Unannounced Medicines Management Inspection Report
8 August 2016

Bangor

Type of Service: Nursing Home
Address: McKeown Suite, 27a Manor Avenue, Bangor, BT20 3NG
Tel No: 028 9127 3342
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Bangor – McKeown Suite took place on 8 August 2016 from 12.30 to 15.00.

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

Is care safe?

The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. Two areas for improvement were identified in relation to the management of warfarin and the disposal of medicines. Two recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. One area for improvement was identified in relation to the management of "when required" medicines. A recommendation was made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Patients consulted with confirmed that they were administered their medicines appropriately. No areas for improvement were identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No areas for improvement were identified.

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 DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Tiago Moreira, Registered Manager, 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 5 January 2016.

2.0 Service details

Registered organisation/registered provider: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered manager:** Mr Tiago Moreira
Person in charge of the home at the time of inspection: Mr Tiago Moreira	**Date manager registered:** 15 June 2016
Categories of care: NH-DE	**Number of registered places:** 30

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

A poster indicating that the inspection was taking place was displayed on the front door of the home. The poster invited visitors/relatives to speak with the inspector. No-one availed of this opportunity.

We met with three patients, three registered nurses and the registered manager.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- 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 5 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. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 5 February 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person must closely audit inhaled and liquid medicines during the routine audit process to ensure these are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: These medicines are audited regularly. No discrepancies were noted during the inspection.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person must ensure that the controlled drug record book is fully and accurately maintained at all times.	**Met**
	Action taken as confirmed during the inspection: The controlled drugs record book was fully and accurately maintained.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The registered person should ensure that the new controlled drug record book is brought into use and the current book is archived.	**Met**
	Action taken as confirmed during the inspection: A new controlled drug record book had been brought into use following the last inspection. The current record book was satisfactory.	
Recommendation 2 **Ref**: Standard 39 **Stated:** First time	The registered person should ensure that the controlled drug record book is examined when performing the reconciliation checks on controlled drugs.	**Met**
	Action taken as confirmed during the inspection: It was confirmed that this is the usual practice.	

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 regularly.

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 were usually 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.

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.

The arrangements for the administration of warfarin should be reviewed. A running balance of these tablets was not maintained and the date of opening had not been recorded. This medicine could therefore not be audited. A recommendation has been made.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. It was noted that the record of disposed medicines was often unsigned. Two members of staff should be involved in the disposal of medicines and both should sign the record. A recommendation was made.

Medicines were stored safely and securely and in accordance with the manufacturer's 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 regularly. It was noted that the medicines refrigerator temperature was falling slightly below the required range of 2^{o}C to 8^{o}C. The registered manager agreed to closely monitor this temperature.

Areas for improvement

A daily running balance of warfarin tablets should be maintained. A recommendation has been made.

Two members of staff should be involved in the disposal of medicines and both should sign the record. A recommendation was made.

Number of requirements	0	Number of recommendations	2

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. 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. A care plan was maintained. The reason for and the outcome of administration were not always 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.

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. Areas of good practice were acknowledged. They included alerts for duplicate names and extra records for monitoring the administration of bisphosphonates and transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines not contained in the blister pack system, nutritional supplements and inhaled medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that staff have good working relationships with other healthcare workers, including the community pharmacist and prescribers.

Areas for improvement

The reason for and outcome of the administration of anxiolytic medicines that are prescribed on a "when required" basis for the management of distressed reactions should be recorded.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. The nurse administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to said that they had no concerns in relation to the management of their medicines.

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. Following discussion with staff, it was evident that they were knowledgeable of the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

The registered manager advised that following a recent incident, the staff have become involved in a project to improve communication between staff in the home, speech and language therapists and dietitians. He hopes that this project will result in better outcomes for patients. This initiative is to be commended.

A review of the audit records indicated that satisfactory outcomes had been achieved.

Following discussion with the registered manager and nurse, 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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Tiago Moreira, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the nursing home. 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 provider 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 The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to *pharmacists@rqia.org.uk* for assessment 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 reported on are 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 provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 8 September 2016	The registered provider should ensure that a daily running balance of warfarin tablets is maintained.
	Response by registered provider detailing the actions taken: Daily running balance of the warfarin tablets is in place and supervision was carried out with all the nurses to re-enforce the importance of keeping these accurate and up to date. Audit in place to ensure compliance is maintained.
Recommendation 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 8 September 2016	The registered provider should ensure that two members of staff are involved in the disposal of medicines and both sign the record.
	Response by registered provider detailing the actions taken: Supervision was carried out with all nurses to re-enforce the procedures that are in place and are aligned with the recommendation. Audit is in place to ensure compliance is maintained.
Recommendation 3 **Ref**: Standard 26 **Stated:** First time **To be completed by:** 8 September 2016	The registered provider should ensure that the reason for and outcome of the administration of anxiolytic medicines that are prescribed on a "when required" basis for the management of distressed reactions are recorded.
	Response by registered provider detailing the actions taken: Discussion has been held with GP to review the prescription of PRN anxiolytic medication that is being administered on a regular basis. Review of the medication is being carried out more frequently to ensure this type of situation does not repeat itself.

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

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