# Unannounced Follow Up Medicines Management Inspection Report 6 November 2017

# St Francis

**Type of Service: Nursing Home**
**Address: 71 Charles Street, Portadown, Craigavon, BT62 4BD**
**Tel no: 028 3835 0970**
**Inspector: Helen Daly**

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for


## 2.0 Profile of service

This is a nursing home with 25 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Mrs Mary Bernadette Breen | **Registered Manager:**<br>Mrs Laura Mary Bridget Lavery |
| **Person in charge at the time of inspection:**<br>Mrs Romegen Uy (Registered Nurse) | **Date manager registered:**<br>17 October 2017 |
| **Categories of care:**<br>Nursing Home (NH)<br>I – old age not falling within any other category<br>PH – physical disability other than sensory impairment | **Number of registered places:**<br>25 |

## 4.0 Inspection summary

An unannounced inspection took place on 6 November 2017 from 09.30 to 13.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

Following an unannounced medicines management inspection on 27 April 2017 RQIA was concerned regarding the overall governance arrangements for medicines management within the home. During that inspection the findings were discussed with Mrs Laura Lavery, Registered Manager, who had recently taken up her position in the home. She provided assurances that the issues highlighted for improvement would be addressed.

Following discussion with senior management within RQIA it was agreed that the new manager would be given a period of time to drive the necessary improvements and that a follow up inspection would be planned to monitor progress.

This inspection was to assess progress with the issues raised.

The following areas were examined during the inspection:

- audit and governance systems
- the management of medication changes
- the management of thickening agents
- the medication administration records (MARs)
- the management of distressed reactions

The outcome of this inspection showed that some of these areas had been satisfactorily addressed. The need for further sustained improvement was discussed with the registered manager via a telephone call on 23 November 2017. Two areas for improvement were stated for a second time and a further area for improvement was identified.

Patients said that “staff could not be better”.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience

## 4.1 Inspection outcome

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | *3 | *1 |

*The total number of areas for improvement includes two which have been stated for a second time and one which has been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Romegen Uy, Registered Nurse, at the end of the inspection and with Mrs Laura Lavery, Registered Manager, via a telephone call on 23 November 2017 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.

## 4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced follow up care inspection undertaken on 20 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

During the inspection the inspector met with two patients, the administrator, two care assistants and the nurse in charge.

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
- care plans
- medicines storage temperatures
- controlled drug record book

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

## 6.1 Review of areas for improvement from the most recent inspection dated 20 September 2017

The most recent inspection of the home was an unannounced follow up care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

## 6.2 Review of areas for improvement from the last medicines management inspection dated 27 April 2017

| Areas for improvement from the last medicines management inspection | | |
|---|---|---|
| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person must ensure that robust systems are in place for the management of medication changes. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Recent medication changes were reviewed; these had been managed appropriately. Most entries on the personal medication records had been updated by two registered nurses. Hand-written updates on the medication administration records had also been verified and signed by two registered nurses. Discontinued medicines had been removed for disposal. | |

| | | |
|---|---|---|
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered provider must review and revise the management of thickening agents. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The management of thickening agents had been reviewed and revised.<br><br>Care plans and speech and language assessments were in place.<br><br>Thickening agents and the recommended consistencies were recorded on the personal medication records. Registered nurses recorded administration on the medication administration records.<br><br>Thickening agents and the recommended consistencies were also recorded on the care assistants' daily allocation sheets and fluid intake charts. Care assistants recorded any administration on the daily fluid intake charts.<br><br>A list of dietary requirements was available for the kitchen staff. | |
| **Area for improvement 3**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered provider must ensure that medication administration records are accurately maintained. | **Partially met** |
| | **Action taken as confirmed during the inspection**:<br>Improvements in the standard of maintenance of the medication administration records (MARs) were acknowledged; hand-written updates had been verified and signed by two registered nurses and entries on the MARs correlated with the personal medication records.<br><br>However, a number of medicines had been incorrectly recorded as administered on the MARs (see Section 6.3).<br><br>This area for improvement was stated for a second time. | |

| | | |
|---|---|---|
| **Area for improvement 4**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered provider must implement a robust audit tool and action plans which address any identified shortfalls. | **Partially met** |
| | **Action taken as confirmed during the inspection**:<br>Running stock balances were maintained for inhalers and medicines which were not supplied in the blister packs. The audits completed at the inspection indicated that they had been accurately maintained.<br><br>The registered manager advised that she also completed a monthly audit and that any issues were discussed with staff.<br><br>The findings of this inspection indicated that improvements had not been embedded into practice and that the current level of audit activity should be increased.<br><br>This area for improvement was stated for a second time. | |
| **Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Standard 18<br><br>**Stated:** First time | 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. | **Carried forward** |
| | **Action taken as confirmed during the inspection**:<br>"When required" medicines for the management of distressed reactions were not currently being prescribed for any patients.<br><br>This area for improvement will be examined at the next medicines management inspection. | |

