Unannounced Medicines Management Inspection Report
2 September 2016

Mountvale

Type of Service: Nursing Home
Address: Brewery Lane, Meeting Street, Dromore, BT25 1AH
Tel No: 028 9269 9480
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Mountvale took place on 2 September 2016 from 10.00 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?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were largely satisfactory systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area for improvement was identified in relation to unlicensed medicines and a recommendation was made. No requirements were made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. One area for improvement was identified in relation to record keeping and a recommendation was made. No requirements 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. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas for improvement identified.

Is the service well led?

Most areas of the service were found to be well led with respect to the management of medicines. 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, the auditing process should be reviewed and one recommendation was made. No requirements 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.

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.

For the purposes of this report, the term ‘patients’ will be used to described those living in Mountvale which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Senior Staff Nurse Mary Walsh, 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 premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 July 2016.

2.0 Service details

Registered organisation/registered person: Mountvale Private Nursing Home Ltd/ Mr William Trevor Gage	**Registered manager:** Mrs Linda Kennedy
Person in charge of the home at the time of inspection: Mrs Linda Kennedy until 11.30 and Senior Staff Nurse Mary Walsh thereafter	**Date manager registered:** 18 June 2012
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E)	**Number of registered places:** 51

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

The inspector met with two residents, two registered nurses, the senior staff 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 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 26 July 2016

The most recent inspection of the home was an announced premises inspection. The report has been issued to the home. The completed QIP will be reviewed by the estates inspector and 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 9 September 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must make the necessary arrangements to ensure that all medicines are stored at the temperature stated by the manufacturer; systems must be in place to ensure that minimum and maximum medicine refrigerator temperatures are recorded and medicines refrigerators are defrosted regularly.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the management of medicines which required cold storage.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 18 **Stated:** First time	It is recommended that the management of distressed reactions should be reviewed to ensure that the parameters for administration are fully documented on the personal medication record; the reason for and outcome of any administration is recorded; and where administration is necessary on a regular basis, this should be reported to the prescriber.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the management of distressed reactions had been reviewed and the relevant records had been maintained.	

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 general medicines management was provided annually. Staff had also received training in the management of enteral feeding and the administration of medicines via this route.

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 overstocks of several medicines and staff advised that this had already been identified and discussed at the recent staff meeting.

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 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.

A small number of medicines were crushed prior to administration. This is considered to be outside the product licence and written authorisation from the prescriber was not available. These medicines were administered via an enteral tube. The administration of unlicensed medicines was further discussed and a recommendation was made.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. It was noted that due to lack of space on the medicine trolley, a number of medicines were not secured during the medicine round. This was further discussed and it was agreed that this would be reviewed to ensure these medicines were held securely.

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. A number of spacer devices for inhalers contained residue and should be washed/replaced. It was agreed that this would be addressed after the inspection.

Areas for improvement

In the instances were medicines are required to be administered in unlicensed form, written authorisation should be obtained from the prescriber. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

Most of the medicines examined had been administered in accordance with the prescriber's instructions. Some discrepancies were observed in calcium supplements and inhaled medicines and one large discrepancy was noted in one oral liquid medicine. A small number of inhaled medicines did not state the date of opening and the audit trails could not be concluded; one inhaled medicine had not been administered as prescribed and advice was given at the inspection. Staff advised that smaller syringes would be implemented with immediate effect to ensure correct measurement of the liquid medicine. A recommendation in relation to audit has been made in section 4.6.

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, the 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. The reason for and the outcome of administration were recorded. A care plan was maintained.

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 pain was well controlled and the patient was comfortable. Staff

advised that most of the patients could verbalise any pain, and a pain tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was 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. It was noted that some records of administration had not been maintained and it was agreed that this would be raised with staff and reviewed within the audit process.

The management of enteral feeding was examined. Fluid intake charts were maintained and included the total volume of fluid intake per 24 hours. However, it was noted that the quantity stated on some days did not correlate with the prescribed target volume. A system should be in place to ensure that this is checked each day. A recommendation 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 generally well maintained and facilitated the audit process.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to issues or concerns relating to medicines management.

Areas for improvement

Where patients are prescribed a daily fluid intake, the patient's fluid intake should be monitored and recorded on a daily basis to ensure that the target intake is achieved. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines to patients was not observed at the time of the inspection. Following discussion with staff, it was noted that medicines were administered on time, in accordance with the patients' preferences and patients were given time to take their medicines.

The patients spoken to at the inspection had no concerns regarding the management of their medicines and were content with the care provided by staff. The patients advised that staff responded in a timely manner to any requests for medicines e.g. pain relief. They spoke positively about the staff and comments included:

"I am happy in this home"
"I am looked after very well here"

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 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.

A review of the internal 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. As discrepancies were found in some medicines during the inspection (see section 4.4), the auditing process should be further developed to ensure that inhaled medicines, liquid medicines and calcium supplements are included. A recommendation was made.

Following discussion with the registered manager and registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The requirement and recommendation made at the last medicines management inspection had been addressed.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated to staff individually and at team meetings.

Areas for improvement

The auditing process for medicines should be reviewed to ensure that the management of inhaled medicines, liquid medicines and calcium supplements are closely monitored. A recommendation was made.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Senior Staff Nurse Mary Walsh, 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 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	
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 2 October 2016	In the instances where medicines are required to be administered in unlicensed form, the registered provider should ensure that written authorisation from the prescriber is in place.
	Response by registered provider detailing the actions taken: Written Authorisation has been obtained from the prescriber.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 2 October 2016	The registered provider should develop a monitoring system which ensures that where patients are prescribed a daily fluid intake, the patient's fluid intake is monitored and recorded on a daily basis and that the target intake is achieved.
	Response by registered provider detailing the actions taken: Staff Meeting held on 06/10/16 regarding this issue and staff reminded to monitor and record fluid intake on a daily basis ensuring that the target intake is achieved.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 2 October 2016	The registered provider should further develop the auditing process to ensure that the management of inhaled medicines and administration of calcium supplements and liquid medicines are closely monitored.
	Response by registered provider detailing the actions taken: Auditing process has been enhanced to include calcium supplements, liquid medication and inhalers. Staff reminded to report any discrepanices to Manager.

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

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