Unannounced Medicines Management Inspection Report
27 April 2017

St Francis

Type of Service: Nursing Home
Address: 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 27 April 2017 from 10.10 to 15.10.

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 some areas for the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines had received training and been deemed competent to manage medicines. However one area for improvement in relation to the safe management of medication changes was identified and a requirement was made.

Is care effective?

Improvements in several areas for the management of medicines were necessary to ensure effective care. Three areas for improvement were identified in relation to the management of thickening agents, accurate medication administration records and the management of distressed reactions. Two requirements and one recommendation 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. No requirements or recommendations were made.

Is the service well led?

Improvements in the overall governance arrangements for the management of medicines were necessary. There was limited evidence of audit activity. A robust auditing system must be implemented to identify any issues and drive the necessary improvements. A requirement was made.

Staff on duty raised concerns regarding staffing levels and their deployment, especially in the evenings. Staff also raised concerns regarding the high level of agency staff. These concerns were discussed with the acting manager and referred to the care inspector for follow up.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Laura Lavery, Acting 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. However, due to the poor governance arrangements, including concerns regarding the management of medication changes, the inspection findings were discussed with senior management in RQIA. It was decided that a follow up inspection would take place to determine if the necessary improvements have been implemented and sustained.

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 22 February 2017.

2.0 Service details

Registered organisation/registered person: Southern Health And Social Care Trust Mrs Mary Bernadette Breen	**Registered manager:** See below
Person in charge of the home at the time of inspection: Mrs Laura Lavery	**Date manager registered:** Mrs Laura Lavery - Awaiting Application
Categories of care: NH-PH, NH-I	**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; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

Due to information received by RQIA the care inspector requested that we discuss staffing levels with the staff on duty during the inspection.

We met with two patients, two care assistants, one registered nurse and the acting manager.

Fifteen questionnaires were issued to patients, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

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
- policies and procedures
- care plans
- medicines storage temperatures
- controlled drug record book

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 February 2017.

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 15 April 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must make the necessary arrangements to ensure that controlled drugs are denatured in the home prior to disposal.	**Met**
	Action taken as confirmed during the inspection: There was evidence that controlled drugs were denatured in the home prior to disposal.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** 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.	**Met**
	Action taken as confirmed during the inspection: A notice was in place to remind staff to reset the thermometer each day and the acting manager confirmed that the thermometer was being reset. Temperature recordings within the accepted range were observed.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that the disposal of medicines meets with current waste management legislation. **Action taken as confirmed during the inspection**: Medicines for disposal were being collected by a waste management company.	**Met**
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** Second 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. **Action taken as confirmed during the inspection**: The Standard Operating Procedure for the disposal of controlled drugs had been updated to reflect this practice.	**Met**
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	The temperature of the storage area on the ground floor should be monitored to ensure that it is below 25°C. **Action taken as confirmed during the inspection**: An extractor fan had been installed and the temperature was being recorded each day. The temperature was recorded as 23°C and 24°C. Some temperatures above 25°C were observed on the first floor. The acting manager advised that she had noticed this and that an extractor fan had also been installed. It was agreed that if high temperatures continued to be recorded further corrective action would be taken.	**Met**
Recommendation 3 **Ref:** Standard 29 **Stated:** First time	The management of thickening agents should be reviewed to ensure that accurate records of prescribing and administration are maintained **Action taken as confirmed during the inspection**: Records of prescribing and administration were incomplete. **Due to the poor management of thickening agents this recommendation was subsumed into a requirement.**	**Not Met**

Recommendation 4 **Ref:** Standard 28 **Stated:** First time	Policies and procedures for the management of medicines should be reviewed and revised to ensure they are up to date and readily accessible to staff.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures for the management of medicines had been reviewed and revised following the last medicines management inspection.	

4.3 Is care safe?

The acting manager advised that all registered nurses completed on-line training on the management of medicines annually. Competency assessments were also completed annually or more frequently if a need was identified. An induction/orientation process was in place for agency staff. The acting manager advised that all agency staff receive a thorough induction and shift handover. Care staff received training on the management of thickening agents and emollient preparations as part of their induction.

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 was evidence that newly prescribed medicines and antibiotics were received into the home in a timely manner.

There were systems in place to ensure that medication changes were managed safely, the majority of entries on the personal medication records and handwritten entries on medication administration records were updated by two registered nurses. Despite these systems, two recent changes had not been managed appropriately. One medicine continued to be administered for four days after it had been discontinued; this medicine was removed for disposal at the inspection. For a second patient, a newly prescribed medicine (23 March 2017) had been omitted between 7 April and 18 April 2017, and then recommenced without any investigation/explanation. These findings suggested that registered nurses were not referring to the personal medication records/medication administration records during the administration process. In addition registered nurses had not informed management when they had noticed that the medicine had not been administered correctly to the second patient. The acting manager was requested to investigate these medication incidents, and to seek advice from the prescriber(s). Two incident report forms were received by RQIA on 24 May 2017. The acting manager must ensure that robust systems are in place for the management of medication changes. Staff should refer to the personal medication records and medication administration records as part of the administration process. Discontinued medicines should be removed for disposal. A requirement was made.

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.

Mostly satisfactory arrangements were in place for the management of insulin. Dosage directions were clearly recorded and separate records of administration were maintained. Insulin pens were individually labelled and the date of opening had been recorded on the majority of the pens. However, there were large overstocks of insulin in the refrigerator; one out of date box was removed for disposal. The acting manager advised that this had already been identified and insulin was not being ordered until current supplies were finished.

