Unannounced Medicines Management Inspection Report
25 January 2017

Avila

Type of Service: Nursing Home
Address: 32 Convent Hill, Bessbrook, Newry, BT35 7AW
Tel no: 028 3083 8969
Inspector: Frances Gault

1.0 Summary

An unannounced inspection of Avila took place on 25 January 2017 from 10.00 to 13.10.

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 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. It was evident that the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas of improvement identified.

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. There were no areas of improvement identified.

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. 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. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. Please also refer to section 4.2 of this report.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Peggy O'Neill, Acting Manager, as part of the inspection process and can be found in the main body of the report.

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 14 October 2016.

2.0 Service details

Registered organisation/registered person: Kilmorey Care Ltd Mrs Peggy O'Neill	**Registered manager:** See below
Person in charge of the home at the time of inspection: Registered Nurse Denise Rice who was later joined by Mrs Peggy O'Neill	**Date manager registered:** Mrs Peggy O'Neill, Acting- No Application Required
Categories of care: NH-LD, NH-LD(E), NH-I, NH-PH, NH-PH(E)	**Number of registered places:** 39

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, three registered nurses, the acting manager and a patient's relative.

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. One relative spoke to the inspector.

Twenty-eight questionnaires were issued to staff, patients, relatives/ patients' representatives with a request that these were completed and returned within one week of 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
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 October 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 10 June 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure that medicines awaiting disposal are securely stored.	**Met**
	Action taken as confirmed during the inspection: The medicines awaiting disposal were being stored appropriately. The registered nurses advised that there was no access if they were not in the room.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 39 **Stated:** First time	The registered provider should ensure that in-use insulin pens are stored in accordance with the manufacturers' recommendations.	**Met**
	Action taken as confirmed during the inspection: All insulin pens currently in use were stored in the medicine trolleys.	
Recommendation 2 **Ref**: Standard 39 **Stated:** First time	The registered provider should ensure that the date of opening is recorded on each insulin pen.	**Met**
	Action taken as confirmed during the inspection: While the date of opening was not recorded on all the pens in use, those in use would be finished within 28 days. This recommendation is assessed as met.	
Recommendation 3 **Ref**: Standard 38 **Stated:** First time	The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' medicines for the treatment of distressed reactions includes detailed care plans.	**Met**
	Action taken as confirmed during the inspection: Care plans were usually in place for those prescribed "when required" medicines for distressed reactions. Details included the actions to be taken prior to the administration of the medicines. Given the assurance from the acting manager that all the records would be reviewed this recommendation was assessed as met.	

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. Refresher training in the management of medicines was provided in the last year. Training in the management of epilepsy and the administration of buccal midazolam is planned for next month and is to be delivered by the trust specialist nurse.

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, 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. Staff were reminded that the correct brand of buprenorphine patches must be recorded in the controlled drugs record book. It was suggested that where different brands are supplied, the page should be titled buprenorphine.

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.

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. The temperature of the medicine refrigerator was being monitored closely as temperatures above 8°C had been recorded. This concern had been highlighted through the internal audit system and advice had been obtained from the community pharmacist. It was agreed that this would continue to be kept under close scrutiny until the matter was resolved.

One of the relative questionnaires returned after the inspection advised that staff did not always have enough time to care for their loved one as "they are under pressure sometimes so can cause me some concern". Following discussion with the care inspector, the acting manager was contacted after the inspection and requested to review the staffing levels and deployment of staff and advise the care inspector by email of the outcome. On the day of the inspection there were sufficient staff on duty and they were being deployed appropriately.

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 majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. Running balances were kept for some non-blistered medicines and carry forward figures were in place for stock balances at the end of each 28 day medicine cycle. Some discrepancies were noted in the audits of liquid medicines. These were

discussed with the acting manager who gave an assurance that they would be monitored through the audit programme.

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, specific 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.

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 tool was used as needed. A care plan was maintained.

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, either on the medicine administration records by the registered nurses or on the food charts kept on the computer by care staff.

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 additional recording sheets for the administration of warfarin and insulin.

Practices for the management of medicines were audited each month by management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the acting manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the health and wellbeing of the patients.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.5 Is care compassionate?

The administration of medicines to patients was not observed during this inspection. The patients were observed having their lunch. The meals look appetising and there was good interaction between patients, staff and those relatives who were assisting their loved ones.

One relative advised that "there was no better care, the girls are very good"

Twenty eight questionnaires were left in the home to facilitate feedback from patients, staff and relatives. Three were returned from relatives who also advised that they were satisfied/very satisfied with all aspects of the care in relation to the management of medicines.

Comments included:

“Staff communicate very well. I get regular updates when I visit”.

“Staff automatically know when mother has pain”

Seven patients completed the questionnaires and advised that they were satisfied/very satisfied with all aspects of the care in relation to the management of medicines.

One patient commented “I’m prescribed regular pain relief – which the nurses give me.”

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?

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. The acting manager confirmed that care assistants were not involved in the administration of medicines.

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

Seven questionnaires were returned within the time frame from staff who advised that they were very satisfied with all aspects of the care in relation to the management of medicines.

Staff spoken to during the inspection commented:

“we work together as a team”
“there is good communication between us”

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.

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