Unannounced Medicines Management Inspection Report
15 April 2016

St Francis

71 Charles Street, Portadown, Craigavon, BT62 4BD
Tel No: 028 3835 0970
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of St Francis took place on 15 April 2016 from 09:40 to 14:30.

The inspection sought to assess progress with any issues raised 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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though a number of areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?
Three requirements have been made; two of these have been stated for a second time. One recommendation was made.

Is care effective?
One recommendation was made.

Is care compassionate?
No requirements or recommendations were made.

Is the service well led?
Two recommendations have been made; one of these has been stated for a second time.

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 the 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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

Details of the QIP within this report were discussed with Ms Adelaide Hartley, Nurse in Charge, 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 last inspection on 17 September 2015.

2.0 Service details

Registered organisation/registered person: Mrs Mary Bernadette Breen	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Ms Adelaide Hartley (Registered Nurse)	**Date manager registered:** Ms Elsabe Mitchell, Acting -No Application Required
Categories of care: NH-PH, NH-I (There shall be a maximum of one patient accommodated within category NH-PH.)	**Number of registered places:** 25

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 one resident, two care assistants and two registered nurses.

A sample of the following records was examined:

- 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 17 September 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 22 April 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must make the necessary arrangements to ensure that controlled drugs are denatured in the home prior to disposal.	**Not Met**
	Action taken as confirmed during the inspection: The registered nurses on duty advised that controlled drugs were not being denatured in the home prior to disposal. **This requirement is stated for the second time.**	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that medicines are stored securely in the treatment room on the first floor.	**Met**
	Action taken as confirmed during the inspection: We observed medicines to be stored securely in the treatment room on the first floor.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded.	**Not Met**
	Action taken as confirmed during the inspection: The consistency of the readings recorded for the maximum and minimum temperatures indicated that the thermometer was not being reset each day. **This requirement is stated for the second time.**	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	Daily fluid intake charts for patients who are administered medicines via the enteral route should be totalled each day.	**Met**
	Action taken as confirmed during the inspection: The nurse in charge confirmed that this practice is observed when medicines are prescribed for enteral administration. Patients were not currently being administered medicines via the enteral route.	
Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The Standard Operating Procedure for the disposal of controlled drugs should be reviewed to ensure that controlled drugs are denatured in the home by two trained members of staff prior to disposal.	**Not met**
	Action taken as confirmed during the inspection: A Standard Operating Procedure for the disposal of controlled drugs was not in place. **This recommendation is stated for the second time.**	
Recommendation 3 **Ref:** Standard 38 **Stated:** First time	Two nurses should verify and sign all hand-written updates on the medication administration records.	**Met**
	Action taken as confirmed during the inspection: Two nurses had verified and signed the majority of hand-written updates on the medication administration records.	
Recommendation 4 **Ref:** Standard 39 **Stated:** First time	In the interests of infection control, spacer devices should be cleaned in accordance with the manufacturers' instructions.	**Met**
	Action taken as confirmed during the inspection: The nurse in charge advised that this practice was observed when spacer devices were in use; spacer devices were not currently being used.	

4.3 Is care safe?

From the outcomes of the medication audits and discussion with the registered nurses and care assistants it was apparent that medicines were being managed by staff who had been trained and deemed competent to do so and that an induction process was in place. Records of medicine management training were in place for registered nurses. However, records of the training on administration of thickening agents and external medicines by care assistants were not maintained. Staff advised that the impact of training was monitored through management audits and supervisions. Refresher training in medicines management was planned for 19 April 2016. The nurse in charge confirmed that accurate training records would be maintained for all staff.

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 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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were being returned to the community pharmacy. Discontinued controlled drugs were not being denatured and rendered irretrievable prior to disposal. This practice is not in accordance with current legislation. Discontinued or expired medicines must be returned to a company who hold an appropriate waste management licence. Controlled drugs must be denatured and rendered irretrievable prior to disposal. One requirement has been stated for a second time and a requirement has been made.

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. However, the consistent readings for the maximum and minimum refrigerator temperatures indicated that the thermometer was not being reset each day. The temperature of the storage area on the ground floor was not being monitored; the room seemed very warm. A requirement has been stated for the second time and a recommendation has been made.

Areas for improvement

The registered manager must make the necessary arrangements to ensure that controlled drugs are denatured in the home prior to disposal. A requirement has been stated for the second time.

The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded. A requirement has been stated for the second time.

Discontinued or expired medicines must be returned to a company who hold an appropriate waste management licence. A requirement has been made.

