The Regulation and Quality Improvement Authority

Unannounced Medicines Management Inspection Report 11 May 2017

Valley Nursing Home

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

1.0 Summary

An unannounced inspection of Valley Nursing Home took place on 11 May 2017 from 10.10 to 13.30.

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. One area of improvement was identified in relation to record keeping and a recommendation was 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. There were no areas of improvement identified.

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. There were no areas of improvement identified

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 share learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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 described 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	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Lorraine Cosma, 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 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 13 March 2017.

2.0 Service details

Registered organisation/registered person: Valley Nursing Home (MPS) Ltd Mr Paul Warren-Gray	**Registered manager:** Mrs Lorraine Margaret Cozma
Person in charge of the home at the time of inspection: Mrs Lorraine Margaret Cozma	**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 patients, the registered manager and three registered nurses.

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.

Fifteen questionnaires were provided for completion by patients, patients' relatives and staff, with a request that they were returned within one week of 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 13 March 2017

The most recent inspection of the home was an unannounced care inspection. The completed 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 8 September 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that medicines are available for administration at all times.	**Met**
	Action taken as confirmed during the inspection: All of the medicines that were examined during the inspection were available for administration. The registered manager advised that there were no issues with obtaining medicines.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must review and revise the management of controlled drugs to ensure that the systems in place are robust.	**Met**
	Action taken as confirmed during the inspection: The systems in place for the management of controlled drugs were robust. Some minor recording errors were noted in the controlled drug record book and a recommendation that this is monitored has been made.	

Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions.	**Met**
	Action taken as confirmed during the inspection: The audits that were completed during the inspection indicated that medicines had been administered as prescribed.	
Requirement 4 **Ref:** Regulation 25 **Stated:** First time	The registered person must ensure that the registered nurses adhere to the NMC Standards for the administration of medicines.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that this had been addressed through training and supervision of registered nurses and was closely monitored by management.	
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The auditing system had been revised. Audits are completed by the unit managers on a monthly basis and reviewed by the registered manager. The outcome of this inspection indicated that the system was robust.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 18 **Stated:** Second time	It is recommended that the management of distressed reactions should be reviewed to ensure that all of the necessary records are maintained.	**Met**
	Action taken as confirmed during the inspection: The management of distressed reactions had been reviewed and all of the appropriate records had been completed.	

Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The storage of medicines on open shelves of the medicine trolley should be risk assessed.	**Met**
	Action taken as confirmed during the inspection: New medicine trolleys had been obtained and therefore no medicines were stored on open shelves.	
Recommendation 3 **Ref**: Standard 28 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A sample of newly prescribed and urgent medicines was reviewed and it was found that they were commenced in a timely manner.	
Recommendation 4 **Ref**: Standard 28 **Stated:** First time	The registered person should review the competency of the registered nurses in the management of medicines.	**Met**
	Action taken as confirmed during the inspection: The competency of the registered nurses had been reviewed and samples of competency assessments were provided for 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. 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. Palliative care training is provided in house by the palliative care link nurse and training on the management of PEG tubes and catheters has been provided.

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. Ordering and storage of prescriptions was appropriate.

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. One minor discrepancy in the completion of the personal

medication record was noted and highlighted to staff. It was agreed that this would be followed up with the general practitioner.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Some minor errors were noted in these records and this was discussed with the registered manager. These records should be closely monitored for accuracy. A recommendation was made. 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. The use of separate administration charts was acknowledged. Staff were reminded that obsolete regimens should be cancelled and archived.

Appropriate arrangements were in place for administering medicines in disguised form.

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. The medicine refrigerator in the Tullybroom unit had not been monitored. This was discussed with the staff on duty and a temperature monitoring log was commenced during the inspection. The registered manager agreed to ensure that this was being completed daily.

Areas for improvement

The registered person should closely monitor the controlled drugs record book to ensure that it is accurately completed. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

The sample of 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. There were arrangements in place to alert staff of when doses of weekly 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 the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment 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.

The management of antibiotics was examined. The advice of prescriber had been recorded in the patient's notes and the antibiotic had been obtained without delay. The medicine had been administered appropriately and the records had been completed accurately.

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 of good practice were acknowledged. They included running stock balances for those medicines not contained within the monitored dosage system and extra records for recording the application of transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

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.

We spoke to two patients during the inspection. No concerns were raised regarding the management of medicines.

Four patients completed the questionnaires. All of the responses indicated that they were either "satisfied" or "very satisfied" with how medicines were managed.

Questionnaires were completed by three members of staff and no concerns were raised.

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 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 and registered nurses, 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.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Lorraine Cozma, 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 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.

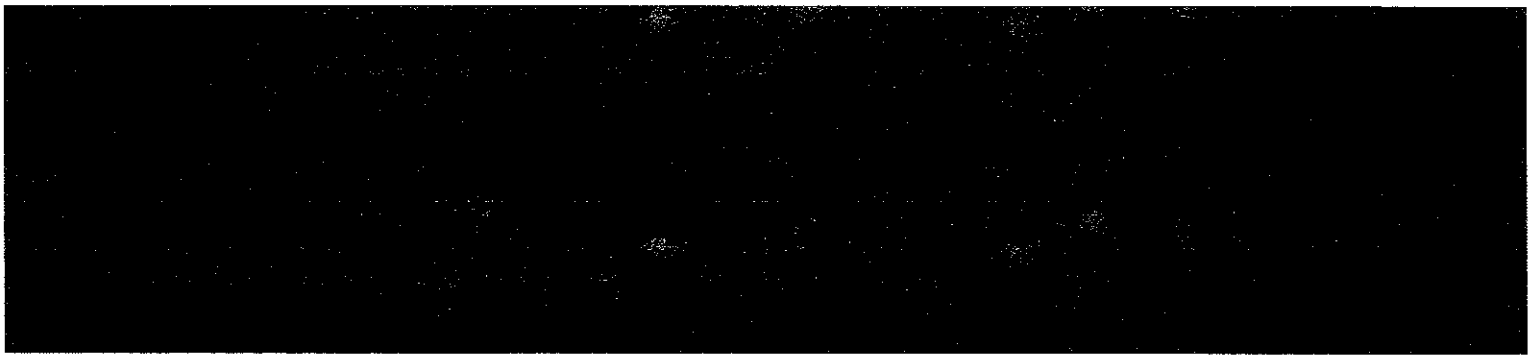
5.3 Actions to be taken by the registered provider

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 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 31 **Stated:** First time **To be completed by:** 11 June 2017	The registered person should closely monitor the controlled drugs record book to ensure that it is accurately completed. **Response by registered provider detailing the actions taken:** Some addressed through S/N meeting, Registered person currently auditing this weekly.



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