Unannounced Medicines Management Inspection Report
13 October 2016

Nazareth House Care Village

Type of service: Residential Care Home
Address: 516 Ravenhill Road, Belfast, BT6 0BW
Tel No: 028 9069 0600
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Nazareth House Care Village took place on 13 October 2016 from 10.20 to 14.30.

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 most areas of the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines had been trained and deemed competent. There were largely satisfactory systems in place to ensure medicines management was in compliance with legislative requirements and standards. However, three areas were identified for improvement, one in relation to the management of controlled drugs, and two in relation to the storage of medicines. Three recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. A few discrepancies in the audit trails were noted and the registered manager advised of the plans to address these. Care plans in relation to medicines management were in place e.g. pain, distressed reactions, management of oxygen. No requirements or 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 residents. Residents consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were 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. No requirements or recommendations were made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Siobhan Regan, 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 2 August 2016.

2.0 Service details

Registered organisation/registered person: Nazareth House Care Village/ Ms Jenny Hall	**Registered manager:** Ms Siobhan Regan
Person in charge of the home at the time of inspection: Ms Siobhan Regan	**Date manager registered:** 26 May 2010
Categories of care: RC-DE, RC-I	**Number of registered places:** 22

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, the deputy manager, the registered manager and a member of the organisation.

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 2 August 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. 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 18 September 2014

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	The registered manager should keep a copy of the medicines orders in the home.	**Met**
	Action taken as confirmed during the inspection: A copy of the medicines orders were kept in the home on most but not all occasions. This was further discussed in relation to checking that all medicines ordered were received. The registered manager advised that there was a system in place to identify short falls in medicines. She also advised that she would ensure that copies of all orders were maintained. Due to these assurances the recommendation was assessed as met.	
Recommendation 2 **Ref**: Standard 31 **Stated:** First time	The registered manager should closely monitor the completion of the records for the disposal/transfer of medicines as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place to record details regarding the disposal and transfer of medicines.	

Recommendation 3 **Ref**: Standard 31 **Stated:** First time	The registered manager should ensure that when the complete supply of a controlled drug is returned for disposal or transferred out of the home, the stock balance is brought to zero on every occasion.	**Met**
	Action taken as confirmed during the inspection: Examination of the controlled drug record book indicated that balances had been brought to zero when applicable on most occasions. Following discussion with the registered manager she advised that this would be raised with the relevant staff at the upcoming medicines management training, which was scheduled for next week. Due to the assurances provided by the registered manager, this recommendation was assessed as met.	
Recommendation 4 **Ref**: Standard 32 **Stated:** First time	The registered manager should make the necessary arrangements to ensure the temperature of the treatment room does not exceed 25^{o}C.	**Met**
	Action taken as confirmed during the inspection: The temperature of the treatment room was monitored and recorded each day. The records indicated that the temperature was maintained below 25^{o}C.	
Recommendation 5 **Ref**: Standard 30 **Stated:** First time	The registered manager should review the management of distressed reactions to ensure the relevant records are maintained.	**Met**
	Action taken as confirmed during the inspection: The management of distressed reactions had been reviewed. A care plan was in place and the dosage instructions were fully recorded on the personal medication record. There had been no recent administration of medicines to manage distressed reactions; however, the registered manager confirmed that any administration would be recorded in the resident's daily notes and included in the care plan evaluation.	

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 agency staff and 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. Training in medicines management, the management of distressed reactions, oxygen and dementia care were provided in the last year. This included the completion of a work book regarding medicines. Refresher training in general medicines management, external preparations and controlled drugs is scheduled for 19 October 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. Personal medication records and handwritten entries on medication administration records were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a resident'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. Some stock balances of liquid medicines had been incorrectly recorded and stock levels of liquid medicines stored in the controlled drug cabinet had not been checked at each handover of responsibility. This should be addressed. A recommendation regarding the management of controlled drugs was made.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin; the use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and medicine storage areas were clean, tidy and well organised. The management of limited shelf life medicines should be reviewed. The date of opening of one eye preparation was not recorded and for one other eye preparation, this had expired three weeks ago. These were removed for disposal and the registered manager advised that they would be replaced by the end of the day. A recommendation was made. In relation to liquid medicines, it was noted that several bottles were stored in the medicine trolley without lids; a medicine bung had been placed in these bottles to assist with the measuring of the liquid. This was discussed in relation to the prevention of contamination and spillage on the trolley. The ink on one medicine label had faded and there was no indication what the liquid medicine was. This was clarified at the inspection and a new labelled supply was brought into use. The management of liquid medicines should be reviewed. A recommendation was made.