The temperature of the storage area on the ground floor should be monitored to ensure that it is below 25^0C. A recommendation has been made.

Number of requirements	3	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.

The nurse in charge advised that patients were not currently prescribed medicines for administration on a "when required" basis for the management of distressed reactions.

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 assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined and areas for improvement were identified. Care plans and speech and language assessments were in place. However, thickening agents had not been recorded on all personal medication records and records of administration by care assistants were incomplete. Care assistants advised that the required consistency level was not recorded on their records of administration. The management of thickening agents should be reviewed to ensure that accurate records of prescribing and administration are maintained. A recommendation was made.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. Staff were reminded that obsolete personal medication records should be cancelled and archived and that where more than one personal medication record was in place this should be recorded on each record. The nurse in charge advised that this would be discussed with all registered nurses for corrective action.

Practices for the management of medicines were audited throughout the month by the acting manager. The registered nurses maintained running stock balances for several solid dosage medicines and inhaled medicines.

Following discussion with the nurse in charge and care assistants, it was evident that when necessary, healthcare professionals were contacted in response to patients' needs in relation to medicines management.

Areas for improvement

The management of thickening agents should be reviewed to ensure that accurate records of prescribing and administration are maintained. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines to patients was observed to be completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

The patient we spoke to advised that she was happy with how her medicines were managed. She confirmed that additional doses of "when required" medicines could be requested.

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?

Some written policies and procedures for the management of medicines were in place and there was evidence that they had been reviewed within the last two years. However, the policies and procedures were not detailed or readily accessible. For some procedures two policies were in place which did not correlate. Standard Operating Procedures for the management of controlled drugs were not in place. A recommendation has been stated for the second time and a recommendation has been made.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. One medicine related incident had been reported since the last medicines management inspection. There was evidence of the action taken and learning implemented following this incident.

A review of the home's 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 nurse in charge and two of the care assistants, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Two of the requirements and one recommendation made at the last medicines management inspection had not been addressed. The returned QIP had indicated that all requirements and recommendations had been addressed. 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.

Areas for improvement

The Standard Operating Procedure for the disposal of controlled drugs should be reviewed to ensure that controlled drugs are denatured in the home by two trained members of staff prior to disposal. A recommendation has been stated for the second time.

Policies and procedures for the management of medicines should be reviewed and revised. They should be readily accessible to staff. A recommendation was made.

Number of requirements	0	Number of recommendations	2

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Adelaide Hartley, Nurse in Charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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 person/s 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only 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 person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager 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:** 16 May 2016	The registered manager must make the necessary arrangements to ensure that controlled drugs are denatured in the home prior to disposal.
	Response by registered person detailing the actions taken: Controlled drugs are denatured prior to disposal. This practice was in operation before date of the inspection. Evidence of this is as documented in the controlled drug register as well as in the controlled drug destruction register for patient returned medication. Dated and signed by two registered nurses.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 16 May 2016	The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded.
	Response by registered person detailing the actions taken: The document for recording of refrigerator temperatures was amended to accommodate a section for resetting of thermometer.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 16 May 2016	The registered person must ensure that the disposal of medicines meets with current waste management legislation.
	Response by registered person detailing the actions taken: Medicine no longer required is placed in container as supplied by cannon hygiene who then removes the container. Returned medication is recorded in medipost returned drugs book.
Recommendations	
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time **To be completed by:** 16 June 2016	The Standard Operating Procedure for the disposal of controlled drugs should be reviewed to ensure that controlled drugs are denatured in the home by two trained members of staff prior to disposal.
	Response by registered person detailing the actions taken: The standard operating procedure for the disposal of controlled drugs has been reviewed to include denaturing of controlled drugs by two registered nurses.
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 May 2016	The temperature of the storage area on the ground floor should be monitored to ensure that it is below 25^0C.
	Response by registered person detailing the actions taken: A thermometer has been installed in the medicine storage area on the ground floor to allow monitoring of room temperature.

Recommendation 3 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 16 May 2016	The management of thickening agents should be reviewed to ensure that accurate records of prescribing and administration are maintained
	Response by registered person detailing the actions taken: prescribed thickening agents are recorded in the same manner as all other prescribed medication by registered nurses. To ensure compliance Care Staff also document exact thickness used by each individual.
Recommendation 4 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 16 July 2016	Policies and procedures for the management of medicines should reviewed and revised to ensure they are up to date and readily accessible to staff.
	Response by registered person detailing the actions taken: Plocies and procedures updated and readily available to all staff.

The Regulation and Quality Improvement Authority

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