Owen Mor Care Centre
RQIA ID: 020001
167 Culmore Road
Londonderry
BT48 8JH

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Announced Medicines Management Inspection of Owen Mor Care Centre

8 October 2015

The Regulation and Quality Improvement Authority
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An announced medicines management inspection took place on 8 October 2015 from 10:40 to15:30.

On the day of the inspection the management of medicines was generally found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in 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.

For the purposes of this report, the term 'patients' will be used to described those living in Owen Mor Care Centre which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Inspection

This was the first medicines management of this home since its registration with RQIA on 5 June 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

The details of the QIP within this report were discussed with Mrs Jane Laird, 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: East Eden Ltd/Dr Brendan McDonald	**Registered Manager:** Mrs Jane Laird
Person in Charge of the Home at the Time of Inspection: Mrs Jane Laird	**Date Manager Registered:** 5 June 2015
Categories of Care: NH-DE, RC-DE	**Number of Registered Places:** 47
Number of Residents/Patients Accommodated on Day of Inspection: 33	**Weekly Tariff at Time of Inspection:** £510 – £633

3. Inspection Focus

This was the first medicines management inspection since registration. The inspection sought to assess whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. This was achieved through an examination of the following standards and themes:

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

Theme 1: Medicines prescribed on a "when required" basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of medicine incidents reported to RQIA since registration.

Details regarding two adult safeguarding referrals involving medicines management in the home have been received since registration; concerns had been raised by a relative that staff members in the home were unaware of their spouse's medication and a medicine prescribed for one patient had been found in another patient's pocket. During the inspection, the registered manager confirmed that the necessary action had been taken to address these issues.

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 refrigerator temperatures

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 5 October 2015. The report of this inspection is due to be issued to the home by 2 November 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

This was the first medicines management inspection since registration.

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Written confirmation of current medication regimes was obtained from a health or social care professional for each new admission to the home.

Each patient had their own supply of prescribed medicines. The results of audits undertaken during the inspection indicated patients had been administered medicines from their own supply. All of the medicines selected for audit had been labelled appropriately and included full dosage directions.

A number of random medicine audits were carried out during the inspection. The majority of these audits produced satisfactory results, indicating medicines had been administered as prescribed. Some discrepancies were noted which were discussed with the registered manager during the inspection.

The majority of records in relation to the management of medicines had been maintained in a satisfactory manner.

Arrangements for the disposal of medicines were discussed. The registered manager advised that the community pharmacist has assisted staff to denature controlled drugs prior to their disposal. The registered manager confirmed that medicines for disposal will be collected by a community pharmacist who is licensed to uplift medicines.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines and Standard Operating Procedures for the Management of Controlled Drugs were in place. These were discussed in detail during the inspection.

There was evidence that a training programme for registered nurses with respect to the management of medicines is in place. This included training on the management of syringe drivers and the management of patients with swallowing difficulties.

The registered manager confirmed that care staff had received training on the administration of topical medicines, nutritional supplements and thickening agents.

The home had a sample signature and initials list of registered nurses who have been trained and deemed competent to manage medicines.

There was evidence that nursing staff have completed audits of medicines on a nightly basis. Records of completed audits have been reviewed and signed by the registered manager. A manager's audit tool for monitoring the management of medicines in the home was in place. It was agreed that this would be completed on a regular basis by the registered manager.

Is Care Compassionate? (Quality of Care)

An anxiolytic medicine prescribed for one patient on a "when required" basis for the management of distressed reactions was reviewed. The name of the medicine and the parameters for its administration was recorded. A care plan was in place and this had been evaluated regularly. The administration of the medicine was recorded on the patient's medication administration record. Staff had recorded why the medicine was required to be administered and its noted effect, in the patient's daily notes.

The registered manager confirmed that pain is reviewed for each patient as part of the admission assessment for new patients. The management of pain relief was reviewed for two patients in the home. A care plan for the management of pain was in place for each patient. The name of each analgesic medicine and its parameters for administration was recorded. Records of the administration of analgesic medicines were maintained. There was evidence that pain control has been evaluated on a regular basis. A pain tool has been used to evaluate pain where appropriate.

