# Unannounced Medicines Management Inspection Report
# 18 July 2016

# Greenpark

**Type of Service: Nursing Home**
**Address: 15 Keady Road, Armagh, BT60 4DH**
**Tel No: 028 3752 7445**
**Inspector: Paul Nixon**

## 1.0 Summary

An unannounced inspection of Greenpark took place on 18 July 2016 from 09:20 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?**

The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. A recommendation was made relating to the disposal of medicines.

**Is care effective?**

The management of medicines generally supported the delivery of effective care. Systems were mostly in place to ensure patients were receiving their medicines as prescribed. However, a requirement was restated relating to ensuring that Seretide Evohalers are administered to patients in accordance with the prescribed instructions. In addition, a recommendation was restated regarding the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines.

**Is care compassionate?**

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

**Is the service well led?**

Written policies and procedures for the management of medicines were in place. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. However, not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. A recommendation was made relating to management ensuring that the Quality Improvement Plan (QIP) is regularly reviewed as part of the quality improvement process.

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.

RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. 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 Greenpark which provides both nursing and residential care.

## 1.1 Inspection outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 1 | 3 |

Details of the QIP within this report were discussed with Miss Mary Catherine Powell, 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 previous QIP, there were no further actions required to be taken following the last inspection on 10 May 2016.

## 2.0 Service details

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| **Registered organisation/registered person:**<br>Mr Edward Maguire | **Registered manager:**<br>Miss Mary Catherine Powell |
| **Person in charge of the home at the time of inspection:**<br>Miss Mary Catherine Powell | **Date manager registered:**<br>10 June 2016 |
| **Categories of care:**<br>NH-LD(E), RC-LD(E), RC-MP(E), NH-PH, NH-PH(E), NH-MP, NH-MP(E), NH-DE, NH-I, RC-I | **Number of registered places:**<br>62 |

## 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

During the inspection, the inspector met with two patients, the registered manager and three registered nurses.

The following records were 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 10 May 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last medicines management inspection dated 21 August 2014

| Last medicines management inspection statutory requirements | | Validation of compliance |
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| **Requirement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | A detailed care plan must be in place for the administration of rectal diazepam. | **Met** |
| | **Action taken as confirmed during the inspection**: One patient, who was prescribed rectal diazepam, had a care plan in place. | |
| **Requirement 2**<br><br>**Ref:** Regulation13 (4)<br><br>**Stated:** First time | The registered person must investigate the unsatisfactory observations made in two audits on transdermal opioid patches and one audit on azithromycin 250mg capsules and must submit a written response to RQIA. | **Met** |
| | **Action taken as confirmed during the inspection**: The observations were investigated by the registered manager and RQIA was informed of the outcome and follow-up action taken in a written response dated 22 September 2014. | |

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| **Requirement 3**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time | The registered person must ensure that transdermal opioid patches are administered in accordance with the prescribed instructions.<br><br>**Action taken as confirmed during the inspection**: Audits performed on transdermal opioid patches produced satisfactory outcomes. | **Met** |
| **Requirement 4**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person must ensure that Seretide Evohalers are administered to patients in accordance with the prescribed instructions.<br><br>**Action taken as confirmed during the inspection**: One audit performed on Seretide Evohaler produced an unsatisfactory outcome.<br><br>**The requirement is restated.** | **Not Met** |
| **Requirement 5**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person must ensure that the arrangements for ordering medicines are reviewed, as detailed in Criterion 37.1.<br><br>**Action taken as confirmed during the inspection**: The arrangements for ordering medicines had been reviewed; a record is now maintained of medicines requested and this is used to check medicines received. | **Met** |
| **Requirement 6**<br><br>**Ref:** Regulation 20 (1) (a)<br><br>**Stated:** First time | The registered person must ensure that competency assessment records are kept for care staff in relation to the delegated tasks of administering thickening agents and external preparations.<br><br>**Action taken as confirmed during the inspection**: There was evidence that care staff were trained and competent in relation to delegated tasks. | **Met** |

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| **Requirement 7**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person must ensure that the arrangements for the disposal of medicines are reviewed, as detailed in Criterion 37.6. | **Partially Met** |
| | **Action taken as confirmed during the inspection**: The arrangements for the disposal of medicines had been reviewed. With the exception of controlled drugs, waste medicines were placed into designated pharmaceutical clinical waste bins, which were uplifted by a clinical waste disposal company. However, two designated staff members had not witnessed the disposal of waste medicines. Controlled drugs had continued to be returned to the community pharmacist for disposal.<br><br>**A recommendation was made.** | |
| **Requirement 8**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person must investigate the stock discrepancy that was observed in Durogesic 12mcg patch, prescribed for one patient, and must submit a written response to RQIA. | **Met** |
| | **Action taken as confirmed during the inspection**: The registered manager investigated the Durogesic 12mcg patch stock discrepancy and provided RQIA with the outcome and follow-up action taken in a written response dated 22 September 2014. | |
| **Last medicines management inspection recommendations** | | **Validation of compliance** |
| **Recommendation 1**<br><br>**Ref**: Standard 37<br><br>**Stated:** First time | Running stock balances should be maintained for warfarin and obsolete dosage regime forms cancelled and archived. | **Met** |
| | **Action taken as confirmed during the inspection**: Running stock balances were maintained for warfarin and obsolete dosage regime forms were archived. | |

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| **Recommendation 2**<br><br>**Ref**: Standard 37<br><br>**Stated:** First time | The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. | **Partially Met** |
| | **Action taken as confirmed during the inspection**: Patients who were prescribed 'when required' anxiolytic and antipsychotic had detailed care plans; however, the reason for and outcome of administration had not been consistently recorded in the daily progress notes.<br><br>**The recommendation is restated.** | |
| **Recommendation 3**<br><br>**Ref**: Standard 37<br><br>**Stated:** First time | The arrangements for the management of non-prescribed medicines (household remedies) should be reviewed. | **Met** |
| | **Action taken as confirmed during the inspection**: The arrangements for the management of non-prescribed medicines (household remedies) were reviewed; these medicines were no longer kept. | |
| **Recommendation 4**<br><br>**Ref**: Standard 38<br><br>**Stated:** First time | The arrangements for recording the application of external preparations by care staff should be reviewed. | **Met** |
| | **Action taken as confirmed during the inspection**: The arrangements for recording the application of external preparations by care staff were reviewed; care staff now only administered barriers and emollients. | |
| **Recommendation 5**<br><br>**Ref**: Standard 38<br><br>**Stated:** First time | Two registered nurses should sign all handwritten entries on the medication administration records. | **Met** |
| | **Action taken as confirmed during the inspection**: It was routine practice for two registered nurses to sign handwritten entries on the medication administration records. | |
| **Recommendation 6**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time | In Unit B and the dementia care unit, the maximum and minimum temperatures of the medicine refrigerators should be monitored and recorded. | **Met** |
| | **Action taken as confirmed during the inspection**: In Unit B and the dementia care unit, the maximum and minimum temperatures of the medicine refrigerators were monitored and recorded daily. | |

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| **Recommendation 7**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time | The medicine refrigerator in the dementia care unit should be locked. | **Met** |
| | **Action taken as confirmed during the inspection**: The medicine refrigerator in the dementia care unit was in a locked room with the key in the possession of the designated nurse.. | |
| **Recommendation 8**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time | Overstock oxygen cylinders should be chained to the wall. | **Met** |
| | **Action taken as confirmed during the inspection**: Overstock oxygen cylinders were chained to the wall. | |
| **Recommendation 9**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time | The storage of external medicines in individual patient's rooms should be risk assessed. | **Met** |
| | **Action taken as confirmed during the inspection**: The storage of external medicines in individual patient's rooms was risk assessed. | |
| **Recommendation 10**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time | Blood glucose meters should have quality control checks performed on them in accordance with the manufacturers' instructions. | **Met** |
| | **Action taken as confirmed during the inspection**: Blood glucose meters had quality control checks performed on them in accordance with the manufacturers' instructions. | |

## 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 team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. The most recent training was in relation to the management of percutaneous endoscopic gastrostomy tubes and swallowing difficulties in palliative care.

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 medicine 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 on controlled drugs which require safe custody, at the end of each shift. 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.

With the exception of controlled drugs, waste medicines were placed into designated pharmaceutical clinical waste bins, which were uplifted by a clinical waste disposal company. However, two designated staff members had not witnessed the disposal of these medicines. Controlled drugs had continued to be returned to the community pharmacist for disposal. A recommendation was made.

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 and oxygen equipment were checked at regular intervals.

**Areas for improvement**

Discontinued controlled drugs should be denatured and rendered irretrievable by two designated staff members on the premises and two designated staff members should witness the disposal of waste medicines. A recommendation was made.

| **Number of requirements** | **0** | **Number of recommendations**: | **1** |
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## 4.4 Is care effective?

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions. Several audit discrepancies were drawn to the attention of the acting manager, who gave an assurance that the administrations of the medicines would be closely monitored to ensure compliance with the prescribers' instructions. This included an audit on Seretide Evohaler; a requirement was restated.

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, three monthly and six monthly 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. The reason for and outcome of administration had mostly not been recorded; a recommendation was restated. 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 were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. 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.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record; however, the fluid consistency was not always recorded. The registered manager gave an assurance that this matter would be rectified without delay. Each administration was 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. They included additional records for insulin, non-regular injection administration, opioid transdermal patches and warfarin. The removals of lidocaine transdermal patches were not recorded; the registered manager gave an assurance that this matter would be addressed without delay.

There was evidence that practices for the management of medicines were audited periodically by an employee of the organisation who was not directly concerned with the conduct of the nursing home. In addition, a quarterly audit was completed by the community pharmacist. Daily stock balances were maintained for warfarin and most analgesics. The dates of opening were recorded on most containers to facilitate audit activity; this good practice was acknowledged.

Following discussion with the registered manager and staff, it was evident that staff have good working relationships with other healthcare workers, including the community pharmacist and prescribers.

**Areas for improvement**

The registered person must ensure that Seretide Evohalers are administered to patients in accordance with the prescribed instructions. A requirement was restated.

The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. A recommendation was restated.

| **Number of requirements** | **1** | **Number of recommendations**: | **1** |
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## 4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in the living room or in their room. The nurses 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. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to advised that they had no concerns in relation to the management of their medicines

**Areas for improvement**

No areas for improvement were identified during the inspection.

| **Number of requirements** | **0** | **Number of recommendations**: | **0** |
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## 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 knowledgeable of the policies and procedures and that any updates were highlighted to them.

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

The medicine related incident reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following 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 and learning which had resulted in a change of practice.

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.

Not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, the Quality Improvement Plan should be regularly reviewed as part of the quality improvement process; a recommendation was made.

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

**Areas for improvement**

To ensure that all requirements and recommendations are fully addressed and the improvement sustained, the Quality Improvement Plan should be regularly reviewed as part of the quality improvement process. A recommendation was made.

| Number of requirements | 0 | Number of recommendations: | 1 |
|---|---|---|---|

## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Mary Catherine Powell, 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 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 The 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 taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to *pharmacists@rqia.org.uk* for review 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

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|---|---|
| **Statutory requirements** | |
| **Requirement 1**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>17 August 2016 | The registered person must ensure that Seretide Evohalers are administered to patients in accordance with the prescribed instructions. |
| | **Response by registered provider detailing the actions taken:**<br>Actioned immediately, regular auditing has ensued to ensure all medication is administered as precribed. |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 37<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>17 August 2016 | The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. |
| | **Response by registered provider detailing the actions taken:**<br>All staff nurses informed of need for same, new recording sheet implemented to ensure documentation of same. When required medication has been reviewed and a request made to GPs surgery if medication is required regularly for ammended prescription. |
| **Recommendation 2**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 August 2016 | The registered provider should ensure that discontinued controlled drugs are denatured and rendered irretrievable by two designated staff members on the premises and that two designated staff members witness the disposal of waste medicines. |
| | **Response by registered provider detailing the actions taken:**<br>Actioned immediately, two staff now denature all controlled drugs and two staff sign for disposal of all medications. |
| **Recommendation 3**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 August 2016 | The registered provider should ensure that the Quality Improvement Plan is regularly reviewed as part of the quality improvement process, to ensure that all requirements and recommendations are fully addressed and the improvement sustained. |
| | **Response by registered provider detailing the actions taken:**<br>Quality Improvement Plan will be regularly reviewed as part of normal practice to ensure all recommendations and requirements are addressed and sustained . |

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

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