Unannounced Medicines Management Inspection Report
24 August 2017

Aughnacloy House

Type of Service: Nursing Home
Address: 2 Tandragee Road, Lurgan, Craigavon, BT66 8TL
Tel no: 028 3834 6400
Inspector: Helen Daly

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a nursing home with 71 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd **Responsible Individual:** Mrs Lesley Catherine Megarity	**Registered Manager:** Ms Constance Mitchell
Person in charge at the time of inspection: Ms Constance Mitchell	**Date manager registered:** 12 February 2015
Categories of care: Nursing Homes (NH) I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	**Number of registered places:** 71 A maximum of 33 patients in category NH-DE located on the first floor only. The home is also approved to provide care on a day basis only to four persons.

4.0 Inspection summary

An unannounced inspection took place on 24 August 2017 from 10.30 to 15.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to medicines administration, medicine records and storage.

Areas requiring improvement were identified in relation to the management of one new admission, controlled drugs and insulin.

Patients said that they were “very happy” in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Constance Mitchell, 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.

4.2 Action/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP no further were actions required to be taken following the most recent inspection on 11 May 2017.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- 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

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with several patients, the hairdresser, five registered nurses and the registered manager.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

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
- care plans
- training records
- medicines storage temperatures

Areas for improvements identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met. The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 May 2017

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 9 January 2017

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must ensure that only one supply of each medicine (for each patient) is available for administration.	**Met**
	Action taken as confirmed during the inspection: One supply of each medicine (for each patient) was available for administration.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 18 **Stated:** Second time	The registered manager should review and revise the management of medicines which are prescribed to be administered "when required" for distressed reactions as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: Care plans were in place. The reason for and outcome of administration were recorded in the daily progress notes.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Medicines were managed by registered nurses who were trained and deemed competent to do so. Update medicines management training was being provided on the day of the inspection. The registered manager had completed supervisions with all registered nurses recently. Care assistants received training on the management of thickening agents and emollient preparations as part of their induction. The impact of training was monitored through the audit process.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

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.

In relation to safeguarding, the charge nurse advised that they were aware of the regional procedures and who to report any safeguarding concerns to. The management team had attended training provided by the Trust.

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. However for one recently admitted patient it could not be confirmed if one medicine (prescribed to be administered monthly) had been administered. A second medicine (for the same patient) had been out of stock for up to five days. The registered manager was requested to investigate these discrepancies without delay. A copy of the investigation and action taken to prevent a recurrence should be forwarded to RQIA. An area for improvement was identified.

The management of controlled drugs was examined. A new larger controlled drugs cabinet had been obtained. 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 and medicines liable to abuse which is good practice. However, the key to the controlled drug cupboard was not being held separately by one registered nurse during each shift. This means that all registered nurses have access to the controlled drugs during each shift. An area for improvement was identified.

Mostly satisfactory arrangements were in place for the management of warfarin and insulin. Registered nurses were reminded that obsolete warfarin dosage directions should be cancelled and archived. The management of insulin should be reviewed to ensure that the abbreviation "i.u." is not used and the date of opening is recorded. These issues had been highlighted and discussed for action at the last inspection. The site of administration should be recorded. An area for improvement was identified.

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. With the exception of insulin, 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 of good practice

There were examples of good practice in relation to staff training, competency assessment and the storage of medicines.

Areas for improvement

The registered manager should investigate the discrepancies highlighted in the management of medicines for one recently admitted patient. The outcome of the investigation including the action taken to prevent a recurrence should be forwarded to RQIA.

The key to the controlled cupboard should be held separately from all other keys by one registered nurse during each shift.

The management of insulin should be reviewed and revised to ensure that dates of opening are recorded and doses are not abbreviated.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The majority of medicines examined had been administered in accordance with the prescriber's instructions. Discrepancies were observed in the administration of two liquid medicines and one inhaled medicine. For a second inhaled medicine the audit could not be completed as the date of opening had not been recorded. These findings were discussed with the registered nurses, charge nurse and registered manager who agreed to closely monitor these medicines.

With the exception of the one medicine (for a recently admitted patient) 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 dosage instructions were recorded on the personal medication record. Care plans were in place and there was evidence that they were being reviewed regularly. 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 in the daily progress notes.

The management of pain was examined. The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were knowledgeable about why patients experienced pain and were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Care plans were in place but recent updates had not been recorded; it was agreed that this would be done following the inspection. Staff confirmed that a pain assessment tool was used as needed. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. Care plans and speech and language assessments were in place. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administration was being recorded.

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 well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the additional recording sheets for transdermal patches.

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. A weekly audit on the management of controlled drugs had recently commenced. In addition, a quarterly audit was completed by the community pharmacist.

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 of good practice

There were examples of good practice in relation to the standard of record keeping and the administration of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed the administration of some of the lunchtime medicines. They were administered in a caring manner.

Of the questionnaires that were issued, five were returned from patients, two from relatives and two from staff. The responses indicated that they were very satisfied / satisfied with all aspects of the care in relation to the management of medicines. One issue which was highlighted by a relative was discussed with the registered manager for follow up.

We spoke with several patients who seemed to be relaxed and comfortable. Staff interactions were kind and caring. Patients were being encouraged to eat their lunch and alternatives were being offered.

Areas of good practice

Staff listened to patients and relatives and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Written policies and procedures for the management of medicines were in place. These were not examined at the inspection.

There were robust arrangements in place for the management of medicine related incidents. There was evidence that incidents had been investigated and that any learning was shared with staff. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

A review of the 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.

Following discussion with the registered manager and registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. Registered nurses were complimentary about the management team. One registered nurse advised that staffing levels had increased which led to improved patient care. 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 without delay.

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Constance Mitchell, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 24 September 2017	The registered person shall investigate the discrepancies highlighted in the management of medicines for one recently admitted patient. The outcome of the investigation including the action taken to prevent a recurrence should be forwarded to RQIA.
	Response by registered person detailing the actions taken: Home manager undertook an investigation into the discrepancies and notified RQIA of findings and action points to prevent reoccurence.
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 24 September 2017	The registered person shall ensure that the management of insulin is reviewed and revised to ensure that dates of opening are recorded and doses are not abbreviated.
	Response by registered person detailing the actions taken: All nursing staff reminded, via management memo, to ensure date of opening recorded on insulin label and not to use the abbreviation of i.u. and that dates of opening must be recorded onall insulin pens.
Area for improvement 2 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 24 September 2017	The registered person shall ensure that the key to the controlled cupboard is held separately from all other keys by one registered nurse during each shift.
	Response by registered person detailing the actions taken: Red lanyards were obtained to identify CD/DD keys with a designated nurse in charge, holding the keys throughout shift. All nurses reminded of this using a memo.

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

The Regulation and Quality Improvement Authority

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