

# Unannounced Medicines Management Inspection Report 23 September 2016



## Rathfriland Manor

**Type of Service: Nursing Home**  
**Address: Rosconnor Terrace, Rathfriland, Newry, BT34 5DJ**  
**Tel no: 028 4063 8383**  
**Inspector: Cathy Wilkinson**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Rathfriland Manor took place on 23 September 2016 from 10.00 to 14.00.

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 systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no requirements or recommendations made.

### **Is care effective?**

The management of medicines supported the delivery of effective care. The registered manager had worked closely with other healthcare professionals to reduce the prescribing of anxiolytic and sedative medicines in the home which resulted in positive outcomes for patients. However, one area for improvement was identified. The registered manager should closely monitor liquid medicines to ensure that they are administered in accordance with prescribed instructions. A recommendation was 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 requirements or recommendations made.

### **Is the service well led?**

The service was 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. There were no requirements or recommendations 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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Rachel McCaffrey, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 2 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Manor Healthcare Ltd Mr Eoghain King	<b>Registered manager:</b> Ms Rachel McCaffrey
<b>Person in charge of the home at the time of inspection:</b> Ms Rachel McCaffrey	<b>Date manager registered:</b> 1 February 2016
<b>Categories of care:</b> NH-DE, NH-I	<b>Number of registered places:</b> 53

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

We met with three residents, three registered nurses 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:

- 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 2 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP is due for return on 12 October 2016 and 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 12 January 2015

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 13(4) Stated: First time	The registered manager must ensure that controlled drugs are denatured prior to disposal.  <b>Action taken as confirmed during the inspection:</b> The registered manager and staff confirmed that controlled drugs are denatured prior to disposal.	<b>Met</b>
<b>Requirement 2</b> Ref: Regulation 13(4) Stated: First time	The registered manager must ensure that refrigerator temperatures are maintained within the required range of 2°C and 8°C.  <b>Action taken as confirmed during the inspection:</b> The refrigerator temperatures were appropriately monitored and maintained within the required range.	<b>Met</b>

Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	The registered manager should ensure that all out of date medicine is regularly disposed of.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No out of date medicines were observed during the 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 team meetings, supervision and annual appraisal. Competency assessments were completed annually. Samples of training and competency assessments were provided for inspection.

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 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.

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. Medicine refrigerators and oxygen equipment were checked at regular intervals.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

The sample of medicines examined in the Millar and Shannon Suites had been administered in accordance with the prescriber's instructions. Discrepancies were noted in some liquid medicines that were audited in the Foley Suite. On occasion more than one supply of medicine was in use at the same time and the dates of opening had not been recorded on some medicines. This meant that the medicines could not be audited. The registered manager should closely monitor these medicines to ensure that they are administered in accordance with prescribed instructions. A recommendation was made.

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. A care plan was maintained. 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. Staff advised that the reason for and the outcome of administration were recorded, however these medicines were rarely used. The registered manager explained that she had been working closely with the general practitioners to reduce the usage of anxiolytic and sedative medications in the home. This had been completed in a phased manner. She had made changes to the environment in the home to reduce triggers for distressed reactions. She advised that one of the outcomes of this was that falls had been reduced by 50%. This good practice was commended.

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 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 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.

#### Areas for improvement

The registered manager should closely monitor liquid medicines to ensure that they are administered in accordance with prescribed instructions. A recommendation was made.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. The nurse 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. Patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to said that they had no concerns in relation to the management of their medicines and were very complimentary of staff.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place.

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 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.

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

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Rachel McCaffrey, 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 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 to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [pharmacists@rqia.org.uk](mailto: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

<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 23 October 2016	The registered manager should closely monitor liquid medicines to ensure that they are administered in accordance with prescribed instructions.  <b>Response by registered provider detailing the actions taken:</b> New systems in place to monitor liquids to ensure they are administered in accordance with prescribed instructions

*\*Please ensure this document is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\**



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