Cregagh Nursing Home
RQIA ID: 1875
2a Graham Gardens
Belfast
BT6 9FB

Inspector: Cathy Wilkinson
Inspection ID: IN025230

Tel: 028 9045 1300
Email: donna.mawhinney@adad.co.uk

Unannounced Medicines Management Inspection of Cregagh Nursing Home 21 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 21 March 2016 from 10:15 to 14:00.

It was found that improvements in the management of medicines were necessary in order for care to be safe, effective and compassionate. The outcome of the inspection found areas of concern which will be initially addressed through a serious concerns meeting - see Section 1.2 and the quality improvement plan (QIP) within this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

The last medicines management inspection of this home was an enforcement monitoring inspection on 12 October 2015. At the inspection, evidence was available to validate full compliance with the failure to comply notice (ref: FTC/NH/1875/2016-16/01).

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action resulted from the findings of this inspection.

A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office with Mr Christopher Arnold, Registered Person, Ms Donna Mawhinney, Registered Manager, and Ms Heather Murray, Area 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 them a period of time to address the concerns and drive the necessary improvement.

RQIA will continue to monitor the quality of service provided in Cregagh Nursing Home and will carry out an inspection to assess compliance with these standards.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	8	3

The details of the QIP within this report were discussed with the Ms Donna Mawhinney, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: 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
Number of Patients Accommodated on Day of Inspection: 31	**Weekly Tariff at Time of Inspection:** £649

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the medicines management inspection on 29 June 2016 and to ensure sustained compliance with the failure to comply notice had been achieved. The following standards were examined:

Standard 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

RQIA had received a call from a General Practitioner's surgery expressing concerns about the procedures in place in the home for requesting prescriptions. This was also discussed with the registered manager and examined during the inspection.

4. Methods/Process

Specific methods/processes used included the following:

The management of incidents reported to RQIA since the last medicines management inspection was reviewed.

The registered manager and registered nurses on duty.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- medicines disposed of or transferred
- medicine audits
- medicines storage temperatures
- controlled drug record book

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 18 January 2016. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Medicines Management Inspection on 29 June 2015

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must determine whether Seretide inhaler is currently prescribed for Patient A.	**Met**
	Action taken as confirmed during the inspection: RQIA had been advised by the previous registered manager that this had been confirmed.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that Carbocysteine is available for administration to Patient B	**Met**
	Action taken as confirmed during the inspection: Confirmation that this had been obtained was received by RQIA following the inspection on 29 June 2015.	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must seek medical advice regarding the regular non-administration of medicines.	**Met**
	Action taken as confirmed during the inspection: Staff advised that medical advice would be sought if this occurred. There was no evidence that medicines had been omitted regularly during this inspection.	

Requirement 4 **Ref**: Regulation 13(4) **Stated:** First 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.	**Partially met**
	Action taken as confirmed during the inspection: The evidence seen indicated that this did not always occur. This requirement has been stated for a second time.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 32 **Stated:** First time	It is recommended that all medicines are stored at the correct temperature.	**Not Met**
	Action taken as confirmed during the inspection: It could not be determined that medicines that required cold storage had been stored at the correct temperature. This recommendation has been subsumed into a requirement regarding the storage of medicines.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Immediate and sustained improvements are necessary in several areas of medicines management to ensure that care is safe and effective.

The management team has introduced a monitored dosage system, however this is still being implemented across the home. Some of the medicines are now in the blister pack system and others are in the original packs. The storage of medicines was disorganised making it difficult to locate medicines within the trolley. This has the potential to lead to errors in the administration of medicines.

The majority of audits that were completed during the inspection indicated that medicines had been administered as prescribed. Three medicines were noted to have been omitted as they had been out of stock. The registered manager was unaware of these omissions. The registered person must ensure that any omission and potential for medicines to be out of stock is reported to the registered manager and that action is taken to prevent this occurring. A requirement was made.

Improvement is required in the maintenance of medicine records. There were discrepancies in the personal medication records; some medicines had not been recorded on these records and they did not correspond with the printed MARs sheets. Although these records had been signed and verified by two registered nurses, the discrepancies had not been noticed. A requirement was made.

The completion of the medicine administration records required improvement. There were occasional unexplained omissions in the records. Handwritten MARs sheets should be signed and verified by two suitably qualified staff members. A requirement was made.

There was evidence that some medicines administration records had been pre-signed by the registered nurse in advance of the administration which was due later in the day. The registered person advised by telephone after the inspection that this issue was being investigated through the company's disciplinary procedure.

A record of receipt had not been made for medicines that had been received outside of the monthly order. A full record of medicines received into the home must be made. A requirement was made.

The record of disposal of medicines requires improvement. Two nurses should be responsible for the disposal of medicines and sign the record. The reason for disposal should be noted. The registered person should ensure that all disposal records are fully maintained. The requirement made previously has been stated for a second time.

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

Is Care Effective? (Quality of Management)

There was no evidence of a medicines management auditing process. Governance procedures were not robust. The issues highlighted during this inspection had not been identified by staff or management within the home. Audits which cover all areas of medicines management must be performed regularly, discrepancies investigated, learning identified and records maintained. A requirement was made.

The registered manager advised that there had been no staff training before the introduction of the monitored dosage system and no competency assessments had been completed. This omission means that staff may not be fully aware of how the new system works, how records are maintained and how repeat medicines are ordered. The outcome of this inspection indicated that staff should be provided with further training in the management of medicines and that competency assessments should be reviewed. A recommendation was made.

