

Unannounced Medicines Management Inspection Report 5 October 2016



Larne Care Centre

Type of Service: Nursing Home

Address: 46 – 48 Coastguard Road, Larne, BT40 1AU

Tel no: 028 2827 7979

Inspectors: Frances Gault
Helen Daly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Larne Care Centre took place on 5 October 2016 from 09.35 to 13.35.

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. Two recommendations in relation to the management of warfarin and refrigerator thermometers were 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. One area of improvement was identified in relation to record keeping for distressed reactions and a recommendation was 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. Patients consulted with confirmed that they were administered their medicines appropriately. 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 cascade 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 describe those living in Larne 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	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Leslie Stephens, 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

There were no further actions required to be taken following the most recent inspection on 15 July 2016.

2.0 Service details

Registered organisation/registered person: Larne Care Centre Mr Colin Nimmon Mr Frederick Michael Stewart	Registered manager: Mr Leslie Stephens
Person in charge of the home at the time of inspection: Mr Leslie Stephens	Date manager registered: 3 October 2014
Categories of care: RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E), NH-TI, NH-LD(E), NH-DE, NH-LD	Number of registered places: 85

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 patients, one relative, two care assistants, five registered nurses and the registered 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 inspectors. 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 15 July 2016

The most recent inspection of the home was an announced pre-registration care inspection. No requirements or recommendations were made.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 22 September 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	The registered person must ensure that a robust admission system is developed, to ensure that all prescribed medicines are available for administration and that medicine regimes are confirmed with the prescriber and a record maintained.	Met
	Action taken as confirmed during the inspection: A review of the records and medicines prescribed for six recently admitted patients indicated that this requirement had been addressed in a mostly satisfactory manner.	
	For one patient the dosage directions for warfarin had not been confirmed in writing. A recommendation regarding the management of warfarin was made (See Section 4.3).	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 28 Stated: First time	It is recommended that the audit system is further developed to allow closer monitoring of inhaler preparations and liquid medicines. The date of opening should be recorded on all medicines to facilitate audit.	Met
	Action taken as confirmed during the inspection: There was evidence that these medicines were included in the home's audit system. Dates of opening had not been recorded on a small number of containers. The registered manager advised that nurses were regularly reminded that dates of opening should be recorded on medicine containers. The registered manager agreed to continue to closely monitor these medicines and dates of opening. Given this assurance this recommendation was assessed as met.	
Recommendation 2 Ref: Standard 18 Stated: First time	It is recommended that the management of medicines prescribed for use "when required" for distressed reactions is reviewed to ensure that a care plan is in place and that the reason for and outcome of administration is recorded on every occasion.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that some improvements in the records for the management of distressed reactions had been implemented but these improvements had not been embedded into practice throughout the home. This recommendation is stated for a 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 supervision and annual appraisal. Competency assessments were completed following induction and annually thereafter. Refresher training in medicines management had been provided by the community pharmacist in April 2016. Registered nurses confirmed that they had received training on the management of medicines via the enteral route within the last year.

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 the majority of handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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.

Improvements in the arrangements for the management of warfarin were necessary. The use of separate administration charts was acknowledged. However for two patients dosage directions had not been received in writing and transcribing of directions had not involved two members of staff. A recommendation was made.

Mostly satisfactory arrangements were observed for the management of insulin. Dosage directions were clearly recorded and separate records of administration were in place. Registered nurses in the Carnlough suite were reminded that once in use insulin pens should be stored at room temperature. The registered manager gave assurances that this would be addressed with all registered nurses and closely monitored.

The registered manager was requested to ensure that the disposal bins used for discontinued or expired medicines meet the required specifications. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

The majority of 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.

There was evidence that the refrigerator thermometers were not being reset each day after the readings had been recorded. In addition appropriate corrective action was not taken when temperatures outside the accepted range were observed. Registered nurses should receive additional training on the use of refrigerator thermometers. A recommendation was made. A number of spacer devices needed to be replaced; the registered manager confirmed that this would be actioned without delay.

Areas for improvement

The management of warfarin should be reviewed and revised to ensure that dosage directions are received in writing and that any transcribing is verified and signed by two members of staff. A recommendation was made.

The registered manager should ensure that registered nurses are trained and competent in the use of refrigerator thermometers. A recommendation was made.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. Some small discrepancies were highlighted to the registered manager for close monitoring. 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, monthly or three monthly 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. However care plans were not in place for all patients who were prescribed these medicines. The reason for and the outcome of administration had not been recorded on most occasions. The recommendation which was made at the last medicines management inspection was stated for a second time.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were maintained. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that pain assessment tools were used with patients who cannot verbalise their pain.

The management of swallowing difficulty was examined. Care plans and speech and language assessment reports were in place for those patients prescribed a thickening agent. Records of prescribing and administration 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.

The majority of medicine records were well maintained and facilitated the audit process. The registered nurse in the Ballygally suite advised that the personal medication records were due to be re-written.

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

Following discussion with the registered nurses, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

It is recommended that the management of medicines prescribed for use "when required" for distressed reactions is reviewed to ensure that a care plan is in place and that the reason for and outcome of administration is recorded on every occasion. A recommendation was stated for the second time.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

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.

We spoke to patients in one of the lounges. Those who were able to communicate were complimentary of the care being provided. One commented that there was 'no better company.' They were looking forward to musical entertainment that afternoon and a birthday celebration. Staff were seen decorating a room for this 'big birthday'. One relative advised that she was 'very happy' with her parent's care.

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.

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; they were not examined at the inspection.

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 had been managed appropriately; 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. The registered manager reviews the audit outcomes and completion of action plans.

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.

One of the recommendations made at the last medicines management inspection had not been addressed effectively. To ensure that all requirements and recommendations are 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. They advised that any resultant action was communicated with staff either individually or via staff meetings.

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 Mr Leslie Stephens, 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 18 Stated: Second time To be completed by: 4 November 2016	<p>It is recommended that the management of medicines prescribed for use “when required” for distressed reactions is reviewed to ensure that a care plan is in place and that the reason for and outcome of administration is recorded on every occasion.</p> <p>Response by registered provider detailing the actions taken: Care Plans in place for PRN Medications, rationale also recorded on reverse of MAARS sheets to indicate reasons for administration.</p>
Recommendation 2 Ref: Standard 28 Stated: First time To be completed by: 4 November 2016	<p>The management of warfarin should be reviewed and revised to ensure that dosage directions are received in writing and that any transcribing is verified and signed by two members of staff.</p> <p>Response by registered provider detailing the actions taken: Systems in place for all Units. Staff Nurses ensure proper directions are received from GP's by hard copy which is faxed to Home and kept in Client's medication charts.</p>
Recommendation 3 Ref: Standard 30 Stated: First time To be completed by: 4 November 2016	<p>Registered nurses should receive training and competency assessment on the use of the refrigerator thermometer and the management of refrigerator temperatures.</p> <p>Response by registered provider detailing the actions taken: Pharmacy Training is scheduled for Friday 11th November at 3.00pm for all Nurses. Fridge temperatures and thermometer training will be included in this session.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews