Unannounced Medicines Management Inspection Report
20 June 2016

Ashgrove

Type of Service: Nursing Home
Address: 55 Belfast Road, Newry, BT34 1QA
Tel No: 028 3026 9110
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Ashgrove took place on 20 June 2016 from 09:40 to 14:30.

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?
The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area of improvement in relation to the administration of medicines in disguised form was identified. One recommendation has been made.

Is care effective?
The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. Two areas for improvement in relation to the management of distressed reactions and standard of maintenance of the medication administration records were identified. Two recommendations have been made.

Is care compassionate?
The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Medicines were observed to be administered in a caring manner. There were no areas of improvement identified.

Is the service well led?
The service was found to be 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. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jolly Joseph, 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 22 December 2015.

2.0 Service details

Registered Organisation /Registered Provider: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered Manager:** See box below
Person in charge of the home at the time of inspection: Mrs Jolly Joseph	**Date manager registered:** Mrs Jolly Joseph – Registration pending
Categories of care: NH-DE	**Number of registered places:** 52

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 manager, three registered nurses and two care assistants.

A sample of the following records was examined:

- 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 22 December 2015

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 dated 2 July 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Third time	The room temperature of treatment room one must be monitored and recorded each day to ensure that all medicines are stored at or below 25°C.	**Met**
	Action taken as confirmed during the inspection: Room one is no longer used to store medicines. Satisfactory room temperatures were observed in the two treatment rooms in use.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must forward copies of the daily refrigerator temperature recordings to RQIA at monthly intervals for a period of three months.	**Met**
	Action taken as confirmed during the inspection: Copies of the daily refrigerator temperature recordings were forwarded to RQIA at monthly intervals for a period of three months.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must audit the administration of inhaled medicines. Any further discrepancies must be investigated and reported to the appropriate authorities.	**Met**
	Action taken as confirmed during the inspection: There was evidence that where possible running balances were maintained for inhaled medicines. No discrepancies were noted.	
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that a clear dosage regimen is in place and that abbreviations are not used in the records of administration for patients who are prescribed insulin.	**Met**
	Action taken as confirmed during the inspection: Records for the prescribing and administration of insulin had been recorded clearly; abbreviations had not been used.	

Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered nurses must regularly review the administration records which are maintained by care staff in order to monitor compliance. **Action taken as confirmed during the inspection**: These records are audited each week by the nursing staff.	**Met**
Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time	Records of all medicines received into the home must be accurately maintained. **Action taken as confirmed during the inspection**: Accurate records of medicines received into the home were observed.	**Met**
Requirement 7 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must further review the management of thickening agents to ensure that: • Records of care staff training and competency assessment are maintained. • Prescription details, including the required consistency level, are recorded on the personal medication record. • Records of administration by care staff are accurately maintained and include the required consistency level. **Action taken as confirmed during the inspection**: There was evidence that the management of thickening agents had been reviewed. The relevant information was recorded on the personal medication records and records of administration were fully maintained. Following discussion with staff, they confirmed that training had been provided and their competencies had been assessed. Records of the training and competency could not be located at the time of the inspection, however, the new manager confirmed that further training was planned and records would be maintained.	**Met**

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should maintain a record of the training and competency assessments which have been completed for care staff on the use of thickening agents and external preparations.	**Met**
	Action taken as confirmed during the inspection: We spoke with two care assistants who confirmed that they had received training and competency assessment; however records were not available on the day of the inspection. The manager is new to her position and gave assurances that the training would be updated and that records would be maintained, hence the recommendation has not stated for a second time.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	A list of the names, signatures and initials of care staff authorised to administer external medicines and thickening agents should be maintained.	**Met**
	Action taken as confirmed during the inspection: This list was developed following the last medicines management inspection. However, an up to date list was not in place. The manager gave assurances that the list would be updated following the planned training. The recommendation has therefore not been stated for a second time.	

