Bangor - Brownlee Suite
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Unannounced Medicines Management Inspection of Bangor – Brownlee Suite

17 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicine management inspection took place on 17 April 2015 from 12:15 to 14:30.

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 DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to 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 section, 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 (2015).

1.1 Actions/Enforcement Taken Following the Last

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 7 January 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	**1**	**1**

The details of the QIP within this report were discussed with Ms Donna Mawhinney, 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: Four Season Health Care Dr Maureen Claire Royston	**Registered Manager:** Ms Donna Mawhinney
Person in Charge of the Home at the Time of Inspection: Ms Donna Mawhinney	**Date Manager Registered:** 30 December 2014
Categories of Care: NH-LD, NH-LD(E)	**Number of Registered Places:** 17
Number of Patients Accommodated on Day of Inspection: 11	**Weekly Tariff at Time of Inspection:** £593

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 medicine related incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the registered manager and staff on duty

Samples of the following records were examined during the inspection:

- 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 24 September 2014. 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 Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37	Obsolete warfarin dosage directions should be cancelled and archived.	**Met**
	Action taken as confirmed during the inspection: No patients were prescribed warfarin at the time of this inspection, however all other records had been appropriately archived.	
Recommendation 2 **Ref**: Standard 38	Obsolete personal medication records should be cancelled and archived.	**Met**
	Action taken as confirmed during the inspection: There records had been appropriately cancelled and archived.	
Recommendation 3 **Ref**: Standard 39	The registered manager should ensure that a risk assessment is in place for the storage of emollient preparations in patients' bedrooms.	**Met**
	Action taken as confirmed during the inspection: Obsolete personal medication records had been removed from the medicines file and archived.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are being administered in accordance with the prescribers' instructions. The majority of audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There are robust incident reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products.

Medicine records were legible and accurately maintained to ensure that there is a clear audit trail. The good practice of two registered nurses initialling handwritten entries on the personal medication records, in the absence of the prescriber's signature, was acknowledged.

Disposal of medicines no longer required is undertaken by trained and competent staff. Any discontinued or expired medicines are discarded by two registered nurses into the pharmaceutical clinical waste bin. The registered manager advised that controlled drugs are denatured prior to disposal. A record should be made that this has been done. This was discussed with the registered manager.

The receipt, administration and disposal of all controlled drugs subject to record keeping requirements are maintained in a controlled drug record book.

Stock balances of controlled drugs which are subject to safe custody requirements are reconciled on each occasion when the responsibility for safe custody is transferred.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place. There are Standard Operating Procedures (SOPs) for the management of controlled drugs.

Suitable arrangements are in place for the registered manager to ensure that the management of medicines is undertaken by qualified, trained and competent staff and systems are in place to review staff competency in the management of medicines. A record is maintained of the staff medicines management training and development activities. An annual capability and competency assessment is carried out on each registered nurse. A sample of records was provided for inspection.

There are arrangements in place to audit all aspects of the management of medicines. A medicines audit is carried out by the registered manager on a monthly basis and she advised that the findings, along with any actions required, are communicated to staff. Copies of these audits were available for inspection. There are also daily audits and running stock balances completed by the registered nurses.

Is Care Compassionate? (Quality of Care)

The records of one patient who was prescribed an anxiolytic medicine for administration on a '"when required" basis in the management of distressed reactions was examined. The medicine records were legibly and accurately maintained to ensure that there is a clear audit trail. The parameters for administration were recorded on the personal medication record. A record of administration had been maintained on the MARs. A care plan was in place for the management of distressed reactions and there was evidence that it was regularly reviewed.

Pain management medicines are prescribed as necessary and when administered their effect is monitored to ensure that they provide relief and that the patient is comfortable. The records of one patient who was prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication record. The administration had been recorded on the MARs. A care plan was in place which detailed the management of the patient's pain. The registered manager stated that the care plan is evaluated monthly. The registered manager advised that a pain assessment is completed at least monthly or more often if necessary.

Some patients are prescribed buccal midazolam for the management of epilepsy. There was an Epilepsy Management Plan in place for each patient.

Areas for Improvement

Discrepancies were noted in the audits completed on some liquid medicines. The registered person must ensure that liquid medicines are closely monitored to ensure that they are administered as prescribed. A requirement was made.

The registered person should ensure that the reason for, and outcome of administering medicines for the management of distressed reactions is recorded. A recommendation was made.

Number of Requirements:	**1**	**Number of Recommendations**:	**1**

5.4 Additional Areas Examined

Medicines were safely and securely stored in accordance with the manufacturers' instructions.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Donna Mawhinney, 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 the 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 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.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager/registered person 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	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated: First time** **To be Completed by: 17 May 2015**	The registered person must ensure that liquid medicines are closely monitored to ensure that they are administered as prescribed. **Response by Registered Person(s) Detailing the Actions Taken:** The liquid medication will be checked during a weekly drug audit.
Recommendations	
Recommendation 1 **Ref**: Standard 26 **Stated: First time** **To be Completed by: 17 May 2015**	It is recommended that the registered person should ensure that the reason for, and outcome of administering medicines for the management of distressed reactions is recorded. **Response by Registered Person(s) Detailing the Actions Taken:** All staff have been informed that they are required to document the reason and outcome of administering medicines for the management of distressed reactions on the Mars sheet and into the care plan.

Registered Manager Completing QIP	Donna Mawhinney	**Date Completed**	01/06/15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	19.06.15
RQIA Inspector Assessing Response		**Date Approved**	

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

The Regulation and Quality Improvement Authority

RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	19/06/2015