## 6.3 Inspection findings

### Audit and governance systems

It was acknowledged that the auditing system within the home had been reviewed and that a monthly audit was now completed by the registered manager. Daily audits were completed on medicines which were not supplied in the monitored dosage system, including liquids and inhalers. However, further sustained improvements in some aspects of medicines management, including the accuracy of the medication administration records (MARs) were necessary. This had not been identified through the audit process and hence an area for improvement was stated for the second time (see Section 6.2).

The maximum, minimum and current refrigerator temperature were being monitored and recorded each day. However, the readings were consistently 2$^{o}$C and 8$^{o}$C suggesting that the thermometer was not being reset each day. This was discussed in detail with the nurse in charge and guidance was provided. The registered manager agreed to closely monitor the refrigerator temperatures as part of her increased audit activity.

### The management of medication changes

A review of recent medication changes indicated that they had been managed appropriately. The majority of updates on the personal medication records and hand-written entries on the MARs had been checked and verified by two members of staff. Three medicines which were on hold for one patient were still available on the medicines file for administration. In order to ensure that medicines which are temporarily “on hold” are not administered in error it was agreed that they would be removed from the medicines file until the prescriber had either restarted or discontinued the medicines.

### The management of thickening agents

Improvements in the management of thickening agents were observed. Up to date care plans and speech and language assessments were in place. Records of prescribing were maintained on the personal medication records, the daily allocation sheets and the fluid intake charts; the required consistency levels were recorded. Registered nurses recorded administration on the MARs and care assistants recorded administration on the daily fluid intake charts.

### The medication administration records (MARs)

Improvements in the maintenance of the MARs were observed. The majority of hand-written updates had been verified and signed by two members of staff. However some inaccuracies were found in the completion of these records. For one patient the MARs had been signed to indicate that four medicines had been administered but the medicines remained in the blister pack. The nurse in charge advised that the medicines had been withheld as the patient had been unwell. This should have been accurately reflected in the MARs. For a second patient one medicine had been omitted for five days and a second medicine had been omitted for one day but the MARs had been signed to indicate that the medicines had been administered. The registered manager was requested to investigate this discrepancy; an area for improvement was identified and an area for improvement was stated for the second time.

**The management of distressed reactions**

The nurse in charge advised that "when required" medicines for the management of distressed reactions were not currently prescribed for any patients. This area for improvement is carried forward for review at the next medicines management inspection (see Section 6.2).

**Areas of good practice**

Areas of good practice were identified throughout the inspection in relation of the management of medication changes and the management of thickening agents. The storage arrangements for medicines had also been reviewed following the last medicines management inspection.

**Areas for improvement**

The registered person shall investigate the apparent non-administration of two medicines for one patient. A report of the findings and action taken to prevent a recurrence shall be forwarded to RQIA.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 0 |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Romegen Uy, Registered Nurse, and Mrs Laura Lavery, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
|---|---|
| **Area for improvement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>6 December 2017 | The registered provider must ensure that medication administration records are accurately maintained.<br><br>Ref: 6.2 and 6.3 |
| | **Response by registered person detailing the actions taken:**<br>All medicine Kardex are now typed and therefore reduces the risk of discrepencies due to hand writing issues. They all corerespond with the MARS sheets. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>6 December 2017 | The registered provider must implement a robust audit tool and action plans which address any identified shortfalls.<br><br>Ref: 6.2 and 6.3 |
| | **Response by registered person detailing the actions taken:**<br>More robust audit tool has been introduced which is completed prior to the monthly's being completed.Unfortunately due to staffing issues monthly audits were not completed but staffing levels have been resolved. |
| **Area for improvement 3**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>6 December 2017 | The registered person shall investigate the apparent non-administration of two medicines for one patient. A report of the findings and action taken to prevent a recurrence shall be forwarded to RQIA.<br><br>Ref. 6.3 |
| | **Response by registered person detailing the actions taken:**<br>This has been addressed with the staff responsible and robust auditing before replenishment every month is in place to prevent reoccurrence. |

| **Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015** | |
|---|---|
| **Area for improvement 1**<br><br>**Ref:** Standard 18<br><br>**Stated:** First time<br><br>**To be completed by:**<br>6 December 2017 | 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.<br><br>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicine management inspection.<br><br>Ref. 6.2 |
| | **Response by registered person detailing the actions taken:**<br>This is in place with the corresponding residents. |

***Please ensure this document is completed in full and returned via the Web Portal****

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