Unannounced Medicines Management Inspection Report
22 May 2017

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 22 May 2017 from 10.25 to 14.50.

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.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. 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. Two areas for improvement in relation to stock availability and registered nurses accountabilities were identified. One requirement and one recommendation were made.

Is care effective?

Most areas for the management of medicines supported the delivery of effective care. However, three areas for improvement in relation to the administration of liquid medicines, records for the administration of thickening agents and the management of medication refusals were identified. Three recommendations were 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 happy with the care provided in the home. 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jolly Joseph, Registered 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 3 May 2017.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered manager:** Mrs Jolly Joseph
Person in charge of the home at the time of inspection: Mrs Jolly Joseph	**Date manager registered:** 17 August 2016
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 spoke with several patients, two care assistants, three registered nurses and the registered manager.

Fifteen questionnaires were issued to patients, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

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 3 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP will be reviewed 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 20 June 2016

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 28 **Stated:** First time	The registered provider should review and revise the systems in place for the administration of medicines in disguised form as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: Appropriate arrangements were in place for administering medicines in disguised form. Care plans and letters of authorisation from the prescribers were in place. There was evidence that the community pharmacist was consulted regarding the suitability of adding medicines to food.	

Recommendation 2 **Ref:** Standard 18 **Stated:** First time	The registered provider should review and revise the systems in place for the management of distressed reactions as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the management of distressed reactions was being reviewed regularly with the prescribers and changes in medication were being made. Details of when the medicines were to be administered were recorded on the personal medication records and the reason and outcome of administration were being recorded in the daily progress notes. Although not mentioned in the primary behavioural care plans, details of any medication changes were recorded in the care plan evaluations on most occasions. The registered manager agreed to review the care plans for all patients who were prescribed medication for the management of distressed reactions to ensure that all details are recorded. Due to the progress made and assurances provided this recommendation was assessed as met.	
Recommendation 3 **Ref:** Standard 29 **Stated:** First time	The registered provider should ensure that the necessary improvements are made in the standard of maintenance of the medication administration records.	**Met**
	Action taken as confirmed during the inspection: The areas identified for improvement had been addressed. The date of administration of medicines and reason for any non-administration were being recorded.	

4.3 Is care safe?

Registered nurses completed training (via e-learning) on the management of medicines annually. The impact of this training was monitored through regular supervisions, annual competency assessments and appraisal. Records were provided for inspection. Care staff received training on the use of thickening agents and application of external preparations as part of their induction. The registered manager advised via email that all registered nurses had received supervisions following the outcomes of this inspection and that further training had been requested from the community pharmacist.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. With the exception of one medicine, all prescribed medicines were available in the home. The identified medicine had been out of stock since 12 May 2017 and was due in later on the day of the inspection. The registered manager had not been made aware that this medicine was out of stock and registered nurses had not followed up the issue with the prescriber in a timely manner. An incident report was forwarded to RQIA on 23 May 2017. The registered person must ensure that medicines are available for administration as prescribed. Registered nurses must be made aware of their accountability to ensure that any supply issues are managed appropriately. One requirement and a recommendation were made.

There were satisfactory arrangements in place to manage changes to prescribed medicines. The majority of personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged. There was evidence that antibiotics and newly prescribed medicines were made available on the day the prescriptions were issued.

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, in-use insulin was being stored in the refrigerator and for some patients obsolete warfarin dosage directions had not been cancelled and archived. These findings were discussed with the registered nurses on duty and the registered manager and they were actioned during the inspection.

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

With the exception of in-use insulin, 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

The registered person must ensure that medicines are available for administration as prescribed. A requirement was made.

Registered nurses should be made aware of their accountability to ensure that any supply issues are managed appropriately. A recommendation was made.

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

4.4 Is care effective?

With the exception of two liquid medicines, the sample of medicines examined had been administered in accordance with the prescriber's instructions. The registered manager investigated these discrepancies and forwarded the outcomes of her investigations including the action taken to prevent a recurrence to RQIA on 25 May 2017. The registered person should closely monitor the administration of liquid medicines. A recommendation was made.