The medicines ordering system is not robust. This was evident in the quantities of medicines being disposed of. The systems in place to manage stock control must be robust. A requirement was made.

There is a list for the names, signatures and initials of registered nurses who are authorised to administer medicines, however it had not been fully completed. This should be completed by all registered nurses. A recommendation was made.

Is Care Compassionate? (Quality of Care)

Care plans for the management of pain were observed on the medicines file. It detailed how the patient's pain was to be managed by staff and the analgesia that was prescribed.

Areas for Improvement

The record of disposed medicines must be signed and dated by the nurse responsible for the disposal and should be verified by a second nurse who is witness to the disposal. This requirement has been stated for a second time.

Any omission or potential for medicines to be out of stock must reported to the registered manager and action taken to prevent this occurring. A requirement was made.

Personal medication records must be fully and accurately maintained. A requirement was made.

Medicine administration records must be fully and accurately maintained. A requirement was made.

A full record of medicines received into the home must be made. A requirement was made.

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

Audits which cover all areas of medicines management must be performed regularly, discrepancies investigated and records maintained. A requirement was made.

Staff should be provided with further training in the management of medicines and competency assessments should be reviewed. A recommendation was made.

The systems in place to manage stock control must be robust. A requirement was made.

A list of the names, signatures and initials of registered nurses who are authorised to administer medicines should be maintained. A recommendation was made.

Number of Requirements	**7**	**Number of Recommendations**	**3**

5.4 Additional Areas Examined

During the inspection medicines requiring cold storage were not stored at the correct temperature. The recordings of the medicine refrigerator temperatures evidenced that the temperatures were not being maintained between 2^{o}C and 8^{o}C. If medicines requiring refrigeration are not stored in accordance with the manufacturers' specifications it may affect their stability and efficacy. The registered person must ensure that medicines are stored appropriately. A requirement was made.

Medicines were not stored in a tidy and organised manner in the treatment room and medicine cupboards. Large overstocks for several medicines were observed in the cupboards and substantial quantities of food supplements were stored in boxes on the floor of the treatment room. Two boxes of medicines were awaiting disposal. The registered manager advised that staff in the home were in the process of reorganising the storage within the treatment room. It was discussed and agreed that this would be completed as soon as possible.

Number of Requirements	1	Number of Recommendations	0

6. Quality Improvement Plan

The 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 person/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 person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The DHPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to **pharmacists@rqia.org.uk** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13(4) **Stated:** Second time **To be Completed by:** 21 April 2016	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. **Response by Registered Person(s) Detailing the Actions Taken:** All Nurses have had further medication training completed on 20th and 21st April. Records of disposed medicines will be verified by a second nurse who has witnessed the disposal, this will be monitored by Home Manager through the auditing process.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 21 April 2016	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. **Response by Registered Person(s) Detailing the Actions Taken:** All staff have have received medication training in April and this area has been fully discussed. All staff have been instructed that they must inform the Registered Manager if there is any potential that a medication could be out of stock.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 21 April 2016	The registered person must ensure that medicine administration records are fully and accurately maintained. **Response by Registered Person(s) Detailing the Actions Taken:** The Registered Manager will audit the administration records through the auditing process to ensure that they are fully and accurately maintained. This has also been reinforced to staff during medication training in April.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 21 April 2016	The registered person must ensure that a full record of medicines received into the home is made. **Response by Registered Person(s) Detailing the Actions Taken:** The record of medications into the home will be documented onto the MARRs sheets at the time of delivery.
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 21 April 2016	The registered person must ensure that audits which cover all areas of medicines management are performed regularly, discrepancies investigated and records maintained. **Response by Registered Person(s) Detailing the Actions Taken:** A new audit process has now been developed and audits are performed to ensure any discrepancies can be investigated thoroughly.

Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 21 April 2016	The registered person must ensure that the systems in place to manage stock control are robust.
	Response by Registered Person(s) Detailing the Actions Taken: Training has taken place by Clear Pharmacy to ensure that all nurses are fully aware of the new Mars system being introduced. The deputy manager is currently doing the orders for monthly medications and reviewing any on going issues with the registered manager and Clear pharmacy and surgeries.
Requirement 7 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 21 April 2016	The registered person must ensure that medicines are stored in accordance with the manufacturers' specifications.
	Response by Registered Person(s) Detailing the Actions Taken: The medications are now being stored in accordance with the manufactureres specifications.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 21 April 2016	The management of warfarin should be reviewed to ensure that written dosage instructions are held on file during the administration process.
	Response by Registered Person(s) Detailing the Actions Taken: Written dosage instructions are sent to the home and will be held within the drug kardex file to provide clear instructions.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 21 April 2016	Staff should be provided with further training in the management of medicines and competency assessments should be reviewed.
	Response by Registered Person(s) Detailing the Actions Taken: Clear pharmacy have delivered training to all nurses on 20th and 21st April 2016. Staff were also asked to complete a question sheet to evidence their understanding of the training prior to certificates being issued.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 21 April 2016	A list of the names, signatures and initials of registered nurses who are authorised to administer medicines should be maintained.
	Response by Registered Person(s) Detailing the Actions Taken: A list of staff reponsible for the administration of medications will be in the front of the medicine kardex files on each floor.

Registered Manager Completing QIP	Donna Mawhinney	**Date Completed**	01/05/16
Registered Person Approving QIP	Chris Arnold	**Date Approved**	13/05/16
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	16/05/2016

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