Unannounced Medicines Management Inspection Report
3 June 2016

Glenview

Type of Service: Nursing Home
Address: 9 Cabragh Road, Dungannon, BT70 3AH
Tel No: 028 8776 7132
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Glenview took place on 3 June 2016 from 09:50 to 14:40.

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 some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?
One recommendation in relation to the administration of medicines in disguised form was made.

Is care effective?
One requirement in relation to accurate maintenance of administration records by care assistants was made. One recommendation in relation to the management of distressed reactions was made.

Is care compassionate?
No requirements or recommendations were made.

Is the service well led?
No requirements or recommendations were 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.

For the purposes of this report, the term 'patients' will be used to describe those living in Glenview which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the QIP within this report were discussed with Mr Tony Quinn, 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

The most recent inspection was an unannounced care inspection on 24 May 2016. The care inspector confirmed that there were no issues to be followed up at this inspection.

2.0 Service details

Registered organisation/registered person: Mrs Jennifer Gregg and Mr Mervyn Gregg	**Registered manager:** Mrs Eleanor Elizabeth Caroline Sands
Person in charge of the home at the time of inspection: Mr Tony Quinn	**Date manager registered:** 1 April 2005
Categories of care: RC-I, NH-DE, NH-I, NH-PH, NH-PH(E)	**Number of registered places:** 45

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

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 24 May 2016

The most recent inspection of the home was an unannounced care inspection. The report is due to be issued to the registered provider by 21June 2016.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 13 October 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second time	The refrigerator temperature must be monitored, recorded and reset daily and the temperature must be maintained within the recommended range of 2°C to 8°C.	**Met**
	Action taken as confirmed during the inspection: Three refrigerators were in use. Satisfactory recordings were observed indicating that the temperatures are maintained within the required range.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must investigate the administration of co-beneldopa to patient A to determine if it has been administered as prescribed. A written report of the outcome of this investigation must be returned with the completed QIP from this inspection.	**Met**
	Action taken as confirmed during the inspection: The investigation was completed and a report of the outcome was forwarded to RQIA.	
Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must investigate the circumstances surrounding the out of stock medicines, Galfer and carbimazole. A written report of the outcome of this investigation must be returned with the completed QIP from this inspection.	**Met**
	Action taken as confirmed during the inspection: The investigation was completed and a report of the outcome was forwarded to RQIA.	

Requirement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must review the management of inhaled medicines and closely audit them to ensure that they are being appropriately administered.	**Met**
	Action taken as confirmed during the inspection: A small number of inhaled medicines were in use; staff confirmed that they were included in the home's audits.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that all staff are aware of the action to take to ensure that medicines are in stock and available for administration at all times.	**Met**
	Action taken as confirmed during the inspection: The registered nurses on duty were aware of the action to be taken to ensure that medicines did not run out of stock. All medicines were available for administration as prescribed on the day of the inspection.	
Recommendation 2 **Ref**: Standard 38 **Stated:** First time	The registered manager should review those medicines that must be administered at specific times e.g. medicines for Parkinson's Disease to ensure that the time recorded on the PMR matches the actual time administered as recorded on the MARs sheets.	**Met**
	Action taken as confirmed during the inspection: This was actioned following the last medicines management inspection. However, medicines for Parkinson's are currently prescribed to be administered at the same time as the usual medicines round.	
Recommendation 3 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that the records of disposal of medicines are signed by the registered nurses responsible for the disposal.	**Met**
	Action taken as confirmed during the inspection: Records of disposal had been verified and signed by two registered nurses.	

Recommendation 4 **Ref**: Standard 39 **Stated:** First time	The registered manager should ensure that all out of date medicine is regularly disposed of.	**Met**
	Action taken as confirmed during the inspection: Out of date medicines were not observed at this inspection.	

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 the audit process. Competency assessments were completed annually. Refresher training in medicines management had been provided by the community pharmacist in October 2015. Training on the administration of thickening agents had been provided for care staff recently. Training on the administration of emollient preparations has been requested from 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 were observed to be up to date; entries had been verified and signed by two registered nurses. This safe practice was acknowledged. The majority of hand-written updates on the medication administration records had been verified and signed by two registered nurses; the nurse in charge advised that all registered nurses would be reminded to adhere to this procedure.

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. The denaturing of controlled drugs had not been recorded in the controlled drug record book on all occasions; it was acknowledged that it had been recorded on the stock reconciliation sheets. The nurse in charge advised that this would be discussed with all registered nurses for corrective action.

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

Medicines were being administered in disguised form. Registered nurses advised that a letter of authorisation from the general practitioner was in place but this could not be located during the inspection. A care plan was not in place. A recommendation was made.

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. Staff were reminded that Versatis pouches should be sealed and that the date of opening should be recorded on insulin pens; it was acknowledged that the date of opening had been recorded on the medication administration records. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

Detailed care plans and evidence of multi-disciplinary agreements should be available when medicines are administered in disguised form. A recommendation was made.

Number of requirements	0	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.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, dosage instructions were recorded on the personal medication record. 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. However, detailed care plans were not maintained and the reason for and the outcome of administration were not recorded on all occasions. 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 when patients could not verbalise their pain then a pain assessment tool was used. Care plans were maintained. Staff also advised that a pain assessment tool is completed as part of the admission process.

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 fluid consistency. Care plans and speech and language assessment reports were in place. Records of administration by care staff were not maintained. It was also noted that records of administration of emollient preparations by care staff were not being maintained. A requirement was made.

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 well maintained and facilitated the audit process.

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.

Following discussion with the nurse in charge and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medicine related issues.

Areas for improvement

Records of administration of emollient preparations and thickening agents by care staff must be maintained. A requirement was made.

Detailed care plans must be in place when medicines are prescribed to be administered when required for the management of distressed reactions. The reason for and outcome of each administration should be recorded. A recommendation was made.

Number of requirements	1	Number of recommendations	1

4.5 Is care compassionate?

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.

One patient advised that he was very happy with the care in 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?

The nurse in charge advised that 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 staff.

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 inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

The home's audits were not available for inspection. However, staff on duty advised that the registered manager completes audits at least monthly and that where a discrepancy was identified it was investigated and shared with staff for improvement.

Following discussion with the nurse in charge, 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. They advised that any resultant action was communicated with all staff.

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 issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Tony Quinn, Nurse in charge, as part of the inspection process. The timescales for completion 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered persons 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.ukand 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

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 4 July 2016	The registered person must ensure that records of administration of emollient preparations and thickening agents by care staff are maintained.
	Response by registered person detailing the actions taken: Medicare has provided Topical Medicines Application Record Sheet which are now in place. Thickening Agents records are completed electronically by care staff on a daily basis.
Recommendations	
Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 4 July 2016	Detailed care plans and evidence of multi-disciplinary agreements should be available when medicines are administered in disguised form.
	Response by registered person detailing the actions taken: This has been addressed and letter is in place from GP.
Recommendation 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 4 July 2016	Detailed care plans must be in place when medicines are prescribed to be administered “when required”for the management of distressed reactions. The reason for and outcome of each administration should be recorded on all occasions.
	Response by registered person detailing the actions taken: This has been discussed at a Staff Nurses' meeting, memo is in place on each Medicine Trolley

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews