Unannounced Medicines Management Inspection Report
28 April 2016

Collegeland Nursing Home

Lislasly Road, Aughanlig, Dungannon, BT71 6SR
Tel No: 028 3889 1467
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Collegeland Nursing Home took place on 28 April 2016 from 09.35 to 13.05.

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.

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 one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

One recommendation was made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been 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 the DHSSPS Nursing Homes Minimum Standards, February 2008. 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 Collegeland 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	1

Details of the QIP within this report were discussed with Ms. Ann Keppler, 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 estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the inspection on 19 August 2015.

2.0 Service details

Registered organisation/ registered person: Roughan Care Ltd/ Mr Patrick Anthony McAvoy	**Registered manager:** Mrs Ann Keppler
Person in charge of the home at the time of inspection: Mrs Ann Keppler	**Date manager registered:** 14 August 2014
Categories of care: RC-I, RC-PH, NH-DE, NH-I, NH-PH, NH-PH(E)	**Number of registered places:** 26

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 four patients, the registered manager and two registered nurses.

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 19 August 2015

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 14 April 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must ensure that the dosage instructions for the administration of Seretide Evohaler to one patient are clarified with the prescriber.	**Met**
	Action taken as confirmed during the inspection: The dosage instructions were clarified with the prescriber.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered provider should ensure that all controlled drugs in Schedules 2, 3 and 4 (part 1) are denatured and therefore rendered irretrievable, by two nurses, before their return to the community pharmacist for disposal.	**Met**
	Action taken as confirmed during the inspection: The registered manager and staff confirmed that controlled drugs in Schedules 2, 3 and 4 (part 1) were denatured by two registered nurses before their disposal.	

Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered provider should ensure that a robust medicines management audit system is implemented. **Action taken as confirmed during the inspection**: Practices for the management of medicines were audited by the registered manager on a monthly basis. When necessary, an action plan had been compiled. The registered manager stated that the action plan was shared with the nursing staff and discussed at staff meetings. The issues raised were followed up at the next audit.	**Met**
Recommendation 3 **Ref**: Standard 39 **Stated:** First time	The registered provider should ensure that the temperature range of the medicine refrigerator is monitored and recorded daily. **Action taken as confirmed during the inspection**: The temperature range of the medicine refrigerator was monitored and recorded daily. It had been maintained within recommended limits.	**Met**
Recommendation 4 **Ref**: Standard 39 **Stated:** First time	The registered provider should ensure that the temperature of the medicine storage room is monitored daily. **Action taken as confirmed during the inspection**: The temperature of the medicine storage room was monitored daily. Satisfactory temperatures were recorded.	**Met**
Recommendation 5 **Ref**: Standard 39 **Stated:** First time	The registered provider should ensure that overstock oxygen cylinders are chained to the wall. **Action taken as confirmed during the inspection**: Overstock oxygen cylinders were chained to the wall in the treatment room.	**Met**

Recommendation 6 **Ref**: Standard 38 **Stated:** First time	The registered provider should ensure that the recording system in place for all patients who are prescribed "when required" anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.	**Met**
	Action taken as confirmed during the inspection: The recording system in place for patients who were prescribed "when required" anxiolytic and antipsychotic medicines included detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.	
Recommendation 7 **Ref**: Standard 37 **Stated:** First time	The registered person should ensure that, in an instance where a patient is prescribed 'when required' anxiolytic and antipsychotic medication for distressed reactions and a pattern of regular administration of that medication has developed; the prescriber is requested to review the dosage instructions.	**Met**
	Action taken as confirmed during the inspection: The registered manager and staff confirmed that, whenever a pattern of regular administration of anxiolytic and antipsychotic medication prescribed on a "when required" basis for distressed reactions, had developed, the prescriber had been requested to review the dosage instructions. This was not a current issue.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Medicines management training had been provided by the community pharmacist.

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 twice daily on controlled drugs which require safe custody. 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. warfarin and insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed into pharmaceutical waste bins, which were uplifted, when necessary, by a waste management contractor. Discontinued controlled drugs were denatured and rendered irretrievable by two nurses prior to their disposal.

It was the practice for one nurse to dispose of medicines which were not controlled drugs. The registered manager gave an assurance that two nurses would dispose of all medicines.

Medicines were stored safely and securely and in accordance with the manufacturers' 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 were checked daily.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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 medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the parameters for administration were recorded on the personal medication record. A care plan was maintained and it was evaluated on a monthly basis. These medicines had been rarely used. 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 sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. A pain assessment tool was completed and updated as necessary. A care plan was maintained and it was evaluated on a monthly basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of

the prescribed fluid consistency. Administrations were recorded and care plans and speech and language assessment reports were in place.

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 mostly well maintained and facilitated the audit process. Areas of good practice were acknowledged. However, several discrepancies were observed between the personal medication records and medicine administration records. It was recommended that the registered person should ensure the personal medication records are accurately maintained.

The registered manager agreed to ensure that, if a patient had more than one personal medication record sheet in use, this was clearly specified on each sheet, along with the patient's drug allergy status.

Practices for the management of medicines were audited by the registered manager on a monthly basis. When necessary, an action plan had been compiled. The registered manager stated that the action plan was shared with the nursing staff and discussed at staff meetings. The issues raised were followed up at the next audit. The dates and times of opening of the medicine containers were recorded in order to facilitate audit; this was acknowledged as good practice.

Following discussion with the registered manager and staff and a review of care files, it was evident that, when applicable, other healthcare professionals were contacted in response to issues or concerns in relation to medicines management

Areas for improvement

The personal medication records should be accurately maintained. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in their room or in the day room. The staff administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines.

The patients spoken to advised that they had no concerns in relation to the management of their medicines, and their requests for medicines prescribed on a "when required" basis was adhered to e.g. pain relief.

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 and that any updates were highlighted to them by management.

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 inspections were discussed. There was evidence of the action taken and learning implemented.

A review of the internal audit records indicated that 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. The registered manager agreed to increase the level of auditing of the personal medication records in order to ensure their full and accurate maintenance.

Following discussion with the registered manager and 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

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Ann Keppler, 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/ 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 provider 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 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 person/manager 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 person/manager 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 29 **Stated:** First time **To be completed by:** 28 May 2016	The personal medication records should be accurately maintained. **Response by registered person detailing the actions taken:** We have updated our personal medication records and nursing staff have rewritten same to ensure accuracy. Manager is auditing personal medication records to ensure accuracy is maintained.

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

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