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 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. The new manager advised of the planned training which was to be undertaken.

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 the majority of handwritten entries on medication administration records were updated by two registered nurses. It was agreed that staff would be reminded to ensure this occurs on medication administration records on all occasions.

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.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged. However, it was noted that transcriptions of warfarin dosage directions had not been signed. Staff on duty confirmed that this had been an oversight. The manager advised that it would be discussed with all staff for corrective action.

Medicines were being administered in disguised form to a small number of patients. This had been discussed and agreed by the prescriber, next of kin and care manager. However detailed care plans were not in place and the pharmacist had not been consulted to confirm the suitability of adding the medicines to food or drinks. A recommendation was made.

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. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

Where medicines are administered in disguised form detailed care plans should be in place to ensure consistent practice. The pharmacist should be consulted to confirm the suitability of adding medicines to food/drinks. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

With the exception of two medicines, the sample of medicines examined had been administered in accordance with the prescriber's instructions. Dates of opening had not been recorded on all medicine containers. The manager and registered nurses agreed to closely monitor the administration of the highlighted medicines and recording of dates of opening as part of the home's ongoing audit activity.

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, 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. Care plans were in place but they did not always refer to the prescribed medication. The reason for and the outcome of administration had been recorded on some but not all occasions. For some patients these medicines were being administered regularly and this had not been reviewed with the prescriber. A recommendation was made.

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 pain assessment tools were used with patients who could not verbalise their pain. Care plans were in place. It was agreed that each patient's non-verbal indicators of pain would be recorded in their care plan for the benefit of new and agency staff.

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. Care plans and speech and language assessment reports were in place. Administration was recorded in the medication administration records and in the food and fluid intake booklets.

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.

The majority of medicine records were well maintained and facilitated the audit process. However, on some hand-written medication administration records the date of administration had not been recorded clearly. In addition the reason for non-administration had not been clearly recorded on all occasions. A recommendation was made.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines and inhaled medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

The following improvements are necessary in the management of distressed reactions:

- the care plan should include details of any prescribed medication
- the reason and outcome of each administration should be recorded
- the prescriber should be requested to review medicines which are prescribed to be administered "when required" but are given regularly

A recommendation was made.

The following improvements are necessary in the medication administration records:

- the date of administration should be accurately recorded
- the reason for any non-administration should be recorded

A recommendation was made.

Number of requirements	0	Number of recommendations	2

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.

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 available in both treatment rooms. Management advised that these were reviewed regularly. 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.

A review of the home's audit records indicated that largely satisfactory outcomes had been achieved. Staff advised that if a discrepancy was identified it would be investigated and discussed with all staff for learning.

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

The requirements and recommendations made at the last medicines management inspection had been addressed in a mostly satisfactory manner. To ensure that improvements are sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all registered nurses and care assistants where appropriate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jolly Joseph, 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 the 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 taken by the Registered Provider

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

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	
Recommendations	
Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 20 July 2016	The registered provider should review and revise the systems in place for the administration of medicines in disguised form as detailed in the report. **Response by registered provider detailing the actions taken:** The Pharmacist has been consulted with regards to disguising medication in food/drink and the outcome recorded within the care plans. This has also been discussed with all registered Nurses to ensure this practice is followed going forward.
Recommendation 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 20 July 2016	The registered provider should review and revise the systems in place for the management of distressed reactions as detailed in the report. **Response by registered provider detailing the actions taken:** This identified issue has been discussed with all trained staff and it has been addressed. All registered Nurses are advised to follow the policies for administration of when required medicines for distressed reactions management. This will regularly monitored by the Home Manager through the audit process
Recommendation 3 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 20 July 2016	The registered provider should ensure that the necessary improvements are made in the standard of maintenance of the medication administration records. **Response by registered provider detailing the actions taken:** This recommendation has been discussed with all registered Nurses. All records have been reviewed and improvements made were needed. This will be monitored by the Home Manager through the audit process

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

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