

# Unannounced Medicines Management Inspection Report 6 March 2017



## Ashbrooke Care Home

**Type of Service: Nursing Home**  
**Address: 2a Ashbourne Manor, Old Tempo Road, Enniskillen,  
BT74 4BB**  
**Tel no: 028 6632 5500**  
**Inspector: Helen Mulligan**

[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 Ashbrooke Care Home took place on 6 March 2017 from 10:15 to 14:15.

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. Improvements are necessary in the admission process for new patients. A requirement 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. No areas for improvement were 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 confirmed that they were administered their medicines appropriately. No areas for improvement were 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 cascade learning from any medicine related incidents and medicine audit activity. No areas for improvement were 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. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

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

## 1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Ciara Cochrane, Acting 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

There were no further actions required to be taken following the most recent inspection on 13 February 2017.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Runwood Homes Ltd Mr John Rafferty	<b>Registered manager:</b> See below
<b>Person in charge of the home at the time of inspection:</b> Mrs Ciara Cochrane	<b>Date manager registered:</b> Acting – no application required
<b>Categories of care:</b> NH-I, RC-DE, NH-DE	<b>Number of registered places:</b> 64

## 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 six residents, the acting manager, one senior care staff and two registered nurses.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and this 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 13 February 2017

The most recent inspection of the home was an unannounced enforcement compliance care inspection. No QIP was issued following this inspection.

#### 4.2 Review of requirements and recommendations from the last medicines management inspection 11 June 2013

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 written confirmation of current medication regimes is obtained for every patient admitted to the home.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Written confirmation was obtained for one of the three recently admitted patients.  This requirement was not fully met and has been stated for the second time.	
<b>Requirement 2</b> Ref: Regulation 13(4) Stated: First time	The registered manager must review the home's policies and procedures for the management of insulin to ensure that robust admission arrangements are in place and there is regular audit and monitoring of supplies of insulin in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Appropriate procedures were noted to be in place for the management of insulin.	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure that policies and procedures for the management of medicine stocks are robust and procedures for managing stock shortages in a timely fashion are in place.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The ordering process for medicines has been reviewed and revised in consultation with the community pharmacist. No stock shortages were noted during the inspection.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure that personal medication records in the residential unit of the home are adequately maintained, in accordance with DHSSPS guidance.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Personal medication records were well maintained. The acting manager has implemented a system of regular audit of personal medication records and records of these audits were reviewed during the inspection.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must review and revise the arrangements in place for the cold storage of medicines in the home to ensure that all medicines are stored at the correct temperature, satisfactory arrangements are in place for monitoring and using refrigerators and thermometers and that all staff have been trained and deemed competent to manage the cold storage of medicines.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Medicine refrigerators at the time of the inspection were at the correct temperature. Records showed the temperatures had been monitored and recorded on a daily basis and staff spoken to knew how to read and re-set the thermometer. Records showed that the temperature was occasionally outside the recommended limits for cold storage of medicines. The acting manager and staff were reminded that action should be taken to ensure medicines are fit for use in the event that the temperature of the refrigerator falls outside the recommended limits.</p>		

Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time	The registered manager should review and revise the management of medication administration records to ensure that medicines can be readily audited.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Medication administration records were well-maintained and facilitated the audit process.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time	The registered manager should review and revise the management of anticoagulant medicines to address the issues highlighted in Criterion 37.1.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no anticoagulant medicines which required monitoring by staff (i.e. warfarin) in the home at the time of the inspection. Written policies and procedures for the management of anticoagulant medicines have been reviewed and revised and staff were aware of the policies and procedures for the safe management of warfarin.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First	The registered manager should ensure that detailed and comprehensive policies and procedures are in place for the management of anticoagulant medicines and dysphagia.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Written policies and procedures for the management of anticoagulant medicines and dysphagia were in place.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time	The registered manager should ensure that stocks of inhalers and liquid medicines are included in the home's audit process on a regular basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Auditing processes were in place and there was evidence that stocks of inhalers and liquid medicines were included in these audits.	

<b>Recommendation 5</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered manager should ensure that records of the administration of thickening agents are adequately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of the administration of thickening agents were maintained.	

### 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 supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in February 2017.

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.

A review of three recently admitted patients showed that written confirmation of medication regimes had not been received for two of the patients. This must be addressed. A requirement made at the previous inspection has been stated for the second time.

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. 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. Staff were reminded that appropriate action should be taken when the temperature of the medicines refrigerator falls outside the recommended limits for cold storage of medicines. Staff were reminded that for infection control purposes, oxygen masks should be kept covered when not in use and supplies of external medicines in use should be stored on an individual patient basis.

## Areas for improvement

Written confirmation of current medication regimes must be obtained for every patient admitted to the home. A requirement has been stated for the second time.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 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.

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 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.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and 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 the patient's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. The acting manager was reminded that a copy of medicine orders should be kept in the home.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for all solid dosage medicines and nutritional supplements. In addition, a quarterly audit was completed by the community pharmacist.

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**

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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**4.5 Is care compassionate?**

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible. Patients spoken to advised:

“I am very happy here”

“I have no pain. I can ask for tablets if I have pain”

“That is a very good nurse”

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.

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, no completed questionnaires had been returned to RQIA.

**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. These had been updated in 2015. 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 arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report 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 acting manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

One of the requirements made at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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 Mrs Ciara Cochrane, Acting 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 web portal 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 April 2017

The registered manager must ensure that written confirmation of current medication regimes is obtained for every patient admitted to the home.

#### **Response by registered provider detailing the actions taken:**

There is now a Discharge Audit commenced within Ashbrooke. When a resident is discharged from hospital all actions are followed by staff members and written confirmation for all current medication regimes are provided when a patient is admitted to the home

*\*Please ensure this document is completed in full and returned by web portal.*



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