Unannounced Medicines Management Inspection Report
3 May 2016

Geanann Care Centre

31 Ballygawley Road, Dungannon, BT70 1NH
Tel No: 028 8775 0101
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Geanann Care Centre took place on 3 May 2016 from 09.35 to 13.30.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been 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 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 described those living in Geanann 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Leigh Patience, Quality Assurance Manager, Countrywide Care Homes Limited, as part of the inspection process and can be found in the main body of the report.

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 inspection on 21 January 2016.

2.0 Service details

Registered organisation/registered person: Countrywide Care Homes Limited / Mrs Victoria Craddock	**Registered manager:** Mrs Michelle Marie Devlin
Person in charge of the home at the time of inspection: Ms Bernadette Burke, Registered Nurse	**Date manager registered:** 23 March 2015
Categories of care: NH-I, NH-DE, RC-DE	**Number of registered places:** 54

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 registered nurses and one care team leader.

The following records were 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 21 January 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 12 March 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must ensure that all waste medicines are taken to a facility that is licensed or permitted to receive them. **Action taken as confirmed during the inspection**: The Quality Assurance Manager, Countrywide Care Homes Limited, confirmed that the community pharmacist holds a pharmaceutical clinical waste collection licence and that they uplift the pharmaceutical waste.	**Met**
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must ensure that the times of administration of bisphosphonates are accurately recorded. **Action taken as confirmed during the inspection**: Staff confirmed and the medicine administration record sheets indicated that the times of administration of bisphosphonates were accurately recorded.	**Met**

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 39 **Stated:** Second time	Items with short shelf lives should have the dates of opening recorded on the containers.	**Met**
	Action taken as confirmed during the inspection: Items with short shelf lives had the dates of opening recorded on the containers.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered provider should ensure that, in the residential unit, the arrangements for the administration of medicines using an invasive procedure are reviewed with the community nursing team.	**Met**
	Action taken as confirmed during the inspection: Staff in the residential unit were no longer responsible for the administration of medicines using invasive procedures. The team leader confirmed that the community nursing team administered any medicine that required an invasive procedure.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered provider should ensure there is a written policy and procedure detailing the arrangements for the management of warfarin.	**Met**
	Action taken as confirmed during the inspection: There was a written policy and procedure detailing the arrangements for the management of warfarin.	
Recommendation 4 **Ref**: Standard 38 **Stated:** First time	The registered provider should ensure the disposal of medicines record is signed by the two staff members involved in the disposal of the medicine.	**Met**
	Action taken as confirmed during the inspection: The disposal of medicines record was signed by the two staff members involved in the disposal of the medicine.	

Recommendation 5 **Ref**: Standard 38 **Stated:** First time	The registered provider should ensure that handwritten entries on the medication administration record sheets are signed or initialled by the two staff members involved.	**Met**
	Action taken as confirmed during the inspection: Handwritten entries on the medication administration record sheets were signed or initialled by the two staff members involved.	
Recommendation 6 **Ref**: Standard 38 **Stated:** First time	The registered provider should review the arrangements for the recording of the use of thickening agents by care staff in the nursing unit.	**Met**
	Action taken as confirmed during the inspection: The registered provider had reviewed the arrangements for the recording of the use of thickening agents by care staff in the nursing unit. The care staff had recorded the administrations of thickening agents on the fluid intake charts.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for registered nurses and care staff responsible for the management of medicines. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Medicines management training had been provided by the community pharmacist.

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 staff. 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 and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed twice daily on controlled drugs which require safe custody. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines.

Discontinued or expired medicines were disposed into pharmaceutical waste bins, which were uplifted, when necessary, by the community pharmacist. The Quality Assurance Manager confirmed that the community pharmacist possessed a pharmaceutical clinical waste collection license. Discontinued Schedules 2 and 3 controlled drugs were denatured and rendered irretrievable by two nurses prior to their disposal. However, Schedule 4 (Part 1) controlled drugs were not similarly denatured prior to their disposal. An assurance was given that this would be immediately rectified.

Medicines were stored safely and securely and in accordance with the manufacturers' 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 were checked twice daily.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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. There were arrangements in place to alert staff of when doses of weekly and 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 parameters for administration were recorded on the personal medication record. A care plan was maintained and it was evaluated on a monthly basis. These medicines had been rarely used. When used, the reason for administration and its effect were generally recorded. 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 sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. A pain assessment tool was completed and updated twice daily. A care plan was maintained and it was evaluated on a monthly basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable.

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 prescribed fluid consistency. Administrations were 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. Areas of good practice were acknowledged. They included entries on the personal medication records and medicine administration records having been signed and verified by two staff and additional records specifying the site of application of transdermal patches.

Practices for the management of medicines were audited throughout the month by the registered manager and nursing staff. This included running stock balances of medicines not included in the monitored dosage system. The dates and times of opening of the medicine containers were recorded in order to facilitate audit; this was acknowledged as good practice. The staff stated that any action plan resulting from the audit activity was shared with them and also discussed at staff meetings. The issues raised were followed up at the next audit.

Following discussion with the staff and a review of care files, it was evident that, when applicable, other healthcare professionals were contacted in response to issues or concerns in relation to 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?

The administration of medicines to several patients in the nursing unit was observed during the inspection. Medicines were administered to patients in their room or in the day room. 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.

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. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them by management.

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 inspections were discussed. There was evidence of the action taken and learning implemented.

A review of the internal audit records indicated that 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 staff, it was evident that they 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

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**	**0**

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.

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