructions and the results recorded.	**Partially Met**
	Action taken as confirmed during the inspection: Glucometer quality control checks had been consistently performed; however, these checks had recently lapsed. The acting manager recognised the oversight and gave an assurance that regular checks would be implemented again.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for registered 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.

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. They stated that there had been some problems in obtaining prescriptions in a timely manner from one GP surgery but that this matter had been resolved.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine 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.

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. insulin.

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 manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. The medicine refrigerator temperature range was checked daily. Several time limited medicines did not have the date of opening recorded; the acting manager gave an assurance that this matter would be addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions. Some audit discrepancies were drawn to the attention of the acting manager, who gave an assurance that the administrations of the medicines would be closely monitored to ensure compliance with the prescribers' instructions. 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 and 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 parameters for administration were recorded on the personal medication record. A care plan was maintained. The reason for and outcome of administration had mostly not been recorded; a recommendation was stated for the second time. 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 sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. A pain tool was completed and updated as necessary. A care plan was maintained and it was evaluated on a monthly basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable.

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

Staff 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.

Medicine records were maintained in a mostly satisfactory manner and facilitated the audit process. A couple of discrepancies between medicine entries on the personal medication records and medicine administration records were drawn to the attention of the acting manager, who gave an assurance that the inconsistencies would be rectified.

Areas of good practice were acknowledged; they included additional records for insulin and opioid transdermal patches.

The pharmacist had visited the home on a quarterly basis to perform a medication audit and arrived at the home during the inspection to perform a planned audit.

Following discussion with the registered manager and nursing staff and a review of care files, 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

In an instance where a patient is prescribed "when required" medication for distressed reactions, the reason for and outcome of administration should be routinely recorded. A recommendation was stated for the second time.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in their room or in the day room. The registered nurse administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

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. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them by management.

Arrangements were 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 inspections were discussed. There was evidence of the action taken and learning implemented.

There was no recorded evidence to indicate that management had performed regular audits which covered all areas of medicines management. The acting manager stated that the management had not performed any formal medicines management audits since the re-registration of the home in February 2016. A recommendation was made.

One recommendation made at the last medicines management inspection had not been addressed. To ensure that this recommendation is fully addressed and the improvement sustained, it was suggested that the report and QIP should be regularly reviewed as part of the quality improvement process.

Following discussion with the acting manager and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff expressed their concern about the fact that only one registered nurse was on duty each morning and the impact this could potentially have on patient safety, particularly with regard to the administration of medicines to up to 35 very dependent patients. They stated that this concern had been expressed to management. The morning medicines round was not completed until late morning. This staffing issue was discussed with a management representative at the end of the inspection, who gave an assurance that the matter was being addressed.

Areas for improvement

Robust arrangements should be in place to audit all aspects of the management of medicines and to follow up any resulting concerns. A recommendation was made.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Sara George, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ 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 person/ manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to **RQIA's office** and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time **To be completed by:** 4 June 2016	In an instance where a patient is prescribed "when required" medication for distressed reactions, the reason for and outcome of administration should be routinely recorded.
	Response by registered person detailing the actions taken: • This has been reintroduced into all case plans where relevant and will be monitored during the auditing process.
Recommendation 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 4 June 2016	Robust arrangements should be in place to audit all aspects of the management of medicines and to follow up any resulting concerns.
	Response by registered person detailing the actions taken: • Robust weekly and monthly medication auditing has been restored and any concerns will be communicated to the appropriate regulatory bodies. • Refresher training and competencies will be achieved by 30.06.2016

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