

Unannounced Medicines Management Inspection Report 18 July 2016



Cregagh Nursing Home

Type of Service: Nursing Home
Address: 2a Graham Gardens, Belfast, BT6 9FB
Tel No: 028 9045 1300
Inspectors: Cathy Wilkinson & Frances Gault

1.0 Summary

An unannounced inspection of Cregagh Nursing Home took place on 18 July 2016 from 09.20 to 12.30.

The last medicines management inspection of Cregagh Nursing Home was undertaken on 21 March 2016. This resulted in the Regulation and Quality Improvement Authority (RQIA) holding a serious concerns meeting with Mr Christopher Arnold, Registered Person, Ms Donna Mawhinney, Registered Manager, and Ms Heather Murray, Regional Manager, on 25 March 2016. At this meeting, a full account of the actions taken to ensure that robust systems for the management of medicines were in place was provided. RQIA acknowledged that patients were receiving their medicines as prescribed. As a new management team had recently been appointed, RQIA decided to give the team a period of time to address the concerns and drive the necessary improvement.

This inspection sought to assess progress with the issues raised during and since the previous medicines management 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. One recommendation was stated for a second time with regards to the management of warfarin.

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. 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. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. One area of improvement was identified in relation to management audits. One 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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Donna Mawhinney, 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 previous QIP there were no further actions required to be taken following the inspection on 26 May 2016.

2.0 Service details

Registered organisation/registered provider: Spa Nursing Homes Ltd Mr Christopher Philip Arnold	Registered manager: Ms Donna Mawhinney
Person in charge of the home at the time of inspection: Ms Donna Mawhinney	Date manager registered: 10 March 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 40

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 five residents, one care assistant, two registered nurses, and the registered manager.

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
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 May 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 21 March 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: Second time	The registered person must ensure that the record of disposed medicines is signed and dated by the nurse responsible for the disposal and should be verified by a second nurse who is witness to the disposal.	Met
	Action taken as confirmed during the inspection: The record of disposed medicines was fully maintained.	
Requirement 2 Ref: Regulation 13(4) Stated: First time	The registered person must ensure that any omission or potential for medicines to be out of stock is reported to the registered manager and action taken to prevent this occurring.	Met
	Action taken as confirmed during the inspection: No medicines were out of stock at the time of this inspection. The registered manager advised that stock levels were closely monitored.	

<p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that medicine administration records are fully and accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: The medicine administration records were fully and accurately maintained.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that a full record of medicines received into the home is made.</p> <hr/> <p>Response by Registered Person(s) Detailing Action taken as confirmed during the inspection: A very small number of medicines had not been receipted into the home but overall the record was well maintained.</p> <p>The registered manager agreed to monitor the receipt record. Given this assurance the requirement was assessed as met.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that audits which cover all areas of medicines management are performed regularly, discrepancies investigated and records maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Audits were completed daily, weekly and monthly by staff and management. Records were provided for inspection. A monthly action plan was produced by the registered manager.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the systems in place to manage stock control are robust.</p> <hr/> <p>Action taken as confirmed during the inspection: Stock control was being closely monitored by the deputy manager and registered manager during the ordering process. Stock levels were appropriate.</p>	<p>Met</p>

<p>Requirement 7</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that medicines are stored in accordance with the manufacturers' specifications.</p> <hr/> <p>Action taken as confirmed during the inspection: Medicines were being stored in accordance with the manufacturers' instructions. The refrigerator temperature and room temperature were monitored and recorded daily and were within the required range.</p>	<p>Met</p>
<p>Last medicines management inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The management of warfarin should be reviewed to ensure that written dosage instructions are held on file during the administration process.</p> <hr/> <p>Action taken as confirmed during the inspection: Current warfarin dosage instructions were not on file for the supply that was audited during the inspection.</p> <p>This recommendation has been restated.</p>	<p>Not Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>Staff should be provided with further training in the management of medicines and competency assessments should be reviewed.</p> <hr/> <p>Action taken as confirmed during the inspection: Further training in the administration of medicines was provided for all registered nurses on 21 April 2016. Competency assessments are on-going.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>A list of the names, signatures and initials of registered nurses who are authorised to administer medicines should be maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: This list was observed at the front of the medicines files.</p>	<p>Met</p>

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 competency assessment, supervision and annual appraisal.

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 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.

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.

The management of warfarin was reviewed. Staff advised that written dosage instructions were usually emailed from the surgery to the home, however, the current dosage regime was not on file in this instance. The registered nurse provided a copy of the patient's daily notes which stated that the surgery could not provide written instructions on that day and that the patient should continue on the prescribed regime. There was no evidence that staff had requested the written instruction at a later date. If the dosage instruction is not held on the medicines file it could be difficult to determine the dosage that should be administered to the patient. The recommendation made previously with regard to the management of warfarin has been stated for a second time.

Discontinued or expired medicines were disposed of appropriately.

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

The management of warfarin should be reviewed to ensure that written dosage instructions are held on file during the administration process. The recommendation previously made in relation to this was restated.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

The sample of medicines examined had mostly 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, monthly or three monthly medicines were due. Discrepancies were noted in the medicines of one recently admitted patient. The registered manager was required to investigate these discrepancies. On the day after the inspection, a satisfactory explanation was provided by email from the registered manager. This identified that a further supply had been received into the home. No further action is required at this time.

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 tool was used as needed. A care plan was maintained.

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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for tablets which were not contained in the blister pack system.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when appropriate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. The patients we observed received their medicines in their rooms following breakfast. The staff administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Medicines management was discussed with a small number of patients. All responses were positive regarding the administration of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager advised that written policies and procedures for the management of medicines were in place. It was evident that staff were familiar with the policies and procedures.

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 an action plan was produced. There was limited evidence that this action plan was completed and this was discussed with the registered manager. The action taken to address the deficits seen in the audits should be clearly recorded. A recommendation was made.

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.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

The action taken to address the areas identified for improvement in the audits should be clearly recorded. A recommendation was made.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Donna Mawhinney, 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 the 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 taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to pharmacists@rqia.org.uk for review 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	
<p>Recommendation 1</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p> <p>To be completed by: 18 August 2016</p>	<p>The management of warfarin should be reviewed to ensure that written dosage instructions are held on file during the administration process.</p> <hr/> <p>Response by registered provider detailing the actions taken: Written dosage instructions will be held on file during the administration process.</p>
<p>Recommendation 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The action taken to address the areas identified for improvement in the audits should be clearly recorded.</p> <hr/> <p>Response by registered provider detailing the actions taken: The action taken to address the areas identified for improvement in the audits will be clearly recorded.</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

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