Ailsa Lodge
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Carnalea
Bangor
BT19 1EW

Inspector: Cathy Wilkinson
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Unannounced Medicines Management Inspection of Ailsa Lodge

25 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 25 November 2015 from 10:40 to 14:00.

The management of medicines was 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.

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 27 February 2013.

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	3

The details of the QIP within this report were discussed with Mrs Ada Johnston, Nurse in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Jacqueline Christina Mary Robinson	**Registered Manager:** Mrs Jacqueline Christina Mary Robinson
Person in Charge of the Home at the Time of Inspection: Mrs Ada Johnston, Nurse in Charge	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 41
Number of Patients Accommodated on Day of Inspection: 36	**Weekly Tariff at Time of Inspection:** £593 - £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 incidents reported to RQIA since the last medicines management inspection was reviewed.

We met with the registered manager, Mrs Jacqueline Robinson and Mrs Ada Johnston, Nurse in Charge.

The following records were examined:

- 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 unannounced care inspection dated 26 May 2015. The completed QIP was returned and approved by the care 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 registered manager must ensure that the necessary improvements are made to the personal medication records.	**Met**
	Action taken as confirmed during the inspection: The personal medication records that were examined had been maintained satisfactorily.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were generally administered in accordance with the prescriber's instructions. The audit trails performed on a variety of randomly selected medicines provided satisfactory outcomes. Discrepancies were noted in a number of inhaled medicines. It was recommended that these medicines are included in the routine audit process to ensure that they are being administered as prescribed. A discrepancy in an injectable medicine was noted. This was investigated immediately after the inspection and brought to a satisfactory conclusion. Details of the investigation were emailed to RQIA on 26 November 2015. No further action was required.

Arrangements were in place to ensure the safe management of medicines during a patient's admission to the home and discharge or transfer from the home. The admission documents relating to medicines for one patient were examined and were satisfactory.

The process for the ordering and receipt of medicines was reviewed. Medicines were only ordered as needed and there were systems in place to ensure that there was a continuous supply of medicines. Prescriptions were not received into the home prior to dispensing, however, there were systems in place to highlight any changes in patients' medicine regimes.

Medicine records were generally well maintained so as to ensure that there was a clear audit trail. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. All of the personal medication records examined were written and signed by two registered nurses, this is safe practice.

Areas of good practice included running stock balances for analgesics 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 appropriate arrangements in place for the disposal of medicines which were discontinued or were unsuitable for use. There was evidence that controlled drugs were denatured prior to disposal using denaturing kits.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place. Standard Operating Procedures (SOPs) for controlled drugs should be developed. Further information on developing SOPs was provided via email to Mr Clive Robinson on 2 December 2015. A recommendation was made.

Medicines were managed by staff that had been trained and deemed competent to do so, following a period of induction. The impact of training was monitored through supervision and annual appraisal. General medicines management training was completed regularly. A list of the names, signatures and initials of registered nurses was maintained.

Practices for the management of medicines were audited on a regular basis. Running stock balances were maintained for some medicines. The community pharmacist had also completed audits. Satisfactory outcomes had been achieved.

Is Care Compassionate? (Quality of Care)

A small number of patients were prescribed medicines on a “when required” basis for the management of distressed reactions and these medicines were administered infrequently. The parameters for administration were recorded on the personal medication records. 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. However, care plans for the management of distressed reactions should be developed. A reason for the administration and the outcome of the administration should be recorded on each occasion that medicines were administered. A recommendation was made.

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

Inhaled medicines should be regularly audited to ensure that they are being administered as prescribed. A recommendation was made.

Written Standard Operating Procedures for the management of controlled drugs which are specific to this home should be implemented. A recommendation was made.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed to ensure that all of the appropriate records are maintained. A recommendation was made.

Number of Requirements	**0**	**Number of Recommendations**	**3**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Ada Johnston, Nurse in Charge 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	
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 27 December 2015	Inhaled medicines should be regularly audited to ensure that they are being administered as prescribed.
	Response by Registered Person(s) Detailing the Actions Taken: Audits now reviewed on a daily assessment basis to monitor consistent administration.
Recommendation 2 **Ref**: Standard 31 **Stated:** First time **To be Completed by:** 27 December 2015	Written Standard Operating Procedures for the management of controlled drugs which are specific to this home should be implemented.
	Response by Registered Person(s) Detailing the Actions Taken: The operating procedures have been reviewed and extended in accordance with advice received from Inspector.
Recommendation 3 **Ref**: Standard 18 **Stated:** First time **To be Completed by:** 27 December 2015	The management of medicines prescribed on a “when required” basis for the management of distressed reactions should be reviewed to ensure that all of the appropriate records are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: This was discussed with al S/Ns and now recorded within the daily statement and care plan of each Resident

Registered Manager Completing QIP	Mrs J Robinson	**Date Completed**	05/01/2016
Registered Person Approving QIP	Mrs J Robinson	**Date Approved**	05/01/2016
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	07/01/2016

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