The majority of medicines were being stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. However a number of out of date medicines were observed on the trolleys; these were removed for disposal. It was agreed that this would be brought to the attention of the registered nurses for close monitoring.

Areas for improvement

The registered person must ensure that robust systems are in place for the management of medication changes. A requirement was made.

Number of requirements	1	**Number of recommendations**	0

4.4 Is care effective?

In addition to the two discrepancies highlighted in Section 4.3, discrepancies were also noted in the administration of liquid medicines, inhaled medicines and medicines which were not supplied in the monitored dosage system. The audits indicated that the medicines had been signed as administered but had not. The registered provider must closely monitor the administration of all medicines. A requirement was made under Section 4.6.

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.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

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 but they did not provide guidance on when the medicines should be used. The acting manager advised that 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 not being recorded. In addition some medicines which were prescribed for "when required" administration were being administered regularly. The acting manager advised that this had been agreed with the prescribers but the care plans did not reflect this advice. The registered person should review the management of distressed reactions to ensure that detailed care plans are in place. The reason for and outcome of each administration should be recorded. A recommendation was made.

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. 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 assessment reports were in place. However, records of prescribing and administration were incomplete. Care staff advised that they did not sign records of administration. The registered person must review and revised the management of thickening agents. Personal medication records and records of administration must be accurately maintained. A requirement was made.

The majority of the personal medication records had been well maintained. Improvements in the standard of maintenance of the medication administration records were necessary. Some hand-written updates had not been checked and verified by two registered nurses. A significant number of missed signatures were observed for the night time medicines; the medicines had been administered. A number of other audits indicated that the records of administration had been signed but the medicines had not been administered. Therefore records of administration were not accurate and did not reflect the practice. These findings were discussed in detail with the acting manager and a requirement was made.

Following discussion with the acting 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 person must review and revise the management of thickening agents. A requirement was made.

The registered person must ensure that medication administration records are accurately maintained. A requirement was made.

The registered person should review that management of distressed reactions to ensure that detailed care plans are in place. The reason for and outcome of each administration should be recorded. A recommendation was made.

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

4.5 Is care compassionate?

We observed the morning medication round. 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. The medicine round was not completed until after 11.00. The registered nurse confirmed that appropriate dosage intervals would be observed before administering the lunch time medicines.

Patients were observed to be comfortable and staff interactions were caring.

One patient we spoke to advised that she was content with how staff managed her medicines and that she was “never in pain.”

We spoke to three members of staff, during the inspection and by telephone after the inspection. These staff advised that staffing levels were insufficient at night and that there was a high level of agency staff. They were concerned that patients were not being helped to bed at a time of their choosing and the patients complained of being tired the next day. The information received during the inspection was shared with the acting manager. The information received after the inspection was shared with the care inspector and senior management within RQIA for follow up.

As part of the inspection process 15 questionnaires were issued to patients, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection. One patient and one member of staff returned the questionnaires. Both stated that they were "very satisfied" with how medicines were managed in the home.

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 and revised following the last medicines management inspection. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

The acting manager advised that 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. However, there were no records of this audit activity and the findings of the inspection indicate that these audits were not effective in identifying the issues and driving change. The registered person must implement a robust audit tool and action plans which address any identified shortfalls. In addition to medicine audit trails, the audits should monitor record keeping, management of medication changes, management of thickeners and distressed reactions, date checking and storage temperatures. A requirement was made.

The acting manager confirmed that staff were aware that medication related incidents may need to be reported to the safeguarding lead. There had been no medicine related incidents reported since the last medicines management inspection. The findings of this inspection indicated that the auditing system was not robust and hence medication incidents may not be identified.

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

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these 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 would be raised with management.

Areas for improvement

The registered person must implement a robust audit tool and action plans which address any identified shortfalls. The audit tool should cover all aspects of the management of medicines. A requirement was made.

Number of requirements	1	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 Mrs Laura Lavery, Acting 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 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:** First time **To be completed by:** 28 May 2017	The registered person must ensure that robust systems are in place for the management of medication changes.
	Response by registered provider detailing the actions taken: Monthly medication audits in place to identify any issues. Staff are all aware of medication policy and advised to complete changes on the day as per NMC guidelines.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 28 May 2017	The registered provider must review and revise the management of thickening agents.
	Response by registered provider detailing the actions taken: All thickening agents are now in the allocation folder against each resident who may require thickener and at which stage they are at.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 28 May 2017	The registered provider must ensure that medication administration records are accurately maintained.
	Response by registered provider detailing the actions taken: Staff supervison identified this issue and all staff are clear as to the need for accurate record keeping and each member referred to their NMC code of conduct with regards to medication administration.
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 28 May 2017	The registered provider must implement a robust audit tool and action plans which address any identified shortfalls.
	Response by registered provider detailing the actions taken: Medication audits are completed on a monthly basis and any shortfalls will be addressed if they arise.
Recommendations	
Recommendation 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 28 May 2017	The registered person should review that management of distressed reactions to ensure that detailed care plans are in place. The reason for and outcome of each administration should be recorded.
	Response by registered provider detailing the actions taken: All residents have been reassesed and the approriate care plans and risk assessments applied.

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

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