Unannounced Medicines Management Inspection Report
25 November 2016

Cairngrove

Type of Service: Nursing Home
Address: Balmoral Avenue, Rathfriland Road, Newry, BT34 1JS
Tel no: 0283026 6442
Inspector: Frances Gault

1.0 Summary

An unannounced inspection of Cairngrove took place on 25 November 2016 from 9:45 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. 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. Three areas of improvement were identified in relation to record keeping and the availability of records for inspection. A requirement was stated for the second time and two 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 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. One of the requirements made at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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 of this report.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Melissa Donnelly, Registered Nurse, as part of the inspection process and with Ms Lisa Austin, Registered Manager by telephone after the inspection. 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 20 September 2016.

2.0 Service details

Registered organisation/registered person: Cairnhill Home 'A' Ltd Charles Anthony Digney	**Registered manager:** Lisa Mary Austin
Person in charge of the home at the time of inspection: Melissa Donnelly	**Date manager registered:** 1 April 2005
Categories of care: NH-LD, NH-LD(E)	**Number of registered places:** 23

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with four residents, one care staff, and one registered nurse.

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. No one availed of this opportunity during the inspection.

Twenty-eight questionnaires were issued to staff, patients, relatives/patients' representatives with a request that these were completed and returned within one week for the inspection.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines transferred
- controlled drug record book
- care plans
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned to RQIA on 17 October 2016. This QIP will be validated by the care inspector at their next inspection.

During the medicine management inspection it was noted that the nurse call system was in the process of being installed.

4.2 Review of requirements and recommendations from the last medicines management inspection 4 September 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must closely monitor the management of bisphosphonates in order to ensure compliance with the prescriber's instructions and their accurate recording on the medication administration record sheets.	**Partially Met**

	Action taken as confirmed during the inspection: The records seen indicated that these medicines are administered each week but their administration was still being documented as having been administered at the same time as the other medicines. The registered nurse advised that they were administered prior to this (see section 4.4). This requirement is stated for the second time.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must review the arrangements for the disposal of medicines, as detailed in Criterion 37.6.	**Met**
	Action taken as confirmed during the inspection: The arrangements for the disposal of medicines had been reviewed. The registered nurse advised that two nurses were involved in the disposal of medicines and that controlled drugs were denatured prior to disposal. Clinical waste bins were located in the treatment room. The registered manager advised that records of the disposal were maintained.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	Whenever a patient is prescribed a 'when required' anxiolytic or antipsychotic medicine for the treatment of distressed reactions, the care plan should specify the circumstances under which the medicine is to be administered.	**Met**
	Action taken as confirmed during the inspection: The registered nurse could not locate the reference in the care plan. The registered manager later confirmed by telephone that the care plan was in place. Clear directions were documented on the personal medication record. The medicine had not been required in recent weeks. Given this assurance the recommendation was assessed as met.	

Recommendation 2 **Ref**: Standard 37 **Stated:** First time	Evidence of professional advice should be in place for any crushing of medication. **Action taken as confirmed during the inspection**: None of the patients require their medicines crushed prior to administration. The nurse knew the procedure to follow if this should be required. Given this assurance this recommendation was assessed as met.	**Met**
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The prescriber should be requested to review diazepam rectal tubes, for one patient. **Action taken as confirmed during the inspection**: None of the patients are prescribed this medicine. As written this recommendation is assessed as met.	**Met**
Recommendation 4 **Ref**: Standard 38 **Stated:** First time	Two designated staff members should sign handwritten entries on the medicine administration record sheets. **Action taken as confirmed during the inspection**: This had not been required recently but the registered nurse advised that this was the practice. Given this assurance the recommendation was assessed as met.	**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. The nurse on duty spoke of her recent induction programme. She facilitated the inspection competently and spoke with confidence about all aspects of the management of medicines though she had not as yet been required to undertake all tasks e.g. the disposal of medicines. The registered manager advised that the impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. The most recent training was in relation to the management of medicines and included buccal medicines and the use of thickening agents.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

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.

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. warfarin and insulin. Warfarin doses are documented as administered on the medicine administration records and a separate stock balance record was maintained.

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

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 been administered in accordance with the prescriber's instructions. Staff were reminded of the need to ensure the date of opening of bottles was identified to enable the audit process. It was noted that staff were trying to estimate the quantity of liquid medicine in stock using a marker on each bottle.

There were arrangements in place to alert staff of when doses of weekly medicines were due. At the last medicine management inspection the management of bisphosphate medicines was raised as a requirement. These medicines were still being recorded as administered at the same time as the rest of the morning medicines. This contradicts the manufacturer's direction. These medicines should be taken on an empty stomach at least 30 minutes before breakfast or other oral medicines. The requirement previously made is stated for a second time.

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. These medicines had not been administered recently. The registered manager advised that a care plan was maintained.

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 when necessary.

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. Administrations of the thickening agents were not recorded. 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.

The majority of medicine records were accurately maintained. However, the medicine administration records for the previous cycle and the medicine disposal record could not be located. All records should be readily available for inspection. 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 medicines.

Following discussion with the registered nurse, it was evident that when applicable, other healthcare professionals are contacted in response to the patients' healthcare needs.

Areas for improvement

The registered person must closely monitor the management of bisphosphonates in order to ensure compliance with the prescriber's instructions and their accurate recording on the medication administration record sheets. The previous requirement is stated for the second time.

The arrangements for recording thickening agents should be reviewed. A recommendation was made.

All medicine records should be readily available for inspection. A recommendation was made.

Number of requirements	1	**Number of recommendations**	2

4.5 Is care compassionate?

One patient was visiting the surgery during the inspection to have an INR check. The result was brought back to the home by the care staff.

The administration of medicines to patients was completed in a caring manner, patients were given time and encouragement to take their medicines and in particular any liquids. The nurse was observed checking with one patient that she had swallowed her tablet before giving her the next one.

Patients were having their breakfast at the start of the inspection. Those requiring assistance were given it in a discreet, unhurried and caring manner. Staff were seen offering choice to all patients during the serving of breakfast.

Twenty eight questionnaires were left in the home to facilitate feedback from patients, staff and relatives. Eleven were returned. The responses received were very positive with all four domains recorded as 'satisfied' or 'very satisfied' with all aspects of the management of medicines in the home.

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 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.

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

One of the requirements made at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement 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.

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 Melissa Donnelly Registered Nurse and Lisa Austin, Registered Manager, by telephone after the inspection 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 pharmacists@rqia.org.uk 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:** Second time **To be completed by:** 31 December 2016	The registered person must closely monitor the management of bisphosphonates in order to ensure compliance with the prescriber's instructions and their accurate recording on the medication administration record sheets.
	Response by registered provider detailing the actions taken: Mars sheet and kardex adjusted accordingly.
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 31 December 2016	The registered provider should review the arrangements for recording thickening agents.
	Response by registered provider detailing the actions taken: Form for recording of thickening agents being devised.
Recommendation 2 **Ref**: Standard 37 **Stated:** First time **To be completed by:** 31 December 2016	The registered provider should ensure that all medicine records are readily available for inspection.
	Response by registered provider detailing the actions taken: Mars sheets are maintained and kept in lever arch files in treatment room. All staff are now aware of same.

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

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