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Unannounced Medicines Management Inspection of Annadale

16 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 16 November 2015 from 10:25 to 15:40.

Overall on the day of the inspection 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.

Recommendations made as a result of this inspection relate to 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.

This inspection was underpinned by the DHSSPS Care Standards for Nursing Homes, April 2015.

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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 medicines management inspection on 17 December 2014.

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	2

The details of the QIP within this report were discussed with Mrs Winnie Mashumba, 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: Annadale Private Nursing Home Ltd Mr William Trevor Gage	**Registered Manager:** Mrs Winnie Mashumba
Person in Charge of the Home at the Time of Inspection: Mrs Winnie Mashumba,	**Date Manager Registered:** 21 October 2008
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 38
Number of Patients Accommodated on Day of Inspection: 37	**Weekly Tariff at Time of Inspection:** £665 - £718

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 in this inspection included the following:

Prior to the inspection, we reviewed the management of medication related incidents reported to RQIA, since the last medicines management inspection.

We met with the registered manager and one of the registered nurses on duty.

The following records were examined:

- Medicines requested and received
- Personal medication records
- Medicines administration records
- Medicines disposed of or transferred
- Controlled drug record book
- Medicine audits
- Policies and procedures
- Care plans
- Training records

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 on 22 September 2015. The QIP was approved by the inspector on 2 November 2015.

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

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 & 38 **Stated:** Second time	Two nurses should sign the records for disposal of medicines.	**Met**
	Action taken as confirmed during the inspection: Two nurses had signed the records for disposal of medicines.	
Recommendation 2 **Ref:** Standard 38 **Stated:** Second time	Two nurses should sign all hand-written updates on the MARs.	**Met**
	Action taken as confirmed during the inspection: Two nurses had signed all hand-written updates on the medication administration records (MARs).	
Recommendation 3 **Ref:** Standard 37 **Stated:** First time	The registered manager should ensure that obsolete warfarin dosage directions are cancelled and archived.	**Met**
	Action taken as confirmed during the inspection: Obsolete warfarin dosage directions had been cancelled and archived.	
Recommendation 4 **Ref:** Standard 38 **Stated:** First time	The registered manager should ensure that obsolete personal medication records are cancelled and archived; only the current up to date personal medication record should remain in the medicines folder.	**Met**
	Action taken as confirmed during the inspection: Obsolete personal medication records had been cancelled and archived; only the current up to date personal medication record remained in the medicines folder.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines were available for administration on the day of the inspection. Medicines were observed to be labelled appropriately.

Arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. The admission process was reviewed for two recently admitted patients. Their medicine regimes had been confirmed in writing.

Medicine records had been maintained in a satisfactory manner. The registered manager and registered nurses were commended for their efforts. Two registered nurses had verified and signed hand-written entries on the personal medication records, medication administration records and records of disposal. The allergy status had not been recorded on a small number of the personal medication records.

Records for the administration of thickening agents and emollient preparations by care staff were maintained.

The arrangements in place for the disposal of medicines which were discontinued or were unsuitable for use were inappropriate. Waste medicines must be uplifted from the home in suitable containers by a licensed contractor who provides a copy of the waste transfer note. This was discussed in detail with the registered manager.

Controlled drugs were being managed appropriately. The controlled drug record books and records of stock reconciliation checks of Schedule 2 and Schedule 3 controlled drugs were well-maintained. Quantities were reconciled twice daily at each handover of responsibility.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were available.

There was evidence that medicines were being managed by registered nurses who had been trained and deemed competent to do so. Annual update training on the management of medicines had been completed. Registered nurses had also received training on the management of enteral feeding, syringe drivers, diabetes and wound management, which was provided by the trust. Competency assessments were completed at least annually.

Care staff were responsible for the administration of thickening agents and emollient preparations. Training had been provided.

There were robust internal auditing systems. Accurate daily running stock balances were maintained for medicines which were not contained within the blister pack system, including nutritional supplements. In addition the registered manager completed a monthly audit on all aspects of the management of medicines.

There were procedures in place to report and learn from medicine related incidents that have occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

There was evidence that registered nurses had requested alternative formulations to assist administration when patients have had difficulty swallowing tablets/capsules.

The records for a number of patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. Records of prescribing and administration were in place. However, care plans were in place for some of the patients only. The care plans were not detailed. The reason for and outcome of administrations had not been recorded in the daily care notes on all occasions.

The records for several patients who were prescribed medicines for the management of pain (for both regular and "when required" administration) were reviewed. The registered manager confirmed that all patients have pain reviewed as part of the admission assessment. Care plans for the management of pain were in place and there was evidence that the medicines were being administered appropriately. Pain assessment tools were being used.

Areas for Improvement

The management of waste medicines should be reviewed and revised to ensure compliance with The Controlled Waste Regulations (Northern Ireland) 2002. A recommendation was made.

The management of medicines which are prescribed for administration "when required" for the management of distressed reactions should be reviewed and revised. Detailed care plans should be in place. The reason for and outcome of all administrations should be recorded. A recommendation was made.

The registered manager agreed to ensure that the allergy status would be recorded on all personal medication records.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

5.5 Additional Areas Examined

Storage was observed to be tidy and organised. The registered manager and staff are commended for their ongoing efforts.

Oxygen cylinders were not chained securely to prevent them from falling over. This was discussed with the registered manager.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Winnie Mashumba, 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 meets legislative requirements based on The HPSS (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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

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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 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:** 16 December 2015	The management of waste medicines should be reviewed and revised to ensure compliance with The Controlled Waste Regulations (Northern Ireland) 2002. **Response by Registered Person(s) Detailing the Actions Taken:** We have discused this with our Pharmacist and secure medicines waste bin has been ordered and we are waiting on delivery.
Recommendation 2 **Ref:** Standard 18 **Stated:** First time **To be Completed by:** 16 December 2015	The management of medicines which are prescribed to be administered “when required” for the management of distressed reactions should be reviewed and revised as detailed in the report. **Response by Registered Person(s) Detailing the Actions Taken:** We reviewed care plans for the residents who did not have care plans in place for "when prescribed medication". Nurses have been urged to be consistent in recording the prn administration form on the computer when recording daily notes.

Registered Manager Completing QIP	Winn Mashumba	**Date Completed**	10/12/2015
Registered Person Approving QIP	Trevor Gage	**Date Approved**	10/12/2015
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	15/12/2015

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