

Unannounced Medicines Management Inspection Report

8 September 2016



Valley Nursing Home

Type of Service: Nursing Home
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspector: Cathy Wilkinson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Valley Nursing Home took place on 8 September 2016 from 10.15 to 14.50.

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?

Improvement is required to ensure that the management of medicines supports the delivery of safe care and positive outcomes for patients. The systems in place to manage the ordering of prescribed medicines must be reviewed. It was found in the Lane and Valley suites that patients had missed doses of medicines as they had run out of stock. The management of controlled drugs must be reviewed to ensure that the systems in place are robust. The storage of some medicines should be risk assessed. Three areas of improvement were identified. Two requirements and one recommendation were made.

Is care effective?

Improvement is required to ensure that the management of medicines supports the delivery of effective care in the Valley suite. Discrepancies were noted in the audits that were completed during the inspection. The records of the administration of medicines had not been made in accordance with the NMC Standards for the Administration of Medicines. There was a delay in the commencement of an antibiotic for one patient. Four areas for improvement were identified and two requirements and 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 which promoted the delivery of positive outcomes for patients. Patients consulted with raised no concerns about the administration of their medicines. There were no areas of improvement identified.

Is the service well led?

The evidence from this inspection demonstrated that improvement is required in relation to the management of medicines. The audit system was not robust and did not highlight the issues raised during this inspection. The progress made at the last medicines management inspection had not been sustained. The competency of some of the registered nurses should be reassessed. Overall this inspection resulted in five requirements and four recommendations.

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.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Louise Hughes, Home Manager, and with Lorraine Cozma, Registered Manager by telephone on 20 September 2016 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, however a further monitoring inspection will be completed to assess the progress made.

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 9 August 2016.

2.0 Service details

Registered organisation/registered person: Valley Nursing Home (MPS) Ltd Paul Warren-Gray	Registered manager: Lorraine Margaret Cozma
Person in charge of the home at the time of inspection: Ms Louise Hughes (Home Manager)	Date manager registered: 5 January 2015
Categories of care: NH-MP, NH-MP(E), NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E), RC-I	Number of registered places: 96

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 two residents, four registered nurses, and the home 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 9 August 2016

The most recent inspection of the home was an unannounced care inspection. The QIP from this inspection is due for return by 29 September 2016. This 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 21 September 2015

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 all of the necessary records are maintained.	Partially Met
	<p>Action taken as confirmed during the inspection:</p> Further improvement is required to ensure that these records are maintained. Care plans for the administration of “when required” medicines were in place, however the reason and outcome of the administration of these medicines was not always recorded. <p>This recommendation is stated for a second time.</p>	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. The outcome of this inspection, in relation to the areas of record keeping and the acquisition of medicines, indicated that competency assessments should be reviewed. A recommendation was made (see section 4.6).

The systems in place to manage the ordering of prescribed medicines must be reviewed. In the Lane and Valley suites some patients had missed doses of medicines as there was no stock. Medicines were not being reordered until the supply had finished. The registered person must ensure that medicines are available for administration at all times. A requirement was made.

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.

The medicines management inspection on 26 February 2015 resulted in four requirements being stated in relation to the management of controlled drugs. These requirements had been addressed at the inspection on 21 September 2016. The outcome of this inspection indicated that these improvements had not been sustained throughout the home. Discrepancies were found in the records of the receipt of one medicine in the controlled drug record book in the Lane suite. The checks which were performed on controlled drugs at the end of each shift had not highlighted this discrepancy. It was noted in the Valley suite that one patient had missed two doses of a controlled drug as it was out of stock. The registered person must review and revise the management of controlled drugs to ensure that the systems in place are robust. A requirement was made.

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 usually stored safely and securely and in accordance with the manufacturer's instructions. However, a number of medicines were stored on open shelves at the bottom of the medicines trolleys and are therefore not secured when the trolleys are in use. The home manager advised that new trolleys were on order. The storage of these medicines should be risk assessed. A recommendation was made.

With the exception of the Amadeus Suite, medicine storage areas were clean, tidy and well organised. The home manager agreed to address the situation in the Amadeus Suite. 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

The registered person must ensure that medicines are available for administration at all times. A requirement was made.

The registered person must review and revise the management of controlled drugs to ensure that the systems in place are robust. A requirement was made.

The storage of medicines on open shelves of the medicine trolley should be risk assessed. A recommendation was made.

Number of requirements	2	Number of recommendations	1
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4.4 Is care effective?

Management in the home have introduced a new medicines system across the home in recent months. Staff were very positive regarding this system and were of the opinion that it made the administration process more efficient.

The majority of audit trails performed in the Tullybroom and Amadeus Suites on randomly selected medicines, which were not contained within the medicine system produced satisfactory outcomes indicating that medicines were being administered as prescribed. Audits completed in the Valley Suite provided unsatisfactory outcomes. There was a surplus of some medicines, indicating that although the medicines had been recorded as administered, they had not been administered as prescribed. The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions. A requirement was made.