The home's arrangements for covert administration of medicines were reviewed. A multi-disciplinary care plan was in place for a patient who requires medicines to be administered covertly. The copy of the plan held in the home was not signed by the prescriber; this was addressed during the inspection.

Areas for Improvement

There should be written evidence in the home that a licensed agent is used to uplift medicines for disposal. It was agreed that this evidence would be obtained by the registered manager following the inspection.

The timing of administration of medicine doses was discussed. The registered manager agreed to review the administration times of some medicines to ensure they are being administered in accordance with the prescriber's instructions.

Some topical medicines prescribed as patches are required to be removed after a specified period of time each day. The registered manager was advised that a record of the removal of each patch should be maintained.

Records in the controlled drugs record book were reviewed and discussed. The registered manager was reminded that stock balances of controlled drugs should be carried forward at the beginning of each page and the name of the patient should be recorded at the top of each page.

Records of medicines ordered and records of medicines received were maintained separately. The registered manager was reminded that records of medicine received should be checked against the medicine order to ensure any discrepancies/missing medicines are identified.

Records of the administration of topical medicines by care staff have not been maintained. A recommendation was made.

Written policies and procedures for the management of medicines and Standard Operating Procedures for the management of Controlled Drugs should be further developed to ensure they cover all areas of the management of medicines in the home. A recommendation was made.

Records of care staff training with respect to the administration of topical medicines, supplements and thickening agents were not maintained. A recommendation was made.

Where medicines are required to be administered covertly, there was no evidence that the home had obtained pharmaceutical advice regarding the suitability of crushing medicines and/or adding them to food or drink to aid administration. A recommendation was made.

Number of Requirements:	**0**	**Number of Recommendations**:	**4**

5.4 Additional Areas Examined

The majority of medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. Satisfactory arrangements were in place for the security of medicine keys. Oxygen cylinders were stored in one of the treatment rooms. One cylinder was standing on the floor, unchained, and one small cylinder was stored on top of the emergency trolley. Oxygen cylinders should be stored safely to ensure they do not cause injury. The registered manager agreed that this would be addressed following the inspection.

Following a recent safeguarding referral, the registered manager confirmed that supplies of nutritional supplements are not transported on the top of medicine trolleys during medicine rounds; they are kept in the locked medicine trolley until they are administered.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jane Laird, 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.

6.2 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.

6.3 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.

6.4 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	
No requirements were made during this inspection.	
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** First time **To be Completed by:** 8 November 2015	It is recommended that records of the administration of topical medicines by care staff should be maintained. **Response by Registered Person(s) Detailing the Actions Taken:** A record of all carers trained in the application of topical medicines is kept within each clinical room.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 8 December 2015	It is recommended that written policies and procedures for the management of medicines and Standard Operating Procedures for the management of Controlled Drugs should be further developed to ensure they cover all areas of the management of medicines in the home. **Response by Registered Person(s) Detailing the Actions Taken:** The medicine policy has been reviewed and updated along with the pharmacist for the home. A standard operational procedure has been devised for the management of Controlled drugs.
Recommendation 3 **Ref**: Standard 39 **Stated:** First time **To be Completed by:** 8 November 2015	It is recommended that records of care staff training with respect to the administration of topical medicines, nutritional supplements and thickening agents should be maintained. **Response by Registered Person(s) Detailing the Actions Taken:** The clinical lead has carried out competency assessments on all care staff on the application of topical medicines, the use of thickening agents and the assisting of dietary supplements.
Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 8 November 2015	It is recommended that pharmaceutical advice regarding the suitability of crushing medicines and/or adding them to food or drink should be obtained. **Response by Registered Person(s) Detailing the Actions Taken:** Advice has been obtained on the suitability of crushing medicines and/or adding them to food or drink by the homes pharmacist. The information is kept within the drug kardex folder for staff nurses to view.

Registered Manager Completing QIP	Jane Laird	**Date Completed**	23/11/15
Registered Person Approving QIP	Brendan McDonald	**Date Approved**	23/11/15
RQIA Inspector Assessing Response	**Helen Mulligan**	**Date Approved**	**1/12/15**

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