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.

The management of pain was reviewed. Care plans were in place and they were being reviewed regularly. 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. A pain assessment tool was being used with those patients who could not verbalise their pain.

The management of swallowing difficulty was examined. Care plans and speech and language assessments reports were in place. Details were recorded on the personal medication records and registered nurses recorded each administration on the medication administration records. Care staff advised that they had received training on the use of thickeners, however they did not record administration. The registered person should ensure that records of administration of thickening agents are maintained. A recommendation was made.

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. However, one patient regularly refused an inhaled medicine and this had not been brought to the attention of the registered manager or referred to the prescriber. The registered manager advised via email that this issue had been addressed with all staff. The registered person should review and revise the management of medication refusals. A recommendation was made.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the additional records for recording the administration of transdermal patches. Registered nurses were reminded that the strength/dose of each medicine should be clearly recorded on all personal medication records.

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, nutritional supplements and inhaled medicines. In addition, a quarterly audit was completed by the community pharmacist. There was evidence of the action plans/supervisions carried out following the audits.

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

Areas for improvement

The registered person should closely monitor the administration of liquid medicines. A recommendation was made.

The registered person should ensure that records of administration of thickening agents are maintained. A recommendation was made.

The registered person should review and revise the management of medication refusals. A recommendation was made.

Number of requirements	0	Number of recommendations	3

4.5 Is care compassionate?

We observed the administration of medicines to one patient. It was completed in a caring manner. The patient was given time to take their medicines.

Patients were observed to be content and staff were chatting to patients in a kind and caring manner. One patient stated that "the nurses were great".

As part of the inspection process questionnaires were issued to patients, relatives/ representatives and staff, with a request that they were returned within one week from the date of the inspection. One relative and two members of staff completed and returned the questionnaires via post within this timescale. The relative was "very satisfied" with regard to the management of medicines in the home. However, the members of staff expressed some concerns. Ms Lorraine Thompson, Regional Manager was informed of these concerns (via telephone call) on 31 May 2017. She advised that a meeting would be held in the home and that RQIA would be informed of the outcome and any resultant action plans.

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 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. The registered manager advised that staff had received training on safeguarding and were aware that medication related incidents may need to be reported.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence that this had been highlighted to staff.

Following discussion with the registered manager, 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 with staff either individually, at staff handovers or via supervisions.

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 the QIP were discussed with Mrs Jolly Joseph, Registered 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 web portal 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:** 22 June 2017	The registered person must ensure that medicines are available for administration as prescribed.
	Response by registered provider detailing the actions taken: The identified problem has been dicussed with all Registered Nurses reminding them it is their accountability to ensure all residents have all their medicines in stock for administration. A supervision has been carried out on 25.05.17 on management of out of stock medicines.
Recommendations	
Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 22 June 2017	Registered nurses should be made aware of their accountability to ensure that any supply issues are managed appropriately.
	Response by registered provider detailing the actions taken: The registered Nurses are undertaken a supervision session regarding ordering,receiving,storage and appropriate management of Medicines. Face to face training has also been provided by Boots Pharmacist on 26th June. .
Recommendation 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 22 June 2017	The registered person should closely monitor the administration of liquid medicines.
	Response by registered provider detailing the actions taken: Currently a new liquid medicines daily auditing form is in place. All nurses are maintaining this appropriately and this is audited by the Home Manager via QOL .
Recommendation 3 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 22 June 2017	The registered person should ensure that records of administration of thickening agents are maintained.
	Response by registered provider detailing the actions taken: A new thickening agent administration chart is in place.This is sign by the care staff when they administer the thickning agentsf, detailing the consistency of the fluid.
Recommendation 4 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 22 June 2017	The registered person should review and revise the management of medication refusals.
	Response by registered provider detailing the actions taken: Regarding the refusal of Medication, the registered Nurses have been advised to use the appropriate codes on the Medication Administration chart. They should consult and follow the GP's instructions. This will be monitered by the Home Manager.

Please ensure this document is completed in full and returned via web portal

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