Cornfield Care Centre
RQIA ID: 020082
Green Lane and Castle Lane Suites
51A Seacoast Road
Limavady
BT49 9DW

Inspectors: Cathy Wilkinson
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Unannounced Medicines Management Inspection of Cornfield Care Centre (Green Lane and Castle Lane Suites)

1 February 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 1 February 2016 from 11:10 to 14:30.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report.

This inspection was underpinned by 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 the DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 23 February 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Mr Marcus Jervis Nutt	**Registered Manager:** Mrs Heather Moore
Person in Charge of the Home at the Time of Inspection: Mrs Heather Moore	**Date Manager Registered:** 26 August 2015
Categories of Care: NH-I, NH-DE, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 52
Number of Patients Accommodated on Day of Inspection: 51	**Weekly Tariff at Time of Inspection:** £638

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

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 included the following:

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

We met with 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
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 16 November 2015. The completed QIP was returned and approved by the estates inspector.

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

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The responsible person must investigate the management of oxycodone prescribed for Patient A and forward a report of the findings to RQIA.	**Met**
	Action taken as confirmed during the inspection: This issue was fully investigated and a written report of the findings and action taken was forwarded to RQIA. No further concerns were noted in the management of controlled drugs.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The responsible person must investigate the management of the bisphosphonate medicine prescribed for Patient B and forward a report of the findings to RQIA.	**Met**
	Action taken as confirmed during the inspection: This issue was fully investigated and a written report of the findings and action taken was forwarded to RQIA. Bisphosphonates were observed to be administered as prescribed.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The responsible person must ensure that records in the controlled drugs record book are adequately maintained.	**Met**
	Action taken as confirmed during the inspection: The controlled drugs record books had been fully and accurately maintained.	
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The responsible person must ensure that prescription records and administration records for thickening agents are adequately maintained.	**Met**
	Action taken as confirmed during the inspection: The appropriate records were in place for the prescribing and administration of thickening agents.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The responsible person should ensure that prescriptions are received and checked by staff in the home before being forwarded to the pharmacy for dispensing.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that staff obtained a photocopy of the prescriptions prior to dispensing so that any discrepancies can be rectified. These photocopies were observed in the treatment room.	
Recommendation 2 **Ref:** Standard 26 **Stated:** First time	The responsible person should ensure that written policies and procedures for the management of medicines are subject to a systematic three-yearly review, and the responsible person should ratify any revision to, or the introduction of new, policies and procedures.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures including standard operating procedures for controlled drugs were in place. They had been updated in March 2015 and approved by the registered manager.	
Recommendation 3 **Ref:** Standard 37 **Stated:** First time	The responsible person should review and revise the medicine auditing procedures to ensure a representative sample of medicines is audited, (e.g. liquids), and that appropriate action is taken to manage any discrepancies.	**Met**
	Action taken as confirmed during the inspection: Systems were in place for auditing medicines. This was under review by the registered manager, who had recently introduced a monthly manager's audit. A representative sample of medicines had been audited and there was evidence that these audits were reviewed by the management team. In addition there were specific audits in place for liquid laxatives and oral nutritional supplements.	

Recommendation 4 **Ref:** Standard 39 **Stated:** First time	The responsible person should ensure that the maximum/minimum refrigerator thermometer is re-set on a daily basis.	**Met**
	Action taken as confirmed during the inspection: This was observed during the inspection. The thermometer was reset daily and refrigerator temperatures were within the required range.	
Recommendation 5 **Ref:** Standard 37 **Stated:** First time	The responsible person should ensure comprehensive care plans are in place for the management of anxiolytic and antipsychotic medicines prescribed on an "as required" basis for the management of distressed reactions.	**Met**
	Action taken as confirmed during the inspection: Care plans were in place for the management of these medicines.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of medicines were administered in accordance with the prescriber's instructions. The audit trails performed on a variety of randomly selected medicines in the Castle Lane suite provided satisfactory outcomes. Several discrepancies were noted in audits completed in the Green Lane suite. One patient had received the incorrect strength of an analgesic medicine for two days. This was discussed with the registered manager who agreed to closely monitor the administration of these medicines. The correct strength of analgesic was obtained during the inspection. The registered manager agreed to discuss this with the staff involved and closely monitor though the audit process.

The process for the ordering and receipt of medicines was reviewed. Photocopies of the prescriptions were received into the home and checked for accuracy with the monthly drug order. Medicines were only ordered as needed and there were systems in place to ensure that there was a continuous supply of medicines.

Medicine records were generally well maintained so as to ensure that there was a clear audit trail. Records of the prescribing, ordering, receipt, administration, non-administration, transfer and disposal of medicines were maintained. All of the personal medication records examined were written and signed by two registered nurses in the Castle Lane suite, this is safe practice. A small number of updates had not been signed by two trained staff in the Green Lane suite. This was discussed with the registered manager who agreed to review this with staff.

Areas of good practice included extra records for the administration of food supplements and the routine recording of the date of opening of medicines, which facilitated the audit process.

The receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included some Schedule 4 (Part 1) controlled drugs, which is good practice.

There were suitable systems in place to manage the administration of warfarin.

There were satisfactory arrangements in place for the disposal of medicines which were discontinued or were unsuitable for use.

Since the last medicines management inspection, the management of non-prescribed medicines had been reviewed. Robust arrangements were found to be in place.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines including standard operating procedures for controlled drugs were in place. These had been updated in March 2015.

The registered manager advised that medicines were managed by staff who had been trained and deemed competent to do so, following a period of induction. A sample of induction and competency assessments were provided for inspection. General medicines management and syringe driver training was completed. A list of the names, signatures and initials of registered nurses and care assistants was maintained.

Practices for the management of medicines were audited on a regular basis. Registered nurses completed audits on a weekly and monthly basis and these were reviewed by the nurse in charge. One audit which had showed discrepancies had not been signed off by the nurse in charge. This was brought to the attention of the registered manager. The registered manager had recently implemented a manager's audit which will be completed monthly and will address this matter.

There were procedures in place to report and learn from any medicine related incidents that had occurred in the home. The reported incidents had been managed satisfactorily.

Is Care Compassionate? (Quality of Care)

The records relating to a small number of patients who were prescribed medicines on a "when required" basis for the management of distressed reactions were observed. The parameters for administration were recorded on the personal medication records. Care plans were maintained and evaluated monthly. The audits indicated that most of these medicines were administered infrequently. From discussion with the staff, it was concluded that staff were familiar with the circumstances to administer anxiolytic medicines. Staff had the knowledge 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. A reason for the administration and the outcome of the administration was recorded when these medicines were administered.

Medicines which were prescribed to manage pain were recorded on the patient's personal medication record. Examination of the medicine administration records indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drug patches and analgesics which were prescribed for administration on a "when required" basis. From discussion with the registered nurses, it was evident that staff were aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines were prescribed, staff were aware that ongoing monitoring is necessary to ensure the pain was well controlled and the patient was comfortable. Care plans and pain assessment tools were maintained and evaluated each month.

Areas for Improvement

None identified.

Number of Requirements	**0**	**Number of Recommendations**	**0**

5.4 Additional Areas Examined

Medicines were stored safely and securely and medicine areas were tidy and well organised.

Some eye drops which must not be refrigerated and some that do not require refrigeration were removed from the medicines refrigerator. Staff were reminded of the manufacturer's storage instructions and these medicines were removed from the refrigerator during the inspection. Due to the small number of medicines involved a recommendation was not made at this time.

There were robust arrangements in place to manage blood glucometers.

Number of Requirements	**0**	**Number of Recommendations**	**0**

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Heather Moore	**Date Completed**	23/02/2016
Registered Person	Jervis Nutt	**Date Approved**	23/02/2016
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	23/02/2016

Please provide any additional comments or observations you may wish to make below:

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