Unannounced Medicines Management Inspection Report
19 April 2016

Arlington

7-9 North Parade, Belfast BT7 2GF
Tel No: 028 9049 1136
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Arlington took place on 19 April 2016 from 09:45 to 13:50.

The inspection sought to assess progress with any issues raised during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?
No requirements or recommendations were made.

Is care effective?
One recommendation was made.

Is care compassionate?
No requirements or recommendations were made.

Is the service well led?
No requirements or recommendations were made.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Ms Kathy Israel, Nurse in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 7 January 2016.

2.0 Service details

Registered organisation/registered person: Mr Brian Macklin Mrs Mary Macklin	**Registered manager:** Ms Linda Karen McCartney
Person in charge of the home at the time of inspection: Ms Kathy Israel, Registered Nurse	**Date manager registered:** 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 25

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with one resident, one care assistant and the nurse in charge. Feedback on the inspection was provided to the registered manager via telephone call on 20 April 2016.

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 30 September 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second time	The necessary improvements must be made in the standard of maintenance of the personal medication records.	**Met**
	Action taken as confirmed during the inspection: We observed that the areas identified for improvement at the last medicines management inspection had been addressed.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated: First time**	The registered manager must closely monitor the administration of Calogen liquid as part of the home's audit activity.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that the administration of Calogen was monitored as part of her ongoing monthly audits. She had noted a discrepancy on the day before the inspection and this had been discussed with staff.	
Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that oxygen is stored securely in accordance with guidance.	**Met**
	Action taken as confirmed during the inspection: We observed two cylinders of oxygen in the home. They were securely chained and appropriate signage was in place.	

Requirement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that complete and accurate records for the administration of thickening agents are maintained.	**Met**
	Action taken as confirmed during the inspection: We reviewed a number of records of the administration of thickening agents. The required consistency level had been recorded and separate records of administration had been maintained by nursing staff and care assistants.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time	The list of sample signatures should be updated to include the staff initials.	**Met**
	Action taken as confirmed during the inspection: The list of sample signatures had been updated to include the staff initials.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The management of warfarin should be reviewed and revised.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin had been reviewed and revised. Directions were received by facsimile. Transcribing involved two staff. Daily running balances were being maintained. Satisfactory audit outcomes were observed.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered manager should contact the prescribers to determine if daily blood glucose testing is required for Type 2 diabetic patients.	**Met**
	Action taken as confirmed during the inspection: This had been actioned following the last inspection. Daily blood glucose testing was no longer being carried out for patients with Type 2 diabetes.	

Recommendation 4 **Ref**: Standard 38 **Stated:** First time	Two nurses should verify and sign all hand-written updates on the medication administration records (MARs). **Action taken as confirmed during the inspection**: The majority of hand-written updates on the medication administration records had been verified and signed by two registered nurses.	**Met**

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in December 2015.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. However, discontinued controlled drugs were not being denatured and rendered irretrievable prior to their disposal. The registered manager advised that this had been highlighted by the community pharmacist recently and had been discussed at the managers' meeting on 19 April 2016. Two denaturing kits had been obtained and the registered manager confirmed that controlled drugs in Schedules 2, 3 and 4 (Part 1) would be denatured prior to their disposal.

Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

With the exception of one audit of a supply of Calogen, the sample of medicines examined had been administered in accordance with the prescriber's instructions. The registered manager advised (via telephone call on 20 April 2016) that she had noted a discrepancy during her audit of supplies of Calogen the previous day and as a result, supplies of Calogen would continue to be closely monitored. Some minor discrepancies in the administration of a small number of medicines which were not supplied in the blister pack system were discussed with the nurse in charge. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how 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 detailed care plans were not in place and the reason for and the outcome of each administration were not being recorded. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain and a pain tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines and inhaled medicines.

Following discussion with the registered manager and staff, it was evident that when applicable, healthcare professionals are contacted in response to patient need in relation to medicines management.

Areas for improvement

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

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible. The patient we spoke to advised that they were able to request "when required" medication if they were in pain.

One patient advised that she was "very happy in the home, her medicines were managed well and the food was great".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. They had been reviewed in June 2012. The registered manager advised that revised policies and procedures were due to be implemented in the home on 20 April 2016. She confirmed that all registered nurses and care assistants would be made aware of the new policies and procedures.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following the incidents.

A review of the home's audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the nurse in charge and one member of the care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Kathy Israel, Nurse in Charge, and with Ms Karen McCartney, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 areas for improvement that exist in the service. 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 exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. 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 to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendation	
Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 19 May 2016	The registered person should ensure that the management of medicines which are prescribed to be administered "when required" for distressed reactions is reviewed and revised. Detailed care plans should be in place. The reason for and outcome of each administration should be recorded. **Response by registered person detailing the actions taken:** The above documentation is now in place - detailed care plans are in place.

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