Unannounced Medicines Management Inspection Report
20 June 2016

Nightingale Care Home

Type of Service: Nursing Home
Address: 34 Old Eglish Road, Dungannon, BT71 7PA
Tel No: 028 8775 2666
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of Nightingale Care Home took place on 20 June 2016 from 09:00 to 16:40.

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.

Is care safe?

Staff administering medicines were trained and competent. Three areas for improvement were identified in relation to the storage of medicines, the management of medicines administered through PEG tubes and the management of warfarin. Two requirements and one recommendation 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. Two areas for improvement were identified in relation to the auditing and monitoring of medicines and records of the disposal of controlled drugs. 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. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas for improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. One area for improvement was identified in relation to the management of written policies and procedures. One recommendation 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.

For the purposes of this report, the term ‘patients’ will be used to describe those individuals living in Nightingale Care Home which provides both nursing and residential care.

1.2 Actions/enforcement taken following the most recent care inspection

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the QIP within this report were discussed with Mrs Nuala McAliskey, Acting Manager (application not yet submitted) and Ms Patricia Greatbanks, Regional Manager, Four Seasons (Bamford) Ltd 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.

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 25 February 2016.

2.0 Service details

Registered organisation/registered person: Four Seasons (Bamford) Ltd/Ms Maureen Claire Royston	**Registered manager:** Mrs Nuala McAliskey (Acting Manager, no application required)
Person in charge of the home at the time of inspection: Mrs Nuala McAliskey	**Date manager registered:** Not applicable
Categories of care: NH-PH, RC-PH, NH-I, NH-MP, RC-I	**Number of registered places:** 48

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 poster was displayed on the front door of the home during the inspection. The poster indicated that the inspection was taking place and invited visitors/relatives to speak with the inspector. During the inspection the inspector met with three patients, three members of staff, the area manager from Four Seasons (Bamford) Ltd and one patient's relative.

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

The most recent inspection of the home was an unannounced care inspection on 25 February 2016. The completed QIP was returned by the home and approved by the care inspector. The 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 9 October 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The refrigerator thermometer must be re-set each day. Any deviation from the required temperatures (2°C to 8°C) must be reported to the home manager and appropriate corrective action taken.	**Met**
	Action taken as confirmed during the inspection: Records showed the thermometer had been re-set each day and the majority of recorded temperatures were within the required range for cold storage of medicines.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that temazepam tablets are stored inside the controlled drugs cabinet.	**Not Met**
	Action taken as confirmed during the inspection: Some supplies of temazepam awaiting disposal were not stored in the controlled drugs cabinet. This requirement is stated for the second time.	

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, palliative care, the management of PEG tubes and the management of swallowing difficulties was provided in the last two months.

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 was evidence that a recently prescribed antibiotic medicine had been obtained and administered in a timely fashion.

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.

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 insulin.

The management of warfarin was reviewed for one patient. Records of the administration of warfarin were not accurately maintained and did not correspond with the daily monitoring records. As it was not possible to confirm from these records that the correct warfarin dose had been administered, the prescriber was contacted and a blood sample was sent for analysis. Robust arrangements must be in place for administering, monitoring and recording the administration of warfarin. A requirement was made.

The management of medicines administered through a PEG tube was reviewed for one patient. Authorisation from the prescriber to administer medicines via this route was not in place; this was obtained during the inspection. There was no evidence that advice had been sought or a reference source had been checked for guidance on the method of administration. This should be addressed and details included in the patient's care plan. A recommendation was made.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal, although the records of disposal did not indicate this, as detailed in Section 4.4 below.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and tidy. Medicine refrigerators and oxygen equipment were checked at regular intervals. Some supplies of temazepam awaiting disposal were not stored in the controlled drugs cupboard. A requirement made at the previous medicines management inspection regarding the safe storage of these medicines was stated for the second time.

Areas for improvement

Robust arrangements must be in place for administering, monitoring and recording the administration of warfarin. A requirement was made.

Advice should be sought or a reference source checked for guidance on the method of administration for those medicines being administered via a PEG tube. A recommendation was made.

Supplies of temazepam must be stored in the controlled drugs cabinet. A requirement made at the previous medicines management inspection was stated for the second time.

Number of requirements:	**2**	**Number of recommendations:**	**1**

4.4 Is care effective?

Most of the 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. Some discrepancies were noted in the stock balances of liquid medicines. Liquid medicines should be included in the home's auditing procedures on a regular basis. A recommendation was made.

For one patient who was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the patient's personal medication record. Staff knew how to recognise the 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. A care plan was maintained. One medicine prescribed on a "when required" basis for the management of distressed reactions for another patient in the home was being administered on a twice daily basis. The acting manager confirmed this would be reviewed with the prescriber.

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 is completed as part of the admission process. Staff were reminded they should record the reason for and outcome of any administration of pain relief which is prescribed on a "when required" basis.

