Beverly Lodge
RQIA ID: 1062
186a Bangor Road
Newtownards
BT23 7PH

Inspector: Paul Nixon
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Unannounced Medicines Management Inspection of Beverly Lodge

29 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 29 September 2015 from 09:50 to 13.20.

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 the DHSSPS Nursing Homes Minimum Standards, February 2008.

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 inspection, dated 21 November 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	2

The details of the QIP within this report were discussed with the registered manager, Janet Davison as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ashdon Care Ltd James Cole	**Registered Manager:** Janet Davison
Person in Charge of the Home at the Time of Inspection: Janet Davison	**Date Manager Registered:** 22 April 2010
Categories of Care: NH - DE	**Number of Registered Places:** 45
Number of Patients Accommodated on Day of Inspection: 43	**Weekly Tariff at Time of Inspection:** £608

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 the registered manager, Janet Davison.

The following records were examined during the inspection:

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

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 1 July 2015. The completed Quality Improvement Plan was approved by the care inspector on 24 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) **Stated once**	The registered manager must closely monitor the administration of Nitro-Dur patches, Movicol sachets, eye preparations and lactulose liquid. **Action taken as confirmed during the inspection**: The inspector observed that weekly audits were being performed on a range of randomly selected medicines. The registered manager stated these audits had produced good outcomes. The audits performed during the inspection indicated that the medicines had been administered as prescribed.	**Met**
Requirement 2 **Ref**: Regulation 13(4) **Stated once**	The registered manager must review the systems in place for the management of medicines for new admissions. **Action taken as confirmed during the inspection**: From observations made and from discussion with the registered manager, the inspector concluded that satisfactory arrangements were in place to ensure the safe management of medicines during a patient's admission or readmission to the home. One recently admitted patient's records were cross-referenced with the medicines held. The hospital discharge letter and medicine records correlated with the medicines present in the home.	**Met**

Requirement 3 **Ref**: Regulation 13(4) **Stated once**	The registered manager must advise RQIA of the safeguards in place to ensure that the registered manager can identify who administers thickening agents to individual patients.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that there was a programme of care staff training and competency assessments in place regarding the management of thickening agents. A sample of staff competency assessment records was examined.	
Requirement 4 **Ref**: Regulation 13(4) **Stated once**	The registered manager must ensure that the necessary improvements are implemented on the personal medication records.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that the sample of personal medication records examined had been maintained in a satisfactory manner.	
Requirement 5 **Ref**: Regulation 13(4) **Stated twice**	The date of disposal of medicines must be recorded.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that the dates of disposals of medicines had been recorded.	
Requirement 6 **Ref**: Regulation 13(4) **Stated once**	The registered manager must ensure that the refrigerator thermometer is working.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that the medicines refrigerator thermometer was operational.	

Requirement 7 **Ref**: Regulation 13(4) **Stated once**	The registered manager must monitor the daily refrigerator temperature recordings and maintain a record of the action taken if unsatisfactory recordings are observed.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that the temperature range of the medicines refrigerator had been appropriately managed.	
Requirement 8 **Ref**: Regulation 13(4) **Stated once**	The registered manager must ensure that nurses are trained and competent in the accurate monitoring of the refrigerator temperature.	**Met**
	Action taken as confirmed during the inspection: From discussion with the registered manager and observations made, the inspector concluded that the medicines refrigerator temperature range had been accurately monitored.	
Requirement 9 **Ref**: Regulation 13(4) **Stated once**	A complete record for the administration of thickening agents must be maintained.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that satisfactory arrangements were in place for care staff to record the use of thickening agents.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated once**	Two nurses should be involved in the transcribing of warfarin dosage directions.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that two nurses were involved in the transcribing of warfarin dosage directions.	

Recommendation 2 **Ref**: Standard 38 **Stated once**	Two nurses should verify and sign all hand-written updates on the medication administration records.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that the usual practice was for two nurses to verify and sign handwritten updates on the medication administration records.	
Recommendation 3 **Ref**: Standard 38 **Stated once**	Two nurses should be involved in the disposal of medicines and both should sign the entry in the disposal book.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that the registered manager and a registered nurse were involved in the disposal of medicines and that both had signed the entries in the disposal book.	

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 of the medicines examined at the inspection were available for administration and were labelled appropriately.

Arrangements were in place to ensure the safe management of medicines during a patient's admission or readmission to the home

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, this process usually involved two registered nurses.

The receipt, storage, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balances of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements were reconciled on each occasion when the responsibility for safe custody had been transferred. Quantities of controlled drugs matched the balances recorded in the record book.

The destruction or disposal of medicines no longer required was undertaken by trained and competent staff. Discontinued or expired medicines were discarded by the registered manager and a registered nurse into pharmaceutical clinical waste bins, which were uplifted by a company holding a clinical waste licence. The registered manager stated that Schedule 2 and 3 controlled drugs were denatured prior to disposal; however, this was not the practice for Schedule 4 (Part 1) controlled drugs.

Is Care Effective? (Quality of Management)

There was evidence that medicines were being managed by staff that had been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training records and competency assessments was provided. Competency assessments were completed annually. The competency assessments checked were up to date.

There were arrangements in place to audit practices for the management of medicines. A monthly medication audit had been completed by the registered manager. She stated that largely satisfactory outcomes had been achieved and that there had been no significant issues arising from these audits. The audit process was facilitated by the good practice of recording the dates and times of opening on the medicine containers.

There were procedures in place to report and learn from any medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the previous 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. The care plans detailed the circumstances under which the medicines were to be administered. The parameters for administration were recorded on the personal medication records. Records of administration were in place; however, the reason for and outcome of administration had not been consistently recorded. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers’ instructions; for some patients these medicines had been administered infrequently.

The records for a number of patients who were prescribed medicines for the management of pain were reviewed. The registered manager confirmed that all patients had pain reviewed as part of the admission assessment. The medicines were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and other analgesics which were prescribed for administration on either a regular or “when required” basis. Care plans, which had been evaluated monthly, were in place which detailed the management of the patients’ pain. Pain assessment tools had been completed for the patients.

There was evidence of professional advice for one patient who had medication covertly administered for their health and wellbeing.

One patient who was prescribed rectal diazepam had an epilepsy care plan in place.

Areas for Improvement

Schedule 4 (Part 1) controlled drugs should be denatured prior to disposal. A recommendation was made.

If medication is prescribed on a "when required" basis for the management of distressed reactions, the reason for and outcome of administration should be routinely recorded. A recommendation was made.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janet Davison, 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.

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 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@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 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	
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated: Stated: First time** **To be Completed by: 29 October 2015**	It is recommended that Schedule 4 (Part 1) controlled drugs should be denatured prior to disposal.
	Response by Registered Person(s) Detailing the Actions Taken: All schedule 4 (Part 1) controlled drugs to be denatured prior to disposal
Recommendation 2 **Ref**: Standard 18 **Stated: First time** **To be Completed by: 29 October 2015**	It is recommended that, if medication is prescribed on a "when required" basis for the management of distressed reactions, the reason for and outcome of administration should be routinely recorded.
	Response by Registered Person(s) Detailing the Actions Taken: Weekly auditing of the reason for and outcome of administration of 'when required' medications to commence to ensure staff are documenting appropriately

Registered Manager Completing QIP	Janet Davison	**Date Completed**	29/10/15
Registered Person Approving QIP	Jim Cole	**Date Approved**	29/10/15
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**2/11/15**

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