The management of an antibiotic for one patient was examined. The patient had been diagnosed with an infection and a prescribed antibiotic was obtained. However, the nurses did not administer the medicine until three days after the diagnosis was made. This is unacceptable and had the potential to adversely affect the health of the patient. This was discussed in detail with the home manager. The registered person should review the processes within the home for managing newly prescribed and urgent medicines to ensure that they are commenced in a timely manner. A recommendation was made.

On arrival at the Valley Suite, the registered nurse advised that the medicine round had been completed but that the records of administration had not been made. This is unsafe practice. The NMC Standards for the Administration of Medicines states that registered nurses "must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient". The registered person must ensure that the registered nurses adhere to the NMC Standards for the administration of medicines. A requirement was made.

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. These medicines were included in the Deprivation of Liberty assessment that was completed for each patient. The reason for and the outcome of administration were not always recorded. The recommendation made previously has been stated for a second time.

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 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.

Areas for improvement

The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions. A requirement was made.

The registered person should review the processes within the home for managing newly prescribed and urgent medicines to ensure that they are commenced in a timely manner. A recommendation was made.

The registered person must ensure that the registered nurses adhere to the NMC Standards for the administration of medicines. A requirement was made.

The management of distressed reactions should be reviewed to ensure that all of the necessary records are maintained. A recommendation has been stated for the second time.

Number of requirements	2	Number of recommendations	2
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4.5 Is care compassionate?

The administration of medicines was only observed in one suite. The nurse was noted to complete the record after each administration. Staff were knowledgeable regarding their resident's needs, wishes and preferences.

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 raised no concerns in relation to the management of their medicines and were complimentary of staff. One requested some personal attention which was addressed immediately by the staff.

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. They were not examined during this inspection.

There were 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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines not contained within the monitored dosage system. However, the issues found during this inspection had not been identified by the audits completed by the management in the home. The recommendation made at the last medicines management inspection had not been fully addressed and as stated in Section 4.3 the improvements made previously with regard to the management of controlled drugs had not been sustained. This indicated that the audit process was not robust. The registered person must ensure that an effective medicines auditing system is in place that identifies any shortfalls in the management of medicines and records the action taken by management to address these. A requirement was made.

Following discussion with the home manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. However, the outcome of this inspection indicated that competency assessments for the registered nurses should be reviewed (see section 4.3 and 4.4). A recommendation was made.

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

Areas for improvement

The registered person must ensure that an effective medicines auditing system is in place that identifies any shortfalls in the management of medicines and records the action taken by management to address these. A requirement was made.

The registered person should review the competency of the registered nurses in the management of medicines. A recommendation was made.

Number of requirements	1	Number of recommendations	1
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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 Louise Hughes, Home 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 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 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

Statutory requirements

Requirement 1

Ref: Regulation 13(4)

Stated: First time

To be completed by:
8 October 2016

The registered person must ensure that medicines are available for administration at all times

Response by registered provider detailing the actions taken:

Medications outside the pillbox system are ordered every 4 weeks as per NHS duty designated persons allocated duty.

Requirement 2

Ref: Regulation 13(4)

Stated: First time

To be completed by:
8 October 2016

The registered person must review and revise the management of controlled drugs to ensure that the systems in place are robust.

Response by registered provider detailing the actions taken:

Controlled drugs are ordered on a monthly basis by designated person

Requirement 3

Ref: Regulation 13(4)

Stated: First time

To be completed by:
8 October 2016

The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions.

Response by registered provider detailing the actions taken:

Supervision conducted with SN Staff Nurses meeting held.

Requirement 4

Ref: Regulation 25

Stated: First time

To be completed by:
8 October 2016

The registered person must ensure that the registered nurses adhere to the NMC Standards for the administration of medicines.

Response by registered provider detailing the actions taken:

Medication management training scheduled 4.11.16.

Requirement 5

Ref: Regulation 13(4)

Stated: First time

To be completed by:
8 October 2016

The registered person must ensure that an effective medicines auditing system is in place that identifies any shortfalls in the management of medicines and records the action taken by management to address these

Response by registered provider detailing the actions taken:

New Medication audit tool instu.

Recommendations	
Recommendation 1	It is recommended that the management of distressed reactions should be reviewed to ensure that all of the necessary records are maintained.
Ref: Standard 18	
Stated: Second time	Response by registered provider detailing the actions taken: Staff Nurse Meeting held Unit manager meeting held all residents on PEN medication have a DOLS care plan in situ and SN encouraged to document when required
To be completed by: 8 October 2016	
Recommendation 2	The storage of medicines on open shelves of the medicine trolley should be risk assessed.
Ref: Standard 30	
Stated: First time	Response by registered provider detailing the actions taken: New Medication trolleys in situ
To be completed by:	

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8 October 2016	
Recommendation 3	The registered person should review the processes within the home for managing newly prescribed and urgent medicines to ensure that they are commenced in a timely manner.
Ref: Standard 28	
Stated: First time	Response by registered provider detailing the actions taken: This issue has been addressed with SN based with Pharmacist regarding new meds and script accompanying same same will be continually monitored
To be completed by: 8 October 2016	
Recommendation 4	The registered person should review the competency of the registered nurses in the management of medicines.
Ref: Standard 28	
Stated: First time	Response by registered provider detailing the actions taken: Medication Competency conducted with SN Medication management training scheduled
To be completed by: 8 November 2016	

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