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. Stock balances of medicines were not carried forward at the beginning of each medicine cycle. The manager agreed this would be addressed to facilitate the audit process. Some records of the receipt of medicines for a recently admitted patient were incomplete. Staff were reminded that records of the receipt of medicines must be maintained. Records of the disposal of medicines did not indicate that controlled drugs had been denatured prior to disposal. This should be addressed. A recommendation was made.

Practices for the management of medicines were audited throughout the month by the staff and management. This included daily and weekly audits by staff, a monthly audit by the manager and a quarterly audit by the community pharmacist. In accordance with the home's written policies and procedures, medicines not dispensed in monitored dosage (MDS) cassettes should be monitored on a daily basis. This was not in place for all non-MDS medicines. The acting manager advised this would be reviewed.

Staff confirmed they had good working relationships with other healthcare workers, including the speech and language therapist, the stroke rehabilitation team, the community pharmacist and the prescribers.

Areas for improvement

Liquid medicines should be included in the home's auditing procedures on a regular basis. A recommendation was made.

Records of the disposal of controlled drugs should indicate that they have been denatured prior to disposal. A recommendation was made.

Number of requirements:	0	Number of recommendations:	2

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. Patients confirmed that they had received their medicines that morning. None of the patients who were spoken to were responsible for self-administering their medicines and they confirmed they were happy for medicines to be managed by home staff. Patients reported that they were able to request tablets if they were in pain. One patient expressed some concerns that the home was "short-staffed at the moment". The issue of staffing was discussed with the acting manager and the Regional manager who advised there had been some recent staff changes, but that the home was not short-staffed.

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.

A relative advised of some concerns regarding staffing issues and the care of his relative. None of the concerns related to the management of medicines in the home. The concerns were discussed in detail with the relative and with the acting manager and regional manager at the end of the inspection. It was agreed that the areas highlighted would be reviewed to determine if any improvements were necessary and/or if there were any issues that would necessitate a referral to the Trust Safeguarding Team. The regional manager advised by telephone after the inspection that she had spoken with the relative. The details were also shared with the RQIA care inspector for the home.

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 not available in the treatment room. During the inspection, a copy of some medicine policies, including the policy for administering medicines through PEG tubes was printed and made available to staff. Written policies and procedures for the management of medicines should be available in the home. Staff should be familiar with the policies and procedures and advised of any updates. A recommendation was made.
Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and the learning implemented following

incidents. A medicine incident which occurred in October 2015 had not been reported to RQIA. The management of this incident was discussed in detail. The acting manager confirmed that policies and procedures for the management of medicine incidents and errors had been reviewed and updated. 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 and any learning which had resulted in a change of practice. The acting manager had recently completed an audit of medicines management in the home and there was an action plan in place detailing the improvements required. There was evidence that this action plan had been shared with all designated members of staff. There was also evidence that some of the areas for improvement had been addressed, including a review of restrictive practice and a review of the management of medicines for external use. This good practice was acknowledged.

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.

One of the two requirements made at the last medicines management inspection had not been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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

Areas for improvement

Written policies and procedures for the management of medicines should be available in the home and staff should be familiar with the policies and procedures and advised of any updates. 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 Mrs Nuala McAliskey, Acting Manager and Ms Patricia Greatbanks, Regional Manager, Four Seasons (Bamford) Ltd as part of the inspection process. The timescales 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 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 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.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 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:** Second time **To be completed by:** 18 July 2016	The registered manager must ensure that temazepam tablets are stored inside the controlled drugs cabinet.
	Response by registered person detailing the actions taken: Temazepam is now stored in controlled drugs cupboard. Nurses reminded at nurses meeting 4thJuly and notice in treatment room.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 18 July 2016	The registered person must ensure that robust arrangements are in place for administering, monitoring and recording the administration of warfarin
	Response by registered person detailing the actions taken: Standard Operating Procedures for Warfarin administration printed and made available for all nurses to read and sign. Assessment of knowledge supplemented with supervision.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 18 July 2016	The registered person should ensure advice is sought or a reference source checked for guidance on the method of administration for those medicines being administered via a PEG tube
	Response by registered person detailing the actions taken: GP contacted immediately and letter confirming administration of medication via peg tube. Pharmacist advice sought. Information on the NEWT Guidelines for administration of medication to patients with enteral feeding tubes available as reference source. Policy available on administration of medication via peg tube available for all nurses to read and sign
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 18 July 2016	The registered person should ensure that liquid medicines are included in the home's auditing procedures on a regular basis.
	Response by registered person detailing the actions taken: Liquid medications are included in weekly medication audit

Recommendations	
Recommendation 3 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 18 July 2016	The registered person should ensure that records of the disposal of controlled drugs indicate that they have been denatured prior to disposal.
	Response by registered person detailing the actions taken: Records indicate that they have been denatured prior to disposal. Discussed at nurses meeting 4th July 2016
Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 18 July 2016	The registered person should ensure that written policies and procedures for the management of medicines are available in the home and staff are familiar with the policies and procedures and advised of any updates.
	Response by registered person detailing the actions taken: Written policies and procedures for management of medicines are available for nurses to read and sign.

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

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