Unannounced Medicines Management Inspection Report
18 July 2016

Hockley Private Nursing Home

Type of Service: Nursing Home
Address: 11 Drumilly Road, Armagh, BT61 8RG
Tel No: 028 3887 0365
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Hockley Private Nursing Home took place on 18 July 2016 from 10:45 to 15:00.

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 were trained and competent. There were robust processes for the management of medicines changes. Some improvements in the management of high risk medicines were discussed for implementation. One recommendation in relation to the temperature of medicine storage areas was made for a second time.

Is care effective?

There was evidence that the management of medicines supported the delivery of effective care for patients. There were systems in place to ensure that the patients were administered their medicines as prescribed. Robust arrangements were in place for the management of pain. One recommendation in relation to delegated tasks was made.

Is care compassionate?

There was evidence that the management of medicines supported the delivery of compassionate care. Staff interactions with patients were observed to be compassionate, caring and timely. No requirements or recommendations were made.

Is the service well led?

There was evidence that the service was well led with respect to the management of medicines. Written medicine policies and procedures were in place. There were robust systems to manage and share the learning from medicine related incidents and areas identified within the audit process. No requirements or recommendations were made.

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 sections, 4.2 and 5.0 of this report.

For the purposes of this report, the term ‘patients’ will be used to described those living in Hockley Private Nursing Home which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Marion Wilson, 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 inspection on 1 June 2016.

2.0 Service details

Registered organisation/registered provider: Elim Trust Corporation Pastor Edwin Michael	**Registered manager:** Mrs Marion Gertrude Wilson
Person in charge of the home at the time of inspection: Mrs Marion Gertrude Wilson	**Date manager registered:** 1 April 2005
Categories of care: RC-I, NH-I	**Number of registered places:** 60

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

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. No one availed of the opportunity.

We spoke with one patient, two care assistants, five registered nurses and the registered manager.

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 1 June 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 dated 2 July 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The date of opening must be recorded on the container for all limited shelf-life medicines and medicinal products, including cefalexin suspension, ProCal liquid and glucose control solutions.	**Met**
	Action taken as confirmed during the inspection: Dates of opening had been recorded on the limited shelf-life medicines detailed above.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the appropriate records and risk assessments are in place when patients self-administer any medication.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that robust systems were in place when necessary. However, no patients currently self-administered their medicines.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	A risk assessment must be undertaken to ensure all tablets or capsules supplied in the monitored dosage system used in the home can be positively identified and that robust systems are in place for the management of dosage changes.	**Met**
	Action taken as confirmed during the inspection: The management of dosage changes had been reviewed; the medicine trays are now returned to the community pharmacy for replacement. If the prescriber requests a change in medication outside pharmacy opening hours then two registered nurses follow the home's standard operating procedure.	
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	In order to evidence that discontinued medicines have been removed from the medicine pods on all occasions a record of each individual disposal must be maintained.	**Met**
	Action taken as confirmed during the inspection: This system is now in place for those occasions when the community pharmacy is closed.	
Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	Oxygen cylinders must be stored securely.	**Met**
	Action taken as confirmed during the inspection: Oxygen cylinders were observed to be stored securely.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The registered manager should review and revise the management of warfarin to ensure that a clear audit trail is available.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin had been reviewed and revised. Dates of opening had been recorded and running stock balances were being maintained. A clear audit trail of prescribing and administration was in place.	

Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The management of dosage changes, records of disposal and dates of opening should be included in the audit process.	**Met**
	Action taken as confirmed during the inspection: These areas were included in the home's monthly audits.	
Recommendation 3 **Ref:** Standard 39 **Stated:** First time	The ambient temperature of the treatment rooms should be monitored and recorded each day to ensure they do not exceed 25 ^{o} C.	**Partially Met**
	Action taken as confirmed during the inspection: The temperature was being recorded each day in both treatment rooms. Satisfactory recordings were observed in the Lodge treatment room. However, temperatures above 25 ^{o} C. were regularly being recorded in the Mews treatment room. A fan had been brought into use but this had not resulted in an improvement. This recommendation has 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 supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management and the use of thickening agents had been provided by the community pharmacist recently.

