Unannounced Medicines Management Inspection Report
7 December 2016

Melmount Manor Care Centre

Type of Service: Nursing Home
Address: 1 Orchard Road, Strabane, BT82 9QR
Tel no: 028 7138 3990
Inspectors: Helen Mulligan and Frances Gault

1.0 Summary

An unannounced inspection of Melmount Manor Care Centre took place on 7 December 2016 from 11:00 to 14:40.

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?

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 areas for improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. Records of the administration of medicines were not always adequately maintained and a requirement and two recommendations made at the previous medicines management inspection were stated for the second time.

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. There were no areas for improvement identified

Is the service well led?

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, one of the requirements and two of the recommendations made at the last inspection had not been addressed. The home's internal audit system specifically highlighted these areas for attention and it was disappointing to note that any improvements made following the last medicines management inspection had not been sustained. The systems for auditing and monitoring medicines should be robust. A 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.

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. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 4.2 and 5.0 of this report.

For the purposes of this report, the term 'patients' will be used to described those living in Melmount Manor Care Centre which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Annie Frobisher, Registered Manager (by telephone on 12 December 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.

1.2 Actions/enforcement taken following the most recent finance inspection

There were no further actions required to be taken following the most recent inspection on 20 October 2016.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd Mr Christopher Walsh	**Registered manager:** Mrs Annie Frobisher
Person in charge of the home at the time of inspection: Ms Kate McElwee, Registered Nurse	**Date manager registered:** 28 December 2012
Categories of care: NH-DE, NH-I, RC-DE, NH-PH	**Number of registered places:** 81

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, one relative and four members of staff.

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. We spoke to one relative during the inspection.

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 dated 20 October 2016

The most recent inspection of the home was an unannounced finance inspection. No requirements or recommendations were made at this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection 17 November 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must review and revise the management of medicines prescribed for external use. **Action taken as confirmed during the inspection**: The registered manager advised in the returned QIP from the last inspection that a new system for managing medicines prescribed for external use had been implemented and added to the monthly audit. During this inspection, it was evidenced that records of the administration of medicines prescribed for external use were not being adequately maintained in the Dennett Unit. This requirement has been stated for the second time.	**Not Met**

Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must review and revise the management and disposal of pharmaceutical waste. **Action taken as confirmed during the inspection**: Satisfactory arrangements were in place for the disposal of medicines in the residential and nursing units of the home.	**Met**
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must review and revise the management of personal medication records. **Action taken as confirmed during the inspection**: Personal medication records were adequately maintained.	**Met**
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must review and revise the arrangements in place for the cold storage of medicines. **Action taken as confirmed during the inspection**: Satisfactory arrangements were in place for the cold storage of medicines.	**Met**
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should review and revise the management and monitoring of inhaled medicines**.** **Action taken as confirmed during the inspection**: A sample of inhalers was audited during the inspection. The majority of these audits produced satisfactory results indicating that they had been administered as prescribed. One discrepancy was noted and it was agreed that inhalers should be monitored on a regular basis as part of the home's auditing procedures for medicines. Given this assurance, this recommendation was assessed as met.	**Met**

Recommendation 2 **Ref**: Standard 38 **Stated:** First time	The registered manager should review and revise the management of records of the administration of thickening agents by care staff.	**Not Met**
	Action taken as confirmed during the inspection: The registered manager had advised in the response to the last inspection that staff had been reminded of the importance of recording the use of thickening fluids. The evidence seen during this inspection indicated that any improvement had not been sustained as records of the administration of thickening agents by care staff were incomplete. This recommendation has been stated for the second time.	
Recommendation 3 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that all records of the administration of bisphosphonates clearly indicate that they have been administered clear of food and other medicines, in accordance with the manufacturers' instructions.	**Not Met**
	Action taken as confirmed during the inspection: Although the registered manager had previously advised that the administration records for bisphosphonates had been amended, the records reviewed during the inspection did not indicate that these medicines were administered clear of food and other medicines, in accordance with the manufacturers' instructions. This recommendation has been 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 was provided in the last year. The most recent training was in relation to the management of thickening agents in June 2016.

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. The majority of personal medication records and handwritten entries on medication administration records were updated by two registered nurses.

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. The majority of discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. Staff were reminded that all controlled drugs, including those in Schedule 4 should be 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.

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

4.4 Is care effective?

The sample of medicines examined indicated that the majority of medicines had been administered in accordance with the prescriber's instructions. However, records of the administration of bisphosphonate medicines did not indicate that they were administered clear of food and other medicines, in accordance with the manufacturers' instructions. A recommendation made at the previous medicines management inspection was stated for the second time. Staff were reminded that doses of antibiotic medicines should be evenly spaced throughout the day, in accordance with the prescriber's instructions.

During the inspection, it was noted that the wrong dose of a medicine, which was prescribed on a "when required" basis, had been administered to a patient that morning. Following the inspection, staff on duty reviewed the management of this medicine for the previous three months and it was noted that the wrong dose had been administered on four separate occasions. Staff confirmed by telephone on 8 December 2016 that the prescriber had been contacted regarding this error and the appropriate action had been taken. The registered manager confirmed, by telephone, on 12 December 2016 that the incident would be reported to RQIA, the next of kin and the Trust in accordance with procedures.

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. An appropriate care plan was maintained for the majority of patients reviewed.

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 assessment tool was used where appropriate. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulties was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the required fluid consistency. Care plans and speech and language assessment reports were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on a patient's health were reported to the prescriber.

Medicine records were generally well maintained and facilitated the audit process. However, records of the administration of medicines prescribed for external use and records of the administration of thickening agents were not adequately maintained (see section 4.2). A requirement and a recommendation made at the previous medicines management inspection were stated for the second time. Staff were also reminded that the time of administration of medicines should be accurately recorded.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines, and inhaled medicines.

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

Areas for improvement

The registered manager should ensure that all records of the administration of bisphosphonates clearly indicate that they have been administered clear of food and other medicines, in accordance with the manufacturers' instructions. A recommendation was stated for the second time.

The registered manager must review and revise the management of medicines prescribed for external use. A requirement was stated for the second time.

The registered manager should review and revise the management of records of the administration of thickening agents by care staff. A recommendation was stated for the second time.

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

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner; patients were given sufficient time to take their medicines and medicines were administered as discreetly as possible.

It was not possible to ascertain the views and opinions of patients during the inspection. 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.

We spoke to one relative during the inspection who advised he was “very happy with the care provided to my mother”.

Ten staff questionnaires, five relative/visitor questionnaires and ten questionnaires for patients were left in the home to facilitate feedback. At the time of writing, one staff questionnaire and one relative/visitor questionnaire had been returned to RQIA. The staff member and the relative both indicated they were either satisfied or very satisfied with the management of medicines in 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 in place. Management advised that these were reviewed on a regular basis. 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, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. Records of the home's internal audits indicated that the requirements and recommendations made at the previous medicines management inspection were subject to regular review and had been assessed by staff as being addressed. It was therefore disappointing to note that a review of the previous requirements and recommendations during this inspection indicated that any improvement had not been sustained and these have been re-stated in this report. It was recommended that the systems in place for auditing and monitoring medicines should be robust.

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

Areas for improvement

The systems in place for auditing and monitoring medicines should be robust. 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 Mrs Annie Frobisher, 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

Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 5 January 2017	The registered manager must review and revise the management of medicines prescribed for external use.
	Response by registered provider detailing the actions taken: A new procedure is now in place where the carer signs the external medicines record when they have administered the medication it is then signed off by the registered nurse. The records are readily accessible to carers and nurses at all times.
Recommendations	
Recommendation 1 **Ref**: Standard 38 **Stated:** Second time **To be completed by:** 5 January 2017	The registered manager should review and revise the management of records of the administration of thickening agents by care staff.
	Response by registered provider detailing the actions taken: The records for the administration of thickening agents has been reviewed and revised, the records now indicate Type 1 as Syrup consistency, Type 2 as custard consistency and Type 3 as pudding consistency. Care assistances are taught and supervised by nurses to recognise the different consistencies.
Recommendation 2 **Ref**: Standard 38 **Stated:** Second time **To be completed by:** 5 January 2017	The registered manager should ensure that all records of the administration of bisphosphonates clearly indicate that they have been administered clear of food and other medicines, in accordance with the manufacturers' instructions.
	Response by registered provider detailing the actions taken: The medication adminstration record has be revised to include an administration time of 07:30 and clear directions are included on the record as to how bisphosphonates should be administered.

Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 5 January 2017	The registered manager should ensure that the systems for auditing and monitoring medicines are robust.
	Response by registered provider detailing the actions taken: The medication monthly audit now includes the adminstation of inhalers, the adminstration of external medicines and the administration of thickening audits. This audit is discussed with and checked by the home 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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