Unannounced Medicines Management Inspection Report
17 November 2016

The Haven

Type of Service: Nursing Home
Address: 19 Quarry Lane, Dungannon, BT70 1HX
Tel no: 028 8772 6912
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of The Haven took place on 17 November 2016 from 10.15 to 14.00.

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?

Improvement is necessary to ensure that the management of medicines is safe. Although the staff administering medicines had been trained and assessed as competent, further training should be provided to ensure that medicines are managed safely and effectively. Personal medication records were not updated in a timely manner. There was one requirement and one recommendation made.

Is care effective?

Improvement is required to ensure that the management of medicines supports the delivery of effective care. The majority of medicines were administered as prescribed. However, medicines prescribed for the management of distressed reactions and for pain should be reviewed and revised. 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. The completed questionnaires from both staff and patients raised no issues with regard to the management of medicines. There were no areas of improvement identified

Is the service well led?

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. However, a review of the governance arrangements in the home must be undertaken to ensure that the service is well led with respect to the management of medicines. There was one area of improvement identified and a requirement was 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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Miss Frances McKenna, Registered Manager, as part of the inspection process and with Mrs Kathleen McQuaid, Registered Person by telephone on 18 November 2016. The timescales for completion commence from the date of inspection.

The findings of the inspection were discussed with the senior pharmacist inspector. It was agreed that these would be discussed with the registered person by telephone and a further inspection would be undertaken to enable staff to address the shortfalls.

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 5 September 2016.

2.0 Service details

Registered organisation/registered person: The Haven Mr Patrick Gerald Kelly McQuaid Mrs Kathleen McQuaid	**Registered manager:** Miss Frances Mary McKenna
Person in charge of the home at the time of inspection: Miss Frances Mary McKenna	**Date manager registered:** 11 August 2009
Categories of care: NH-LD, NH-LD(E)	**Number of registered places:** 30

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 two patients, one registered nurse and the registered manager.

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.

A total of fifteen questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA within one week. Nine questionnaires were returned on the day of the inspection.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- 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 5 September 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 31 July 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** Third time	An accurate record for the administration of food thickening agents must be maintained.	**Met**
	Action taken as confirmed during the inspection: Records of the administration of thickening agents were maintained and were provided for inspection.	

Requirement 2 **Ref:** Regulation 13(4) **Stated:** Second time	The registered manager must implement a robust audit tool to monitor the management and administration of medicines.	**Met**
	Action taken as confirmed during the inspection: Audits are completed regularly for medicines not contained within the blister pack system. Running stock balances are also recorded for some medicines. A monthly medicines management audit is completed by staff and a quarterly audit is completed by the community pharmacist.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that prescribed medicines are not shared.	**Met**
	Action taken as confirmed during the inspection: There was no evidence that medicines are shared between patients.	
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must investigate the apparent discrepancy in the administration of Ebixa liquid for one patient and refer to the prescriber for guidance if necessary. The outcome of the investigation must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: This investigation was completed following the last medicines management inspection and the outcome was forwarded to RQIA	
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	Nutritional supplements must be stored and administered under the direct supervision of the nursing staff.	**Met**
	Action taken as confirmed during the inspection: Nutritional supplements were observed to be appropriately stored.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that a copy of the collection note provided by the waste management company is attached to the relevant pages in the disposal book.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that the collection note was filed in the office and could be retrieved if required.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that care assistants receive further training on the management of thickening agents to ensure that records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A training update on Eating and Drinking had been provided for staff in May 2016.	

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. Due to the outcome of this inspection, it was recommended that further training is provided in relation to the management of controlled drugs, the management of medicine refrigerator temperatures and the recognition and management of pain. A recommendation was made.

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.

The arrangements in place to manage changes to prescribed medicines must be reviewed. Personal medication records had not been updated in a timely manner so as to accurately reflect the medicines currently prescribed for the patients. The sample of these records that was examined during the inspection showed significant discrepancies between the entries documented on the personal medication records and those recorded on the MARs sheets. The personal medication record must be up to date and accurate at all times as these records may be used by other healthcare professionals. There records should be used as an integral part of the administration process. A requirement was made.

A personal medication record had not been made for a patient despite medicines having been administered for several days since admission. The registered provider must ensure that

personal medication records are implemented in a timely manner following admission. The registered manager advised that this would be rectified immediately following the inspection.

Records of the receipt, administration and disposal of some Schedule 3 and 4 controlled drugs were maintained in a controlled drug record book. However, a recent supply of a Schedule 2 controlled drug which is subject to record keeping requirements had not been recorded and managed appropriately. The registered manager advised that she was unaware that this medicine was a controlled drug. The appropriate recording, administration and reconciliation process had therefore not been followed. The registered manager should ensure that she and the other registered nurses receive update training on controlled drugs. A recommendation has been made with regards to training (see above).