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. It was agreed that obsolete personal medication records would be cancelled and archived.

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.

The management of warfarin was reviewed. Dosage directions were received in writing and running stock balances were being maintained. Registered nurses were also transcribing dosage directions onto the personal medication records; it was agreed that this was unnecessary as registered nurses can refer to the current facsimile at each administration. It was also agreed that obsolete dosage directions would be cancelled and archived so that only the current dosage directions were available on the medicines file.

The management of insulin was examined. Registered nurses were reminded that dosage directions should not be abbreviated and that the date of opening should be recorded on each insulin pen to facilitate audit and disposal at expiry.

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. 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. The temperature of both treatment rooms was being monitored each day. Satisfactory recordings were observed in the Lodge. However, the temperature in the Mews was frequently above 25^{o}C which is unsuitable for the storage of medicines and may affect their stability and effectiveness. The fan which had been brought into use had not resulted in a reduction in the temperature. A recommendation was stated for the second time.

Areas for improvement

The ambient temperature of the treatment rooms should be monitored and recorded each day to ensure they do not exceed 25 ^{o} C. A recommendation was made for the second time.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. 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, the dosage instructions were recorded on the personal medication record. Care plans were in place. 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. These medicines had not been administered recently. Registered nurses confirmed that the reason for and the outcome of administration was recorded on each occasion that these medicines were administered.

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. Detailed care plans were in place. Registered nurses advised that pain assessments were completed as part of the admission process.

The management of swallowing difficulty was examined. Care plans and speech and language assessment reports were in place when necessary. 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 being recorded. The required consistency level was recorded on some but not all administration records; it was agreed that this would be put in place and monitored as part of the home's audit activity.

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. These included additional records for the administration of transdermal patches. Records for the administration of external preparations by care assistants were also observed to be well maintained. However, a review of these records indicated that in addition to emollient preparations care assistants were administering prescription only external medicines. Additional training had not been provided. A recommendation has been 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, monthly audits were completed by the management team.

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 provider should review the management of delegated tasks to ensure that care assistants have received appropriate training and that registered nurses are aware that they remain accountable for tasks which they have delegated. A recommendation was made.

Number of requirements	0	Number of recommendations	1

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.

One patient advised that they 'were very happy and that they had enjoyed a lovely lunch.'

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. Management advised that these were reviewed every three years. 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 audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence that staff had been informed and practice had changed.

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.

With the exception of one recommendation, the requirements and recommendations made at the last medicines management inspection had been addressed in a satisfactory manner. To ensure that all requirements and recommendations are 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. They advised that any resultant action was communicated with all staff either individually or through staff meetings.

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 Marion Wilson, 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 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 completed QIP to pharmacists@rqia.org.uk for review 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	
Recommendations	
Recommendation 1 **Ref:** Standard 39 **Stated:** Second time **To be completed by:** 17 August 2016	The ambient temperature of the treatment rooms should be monitored and recorded each day to ensure they do not exceed 25 ^{o}C.
	Response by registered provider detailing the actions taken: The temperature of the treatment rooms continues to be recorded. With regard to the Mews Wing, an engineer has visited and is to supply an air conditioning unit. The date of installation has not been confirmed. An update will be provided when the work has been completed.
Recommendation 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 17 August 2016	The registered provider should review the management of delegated tasks as detailed in the report.
	Response by registered provider detailing the actions taken: Care Assistants have received training regarding the application of external medications that are available on on prescription e.g. creams, ointments, pain relieving gels etc. Registered Nurses have been directed to review The Code (NMC) and a copy of Accountability and Delegation (RCN) has been made available for reference.

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

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