Beechill
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Belfast
BT8 4UL

Inspector: Helen Daly
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Unannounced Medicines Management Inspection of Beechill

15 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 15 October 2015 from 11:00 to 14:55.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report. Several areas of good practice were observed at the inspection. The management and staff were commended for their ongoing efforts.

Recommendations made prior to April 2015 relate to the Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards, February 2008.

This inspection was underpinned by the 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 16 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	**Registered Manager:** Not applicable
Person in Charge of the Home at the Time of Inspection: Ms Margaret Janusz (Acting Manager)	**Date Manager Registered:** Not applicable
Categories of Care: NH-DE	**Number of Registered Places:** 34
Number of Patients Accommodated on Day of Inspection: 31	**Weekly Tariff at Time of Inspection:** £618

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

We met with the acting manager, one of the deputy managers and staff 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 8 July 2015. A quality improvement plan was not issued at the inspection.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 16 December 2012

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	Nutritional supplements must not be shared between patients.	**Met**
	Action taken as confirmed during the inspection: Nutritional supplements were not being shared. Nutritional supplements were stored in patient order and daily stock balances were maintained.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must develop detailed epilepsy management plans for those patients who are prescribed rectal diazepam.	**Met**
	Action taken as confirmed during the inspection: Epilepsy management plans were in place.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that complete records of the administration of external medicines by care staff are maintained.	**Not applicable**
	Action taken as confirmed during the inspection: The acting manager and deputy manager confirmed that care staff were no longer responsible for the administration of any external preparations.	

Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the maximum, minimum and current temperatures of all medicine refrigerators are monitored and recorded each day; corrective action must be taken if the temperature is outside the accepted range.	**Met**
	Action taken as confirmed during the inspection: The maximum, minimum and current temperatures of all medicine refrigerators were monitored and recorded each day. The manager had identified issues with the temperature recordings and an engineer had been called out. This had not resolved the issue and hence two new refrigerators were on order.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The Four Seasons Health Care Standard Operating Procedures were available in the treatment rooms.	
Recommendation 2 **Ref:** Standard 38 **Stated:** First time	Two nurses should verify and sign all hand-written updates on the medication administration records.	**Met**
	Action taken as confirmed during the inspection: Two registered nurses had verified and signed all hand-written updates on the medication administration records.	
Recommendation 3 **Ref:** Standard 39 **Stated:** First time	Two nurses should be involved in the disposal of medicines and both nurses should sign the entry in the disposal book.	**Met**
	Action taken as confirmed during the inspection: Two registered nurses were involved in the disposal of medicines and both nurses had signed the entries in the disposal book.	

Recommendation 4 **Ref:** Standard 39 **Stated:** First time	The storage arrangements for oxygen should be reviewed and revised; oxygen should be securely chained to the wall and masks should be covered when not in use.	**Met**
	Action taken as confirmed during the inspection: Oxygen cylinders were securely chained to the wall and masks were covered.	
Recommendation 5 **Ref:** Standard 37 **Stated:** First time	The required consistency level for thickened fluids should be detailed on the care plan, personal medication records, medication administration records and daily food and fluid intake charts.	**Met**
	Action taken as confirmed during the inspection: The required consistency level for thickened fluids was recorded on the care plans, personal medication records, medication administration records and daily food and fluid intake charts for the designated patients.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on several 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. Their medicine regime had been confirmed in writing. Two registered nurses had verified and signed the personal medication records and hand-written medication administration records.

Epilepsy management plans for designated patients were available. The acting manager confirmed that all staff were familiar with the individual epilepsy management plans.

The management of warfarin was reviewed and found to be satisfactory. Dosage directions were received in writing and daily stock counts were maintained. However a number of obsolete dosage directions were available on the medicines file.

Staff were commended for the standard of maintenance of the medicine records. Several personal medication records had been re-written recently. The month and year of administration had not been recorded on a small number of hand-written medication administration records.

Records showed that discontinued and expired medicines had been returned to a waste management company. Two registered nurses were involved in the disposal of medicines and both had signed the records of disposal.

Controlled drugs were being managed appropriately. The controlled drug record books and records of stock reconciliation checks of Schedule 2, 3 and 4 (Part 1) controlled drugs were well-maintained. The acting manager confirmed that all Schedule 2, 3 and 4 (Part 1) controlled drugs were denatured prior to disposal; this had not been recorded on all occasions.

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 attended medicines training on 23 September 2015. Competency assessments were completed annually. Epilepsy awareness training, including the use of rectal diazepam, had been provided within the last year.

Care staff were responsible for the administration of thickening agents. The acting manager confirmed that they had been trained and deemed competent to manage these medicines.

There were robust internal auditing systems. Daily running stock balances were maintained for several medicines, including nutritional supplements. Weekly audits were also completed by the registered nurses; these were reviewed by the acting manager. Audit outcomes were discussed with the registered nurses when identified and at regular staff meetings.

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 had difficulty swallowing tablets/capsules. A number of patients had their medicines administered covertly. There was written evidence that this had been agreed to be in the patients' best interests at multi- disciplinary meetings. Detailed care plans were in place.

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 and there was evidence that they were being reviewed at least monthly. Records of prescribing and administration were in place. The reason for and outcome of administrations had not been recorded on all occasions.

The acting manager confirmed that all patients had pain reviewed as part of the admission assessment. Care plans for the management of pain were in place. 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 the personal medication records. Pain assessment tools were being used.

Areas for Improvement

Staff were reminded that obsolete warfarin dosage directions should be cancelled and archived. Only the current dosage directions should remain on the medicines file.

The acting manager agreed to monitor the standard of maintenance of hand-written medication administration records to ensure that the month and year of administration are recorded on all occasions.

Staff were reminded that they should record that controlled drugs in Schedule 2, 3 and 4 (Part 1) are denatured prior to their disposal.

The acting manager agreed to ensure that the reason for and outcome of the administration of medicines which are prescribed to be administered "when required" for the management of distressed reactions is recorded on all occasions.

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

5.4 Additional Areas Examined

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

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Margaret Janusz	**Date Completed**	14.12.15
Registered Person	Dr Claire Royston	**Date Approved**	14.12.15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	17.12.15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and return to pharmacists@rqia.org.uk from the authorised email address