Medicine refrigerator temperatures were checked on a daily basis. Oxygen was held in stock. There was no oxygen signage on the treatment room door. Staff advised that this had been removed by a resident; the registered manager provided assurances that she would put up new signage with immediate effect. Staff were reminded that the location of oxygen in the

home should be clearly recorded on the fire plan and that all cylinders should be securely chained to the wall.

Areas for improvement

The management of controlled drugs should be reviewed to ensure that robust arrangements are in place. A recommendation was made.

The management of limited shelf medicines should be reviewed to ensure that stocks are checked on a regular basis; they are removed and replaced as necessary; and they are not administered after the expiry date has been reached. A recommendation was made.

The management of liquid medicines should be reviewed. A recommendation was made.

Number of requirements	0	Number of recommendations	3

4.4 Is care effective?

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A small number of discrepancies were identified and discussed with the registered manager, who gave assurances that the administration of these medicines would be closely monitored.

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 alternate day and weekly medicines were due.

When a resident 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. The registered manager confirmed that staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. These medicines were rarely administered. The registered manager advised that the reason for and the outcome of any administration would be recorded.

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 resident was comfortable. Staff advised that most of the residents could verbalise any pain and were aware of how pain would be expressed in those residents that could not verbalise pain. A care plan was maintained.

The management of swallowing difficulty was examined. When a resident was prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and a care plan and speech and language assessment report was in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber. An example was provided where the prescriber had been contacted due to a resident's difficulty swallowing medicines and alternative formulations of medicines had been prescribed.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines; however some discrepancies in these were highlighted. The registered manager advised that this would be raised at the upcoming medicines training. In addition, a quarterly audit was completed by a representative from the community pharmacy.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to the residents' needs regarding medicines management.

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?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to residents was not observed at the inspection but was discussed with staff and residents. Following discussion with the registered manager and residents, it was ascertained that medicines were administered to residents in a caring manner, in their preferred location, i.e. bedroom or dining room, and they were given time to take their medicines. Staff provided examples of where some residents would have their medicines later in the morning as they liked to stay in bed for a while. Staff confirmed that this did not impact on the minimum time intervals for medicines which were prescribed throughout the day.

The residents spoken to advised that they were satisfied with the manner in which their medicines were managed and administered. They advised that staff responded in a timely manner to any requests for medicines e.g. pain relief. They were very complimentary about the staff and comments included:

"They are marvellous."
"The staff are so kind."
"It is very good here."

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. These had been recently reviewed and there was evidence that staff had read and signed them.

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 internal 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 management, 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. They advised that any resultant action was communicated through the shift handover memorandum which had to be read and signed by staff, at training and supervision.

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 Ms Siobhan Regan, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). 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 32 **Stated:** First time **To be completed by:** 12 November 2016	The registered provider should ensure that robust arrangements are in place for the management of controlled drugs.
	Response by registered provider detailing the actions taken: 1. All staff responsible for the management and administration of medications are attending further medication trainng with emphasis on the recording and record keeping in relation to the management of controlled drugs. 2. The management of Controlled Drugs will also be the focus of the relevant staff's forthcoming staff supervision meetings.
Recommendation 2 **Ref**: Standard 32 **Stated:** First time **To be completed by:** 12 November 2016	The registered provider should ensure there are systems in place to monitor the storage and administration of medicines with a limited shelf life once opened.
	Response by registered provider detailing the actions taken: All eye drops have been added into the monthly audit. Eye drops are now being commenced on the first day of the 28 day cycle.
Recommendation 3 **Ref**: Standard 32 **Stated:** First time **To be completed by:** 12 November 2016	The registered provider should review the management of liquid medicines.
	Response by registered provider detailing the actions taken: 1. The management and administration policy and procedure now includes the use of "bungs and syringes". All bungs are now removed following the administration of medications and cleaned in accordance with the manufacturer's instructions. Original lids/tops are replaced on liquid medications. 2. Memo confirming that the above information has been read and signed by staff concerned is retained on file.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

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