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 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. It was noted that the medicines refrigerator temperature had been outside of the required range of 2^{o}C and 8^{o}C for an extended period of time. It was evident that the thermometer had not been appropriately read and reset by the registered nurses. The registered manager must ensure that staff are able to read and reset the refrigerator thermometer and therefore ensure that medicines are being stored at the appropriate temperature. A recommendation has been made with regards to training (see above).

Areas for improvement

Further training should be provided in the areas highlighted. A recommendation was made.

The personal medication records must be up to date and accurate at all times. A requirement was made.

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

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. Several discrepancies were noted and highlighted to the registered manager who agreed to monitor these medicines.

The management of medicines for administration on a "when required" basis for the management of distressed reactions was examined for one patient. The administration had been recorded on the MARs sheets. However, the medicine and the dosage instructions had not been recorded on the personal medication record. A care plan had not been implemented. The management of medicines for administration on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure that all of the appropriate records are maintained. A recommendation was made.

The management of pain was examined in relation to one patient. Staff advised that the patient had been requesting extra pain relief however a pain assessment had not been completed. No further advice had been sought on the management of the patient's pain from the general practitioner. Staff were unaware of the importance of ongoing monitoring to ensure that the pain was well controlled and the patient was comfortable. A care plan was not maintained. This finding is a concern, particularly for this client group who may not always be able to verbalise if they are in pain or discomfort. The management of pain should be reviewed and revised and a pain assessment tool should be used when appropriate. A recommendation was made. Further training should be provided in the management of pain. A recommendation had been made in relation to training (see section 4.3).

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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines not contained within the blister pack system. In addition, a quarterly audit was completed by the community pharmacist.

Areas for improvement

The management of medicines for administration on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure that all of the appropriate records are maintained. A recommendation was made.

The management of pain should be reviewed and revised and a pain assessment tool should be used when appropriate. A recommendation was made.

Number of requirements	0	**Number of recommendations**	2

4.5 Is care compassionate?

The administration of medicines was not observed during this inspection. Interactions between staff and patients were observed to be caring and timely.

Questionnaires were completed by five patients. All of the responses in the questionnaires indicated that patients were either "satisfied" or "very satisfied" with how medicines are managed in the home.

Four members of staff completed questionnaires. All of the responses were positive and raised no concerns with how medicines were managed within 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.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken. However, the outcome of this inspection indicates that the governance arrangements in place are not robust and do not cover all aspects of the management of medicines. There should be a system in the home that identifies any shortfalls in the management of medicines and a process to rectify those shortfalls. This is not in place at present. The governance arrangements in the home must be reviewed and revised to ensure that the management of medicines is safe and effective and that the home is well led in this respect. A requirement has been made.

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.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

There must be robust audit system in the home that identifies any shortfalls in the management of medicines and a process to rectify those shortfalls. A requirement has been 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 Miss Frances McKenna, Registered Manager, as part of the inspection process and with Mrs Kathleen McQuaid, Registered Person by telephone on 18 November 2016,. 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 or 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:** 17 December 2016	The registered provider must ensure that the personal medication records are up to date and accurate at all times.
	Response by registered provider detailing the actions taken: All personal medication records have been updated and will continue to be monitored to ensure accuracy at all times
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 17 December 2016	The registered provider must ensure that there is a system in the home that identifies any shortfalls in the management of medicines and a process to rectify those shortfalls.
	Response by registered provider detailing the actions taken: Robust audits are in place which now include a recording book to ensure all short falls from pharmacy are addressed.
Recommendations	
Recommendation 1 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 17 January 2016	The registered provider should ensure that further training is provided in the areas highlighted in this report.
	Response by registered provider detailing the actions taken: e-learning accounts are currently been set up for all trained staff via boots pharmacy. Re-training has commenced in the homes medication policies. A up to date list of all controlled drugs is now available and located in the treatment room.
Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 17 December 2016	The registered provider should ensure that the management of medicines for administration on a "when required" basis for the management of distressed reactions is reviewed and revised to ensure that all of the appropriate records are maintained.
	Response by registered provider detailing the actions taken: A care plan is now in place for resident's when required medication due to distressed reactions is precribed and will be monitored and reviewed on amonthly basis or sooner as deemed necessary.
Recommendation 3 **Ref**: Standard 4 **Stated:** First time	The registered provider should ensure that the management of pain is reviewed and revised and a pain assessment tool is used when appropriate.
	Response by registered provider detailing the actions taken:

To be completed by: 17 December 2016	Although the Abbey scale pain assessment was in place, it was felt that this was not appropriate for this client , on day of inspection alternative scale was introduced and completed on a daily basis. This has been discussed at the Staff nurses meeting held following this inspection.

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

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