Carnalea
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Unannounced Medicines Management Inspection of Carnalea

5 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 5 November 2015 from 10.30 to 14.45.

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.

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

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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 medicines management inspection on 14 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	0	1

The details of the QIP within this report were discussed with Ms Josette Fernandez, 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 Seasons Health Care Dr Maureen Claire Royston	**Registered Manager:** Ms Josette Fernandez (Registration Pending)
Person in Charge of the Home at the Time of Inspection: Ms Josette Fernandez	**Date Manager Registered:** N/A
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 73
Number of Patients Accommodated on Day of Inspection: 62	**Weekly Tariff at Time of Inspection:** £593 - £774

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 manager and three of the registered nurses on duty.

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 5 May 2015. The care inspector confirmed that there were no issues to be followed up at this inspection.

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:** First time	The registered manager must increase the level of audit activity on liquid-form medicines in order to ensure compliance with the prescribers' instructions.	**Met**
	Action taken as confirmed during the inspection: A review of the audits indicated that liquid medicines were included. Satisfactory audit outcomes were observed for the audits carried out on liquid medicines at this inspection.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The significant stock balance discrepancy that was observed in memantine oral solution, prescribed for one patient, must be investigated by the registered manager and the outcome of this investigation submitted to RQIA along with the Quality Improvement Plan.	**Met**
	Action taken as confirmed during the inspection: The investigation was completed and forwarded to RQIA. .	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The registered manager should review the arrangements for the management of warfarin.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin was reviewed and found to be satisfactory. Warfarin dosage instructions were confirmed in writing. Running stock balances were maintained. Audits indicated that warfarin had been administered in accordance with the prescribed dosage directions.	

Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The consistency level of thickened fluids should be recorded on all relevant records.	**Met**
	Action taken as confirmed during the inspection: The management of thickening agents was reviewed and found to be satisfactory. The consistencies were clearly recorded. Care staff recorded the use of thickening agents on the patients' food and fluid intake charts.	
Recommendation 3 **Ref:** Standard 38 **Stated:** First time	Abbreviations should not be used when recording the insulin dose administered to a patient.	**Met**
	Action taken as confirmed during the inspection: Abbreviations were not used to record insulin doses administered to 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. A small number of audit discrepancies were however observed and these were discussed with the manager.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There was no evidence to indicate that medicine doses were omitted due to being out of stock. 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 two recently admitted patients. Their medicine regimes had been confirmed in writing. Two nurses had verified and signed the personal medication records.

The management of diabetes, epilepsy and warfarin was reviewed and found to be satisfactory.

Medicine records had been maintained in a satisfactory manner. Entries on the personal medication records had been verified and signed by two registered nurses. Obsolete personal medication records had not been cancelled and archived.

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 and Schedule 3 controlled drugs were well-maintained. Additional monitoring arrangements were also in place for controlled drugs in Schedule 4 (Part 1). There was recorded evidence that controlled drugs were denatured prior to their disposal.

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. Competency assessments were completed annually.

Registered nurses had also received training on the management of enteral feeding and syringe drivers provided by the trust. The manager confirmed that further training would be requested if necessary.

Care staff were responsible for the administration of thickening agents and emollient preparations, under the supervision of the registered nurses. The manager advised that care staff received training on the management of thickening agents and emollient preparations as part of their induction and that supervision was ongoing.

There were robust internal auditing systems. Daily and weekly audits were completed by the registered nurses. In addition the management team completed a monthly audit on all aspects of the management of medicines. The community pharmacist completed a quarterly audit.

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 have had difficulty swallowing tablets/capsules.

The records for five patients who were prescribed anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were examined. Detailed care plans were in place for three of these patients; there was evidence that the care plans were reviewed regularly. Records of prescribing and administration were in place. The reason for and outcome of administrations had not been recorded on all occasions. In addition for two patients although the medicines were prescribed to be administered “when required” they were being administered every night.

The records for several patients who are prescribed medicines for the management of pain were reviewed. The registered nurses confirmed that patients had pain reviewed as part of the admission assessment. Care plans for the management of pain were in place and there was evidence that they were being reviewed at least monthly. 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

The management of medicines which are prescribed to be administered "when required" for the management of distressed reactions should be reviewed and revised. Detailed care plans directing their use should be in place when necessary. The reason for and outcome of all administrations should be recorded on all occasions. The regular use of these medicines should be referred to the prescribers for review. A recommendation was made.

The manager agreed to continue to closely monitor the administration of all medicines.

Registered nurses were reminded that obsolete personal medication records should be cancelled and archived.

Number of Requirements:	**0**	**Number of Recommendations**:	**1**

5.4 Additional Areas Examined

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

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Josette Fernandez, 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 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 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 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

Recommendations	
Recommendation 1 **Ref:** Standard 18 **Stated:** First time **To be Completed by:** 7 December 2015	The management of medicines which are prescribed to be administered “when required” for the management of distressed reactions should be reviewed and revised as detailed in the report. **Response by Registered Person(s) Detailing the Actions Taken:** Review has been done in all the "when required" medicines prescribed for distressed reactions. Revision of the administration of medicines were done per Doctor's advise. Outcome of the administration of the "when required medications" are recorded either in the progress notes or at the back of MAR sheet.

Registered Manager Completing QIP	Josette Fernandez	**Date Completed**	04.12.15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	11.12.15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	14/12/15

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