Unannounced Medicines Management Inspection Report
4 August 2016

Castleview

Type of Service: Nursing Home
Address: 761 Antrim Road, Belfast, BT15 4EN
Tel No: 028 9077 7804
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Castleview took place on 4 August 2016 from 10.00 to 13.00.

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 in relation to the disposal of medicines and the cold storage of medicines were identified and two recommendations were made.

Is care effective?

The management of medicines generally supported the delivery of effective care. Systems were in place to ensure patients were receiving their medicines as prescribed. One area for improvement in relation to management of medication prescribed for distressed reactions was identified and a recommendation was stated for a second time.

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. There were no areas of improvement identified.

Is the service well led?

Written policies and procedures for the management of medicines were in place. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement 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 Ms Jacqueline Felicitas, 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

There were no further actions required to be taken following the inspection.

2.0 Service details

Registered organisation/registered provider: Tona Enterprises Ltd Mr Robert Maxwell Duncan	**Registered manager:** Ms Jacqueline Felicitas
Person in charge of the home at the time of inspection: Ms Jacqueline Felicitas	**Date manager registered:** 01 April 2005
Categories of care: NH-MP(E), NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 35

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 and invited visitors/relatives to speak with the inspector. No-one availed of this opportunity.

We met with three patients, one care assistant, one registered nurse and the registered manager.

A sample of the following records was examined:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 March 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 28 May 2015

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 38 **Stated:** Second time	The registered manager should ensure that two nurses are involved in the transcribing of medicines onto personal medication records and medication administration records; each nurse should initial the entry.	**Met**
	Action taken as confirmed during the inspection: This practice was observed during the inspection.	
Recommendation 2 **Ref**: Standard 4 **Stated:** First time	It is recommended that the registered person should review the management of distressed reactions to ensure that a care plan is developed for the relevant patients and the reason for and outcome of the administration of the medicine is recorded on each occasion.	**Met**
	Action taken as confirmed during the inspection: A care plan was in place for the relevant patients however the reason and outcome of the administration of these medicines was not always recorded. This recommendation has been stated for a second time.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually.

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 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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. The record of disposed medicines should be signed by the nurse disposing of the medicine and a witness who is present for the disposal. A recommendation was made.

Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely. 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 at regular intervals. The temperature of the medicines refrigerator was observed to be consistently outside of the recommended range of 2^{o}C to 8^{o}C. Insulin, creams and liquid medicines requiring cold storage were contained within the refrigerator. If these medicines are not stored at the correct temperature it may affect their stability and efficacy. The registered person should ensure that all medicines are stored in accordance with the manufacturers' recommendations. A recommendation was made.

Areas for improvement

The record of disposed medicines should be signed by the nurse disposing of the medicine and a witness who is present for the disposal. A recommendation was made.

All medicines should be stored in accordance with the manufacturers' recommendations. 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, specific dosage instructions were recorded on the personal medication record. A care plan was in place. The reason for and the outcome of administration was not always recorded. The management of medicines prescribed on a "when required" basis for distressed reactions should be reviewed and revised. The recommendation made previously has been stated for a second time.

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 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.

Practices for the management of medicines were audited throughout the month by the staff and management.

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 management of medicines prescribed on a "when required" basis for distressed reactions should be reviewed and revised. The recommendation made previously has been stated for a second time.

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. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to advised 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.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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 Ms Jacqueline Felicitas, 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 4 **Stated:** Second time **To be completed by:** 4 September 2016	It is recommended that the registered person should review the management of distressed reactions to ensure that a care plan is developed for the relevant patients and the reason for and outcome of the administration of the medicine is recorded on each occasion.
	Response by registered provider detailing the actions taken: staff were all made aware re:reasons and effects of distressed reactions the outcome after to be written in the daily notes. previous nurse meeting was reviewed. new form underway to be attached in the MAR SHEET outlining the reason of giving PRN medications.
Recommendation 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 4 September 2016	The registered person should ensure that the record of disposed medicines is signed by the nurse disposing of the medicine and a witness who is present for the disposal.
	Response by registered provider detailing the actions taken: addressed to all staff implemented.
Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 4 September 2016	The registered person should ensure that all medicines are stored in accordance with the manufacturers' recommendations.
	Response by registered provider detailing the actions taken: fridge temperature reset with reading both min. current and maximum below 8degrees this is being monitored and observed.Fridge and temperature checked by S&E supplier reset the fridge temperature.discussed with all staff to ensure fridge is properly closed after opening to ensure the temp reading is between 2-8C.

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

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews