



The Regulation and
Quality Improvement
Authority

Arches
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BT4 3EQ

Inspector: Rachel Lloyd
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Unannounced Medicines Management Inspection of Arches

17 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 17 September 2015 from 10.30 to 13.45.

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 one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to Sections 5.2 and 6.2 of 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 Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 8 October 2012.

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	1

The details of the QIP within this report were discussed with Ms Stella Law, peripatetic home manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Healthcare Dr Maureen Claire Royston	Registered Manager: Miss Laura Mallon
Person in Charge of the Home at the Time of Inspection: 10:30 - 11:15 Ms Catherine McAllister, nurse in charge 11:15 onwards Ms Stella Law (peripatetic home manager)	Date Manager Registered: 10 March 2014
Categories of Care: NH-PH, NH-PH(E), NH-LD, NH-LD(E)	Number of Registered Places: 33
Number of Patients Accommodated on Day of Inspection: 27	Weekly Tariff at Time of Inspection: £691

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 include the following:

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with Ms Stella Law, peripatetic home manager and with the registered nurse on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicine administration records	Care plans
Medicines disposed of or transferred	Training records
Controlled drug record book	Medicines storage temperature 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 dated 15 June 2015. The completed QIP was returned and approved by the care inspector on 5 August 2015.

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)	The manager must ensure that a system is in place to ensure a complete record of the administration of thickened fluids is maintained.	Partially Met
Stated once	Action taken as confirmed during the inspection: The administration of thickened fluids by registered nurses was recorded on medicine administration record sheets (MARS). The total daily fluid was recorded for relevant patients in the progress notes. However, the administration of thickening agents by care assistants was not always accurately recorded. The manager was aware of this issue and stated that she has already started to address this with relevant staff therefore this requirement was not restated. The manager was reminded that the accurate completion of these records must be sustained.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 37 Stated once	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs. <hr/> Action taken as confirmed during the inspection: Standard Operating Procedures for controlled drugs were available and up to date at the time of inspection.	Met

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits which were carried out on a range of 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 one recently admitted patient. Medicine regimes had been confirmed in writing. Two nurses had verified and signed the personal medication record.

Epilepsy management plans for designated patients were available.

Medicine records had largely been maintained in a satisfactory manner to ensure that there was a clear audit trail. Records of the ordering, receipt, administration, non-administration and disposal of medicines were examined. Personal medication records (PMRs) examined were mostly written and signed by two registered nurses, this is safe practice. Some recently rewritten PMRs had not been verified by a second registered nurse. A few examples of discrepancies on PMRs and missing signatures on medicines administration records were observed. Some obsolete medicine records had not been archived promptly.

Records of the administration of external preparations by care assistants were examined. These had not been completed regularly and did not always reflect the administration of these preparations according to the prescriber's instructions.

Records showed that discontinued and expired medicines had been returned to a waste management company. Two nurses were involved in the disposal of medicines and both had signed the records of disposal. Controlled drugs were denatured prior to disposal using denaturing kits; however this was not always clearly recorded as such in the record of disposal.

Satisfactory arrangements were in place for the management of controlled drugs. The controlled drug record books had been maintained in a satisfactory manner. Records of stock reconciliation checks for controlled drugs, which are subject to safe custody legislation, were in place for each transfer 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 online and/or at training sessions provided by the community pharmacist. Competency assessments for registered nurses and for those care assistants responsible for delegated medicines tasks were available for examination. Training on dysphagia and the use of thickening agents and the administration of external preparations was arranged for relevant staff on 22 and 25 September 2015.

There were satisfactory auditing systems in place for medicines. Running stock balances were maintained for a number of medicines which were not contained within the monitored dosage system. The deputy manager and community pharmacist had also completed audits, resulting in action plans which were discussed with staff. Audit was facilitated by the routine practice of recording the date of opening on most medicine containers.

There were procedures in place to report and learn from medicine related incidents that had 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)

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. Care plans were in place for most of these patients and there was evidence that they were being reviewed monthly. Records of prescribing and administration were in place. The reason for and outcome of administrations had been recorded in the daily care notes on most occasions.

The manager confirmed that all patients have pain reviewed as part of the admission assessment. The records for several patients who were prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on personal medication records. Care plans for the management of pain were in place and these had been reviewed monthly. Pain assessment tools were in use where appropriate.

Areas for Improvement

The administration of external preparations by designated care assistants should be reviewed to ensure that records of administration are accurately maintained. A recommendation was made.

The manager agreed to ensure that all PMRs were verified by a second registered nurse and that the highlighted discrepancies on PMRs and missing signatures on medicines administration records were rectified following the inspection.

Registered nurses were reminded that obsolete records should be archived promptly.

Registered nurses were reminded that when controlled drugs are denatured, this should be clearly recorded as such in the record of disposal.

The manager agreed to monitor the completion of records regarding the management of distressed reactions, to ensure that a care plan is in place and the reason for and outcome of the administration of medication is recorded on every occasion.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

Medicines were stored safely and securely. Satisfactory arrangements were in place for the management of medicines keys. Staff were reminded that the mask attached to the emergency oxygen cylinder should be kept covered for hygiene purposes.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Stella Law, peripatetic home 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 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@rqa.org.uk and assessed by the inspector.

Quality Improvement Plan

No requirements were made as a result of this inspection

Recommendations

Recommendation 1
Ref: Standard 29
Stated: First time
To be Completed by:
 17 October 2015

It is recommended that the administration of external preparations by designated care staff is reviewed to ensure that records of administration are accurately maintained.

Response by Registered Person(s) Detailing the Actions Taken:
 The administration of external preparations by designated care staff has been reviewed in the home to ensure that records of administration are now being accurately maintained.

Registered Manager Completing QIP	Stella Law	Date Completed	28.10.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	28.10.15
RQIA Inspector Assessing Response	Rachel Lloyd	Date Approved	3/11/15

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

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 recommendation 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.