Castleview
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Unannounced Medicines Management Inspection of Castleview

28 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 28 May 2015 from 10:45 to 14:30.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to Sections 5.2 and 6.2 of this report.

This inspection was underpinned by the DHSSPS Care Standards for Nursing Homes, April 2015.

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1.1 Actions/Enforcement Taken Following the Last

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 7 September 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, Mrs Jacqueline Felicitas, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Tona Enterprises Ltd/ Mr Robert Maxwell Duncan	**Registered Manager:** Mrs Jacqueline Felicitas
Person in Charge of the Home at the Time of Inspection: Mrs Jacqueline Felicitas	**Date Manager Registered:** 20 July 2010
Categories of Care: NH-MP(E), NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 35
Number of Patients Accommodated on Day of Inspection: 28	**Weekly Tariff at Time of Inspection:** £591

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 medicine related incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the registered manager and registered nurse 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
Medicine storage temperature records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced enforcement monitoring inspection dated 30 July 2014. This inspection was undertaken to follow up on the enforcement action taken in relation to care issues. The completed QIP was assessed and approved by the care inspector on 22 September 2014.

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 twice**	The registered manager must ensure that personal medication records and medication administration records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The selection of personal medication records and medication administration records examined at the inspection showed good correlation and the standard of maintenance had improved since the last medicines management inspection. The records are now additionally checked for correlation at the beginning of each new medicine cycle.	
Requirement 2 **Ref**: Regulation 13(4) **Stated once**	The registered manager must closely monitor the administration of Symbicort inhaler and amisulpride liquid. Any further discrepancies must be investigated and reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: There was evidence that these medicines are included in the audit process. A running stock balance is maintained for Symbicort using the counter in the inhaler. No discrepancies were noted in the outcomes of the audits performed on these medicines at the inspection.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 20(1) **Stated once**	The registered manager must ensure that when care assistants are responsible for the administration of thickening agents, records of training and competency are maintained.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that care assistants have been trained and deemed competent in the management of thickening agents. Training had been completed after the last medicines management inspection. The most recent training had been in February 2015. Records are maintained.	
Requirement 4 **Ref**: Regulation 13(4) **Stated once**	The registered manager must put robust arrangements in in place for the management of external preparations.	**Met**
	Action taken as confirmed during the inspection: Following the last medicines management inspection, the registered manager had reviewed the management of external preparations. Specific administration records for external preparations, which are completed by care staff had been developed and implemented. These were well maintained as were the records of administration of external preparations completed by registered nurses. Significant improvement was noted.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 **Stated twice**	Two nurses should be involved in transcribing warfarin dosages onto warfarin administration records.	**No longer applicable**
	Action taken as confirmed during the inspection: The registered manager had reviewed the management of warfarin. A copy of the most recent warfarin dosage regime is located with the patient's personal medication record and separate warfarin administration record. The dosage is no longer transcribed.	
Recommendation 2 **Ref**: Standard 37 **Stated twice**	A list of the names, signatures and initials of the care assistants who are trained and deemed competent in the administration of external preparations and thickening agents should be maintained.	**Met**
	Action taken as confirmed during the inspection: The registered manager maintains a list of the names, signatures and initials of the care assistants who are responsible for delegated tasks.	
Recommendation 3 **Ref**: Standard 37 **Stated once**	The registered manager should develop and implement written Standard Operating Procedures for controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures had been developed and implemented. They included the ordering, receipt, transport, disposal, administration, record keeping, storage and incident management of controlled drugs.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 4 **Ref**: Standard 37 **Stated once**	The registered manager should review the current audit process to ensure that this covers all aspects of medicines management and records of the auditing activity are maintained.	**Met**
	Action taken as confirmed during the inspection: An improvement in the auditing system for medicines was noted. The frequency of auditing had increased. Daily stock balances are maintained for a number of medicines and monthly audits are completed. These include a variety of medicines. The outcomes are collated and discussed at team meetings. Records were available for examination. The audit trails performed on a variety of medicines at the inspection produced satisfactory outcomes.	
Recommendation 5 **Ref**: Standard 38 **Stated once**	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.	**Partially Met**
	Action taken as confirmed during the inspection: This practice has not been embedded into routine practice. Occasionally two registered nurses are involved in the transcribing of new medicine details on personal medication records. This does not occur for any transcribing on handwritten medication administration records. This was further discussed in relation to safe practice. **The recommendation has been restated**	

Last Inspection Recommendations		Validation of Compliance
Recommendation 6 **Ref**: Standard 38 **Stated once**	The registered manager should ensure that two nurses are involved in the disposal of medicines, with each nurse's signature recorded on the disposal record.	**Met**
	Action taken as confirmed during the inspection: Examination of the disposal of medicine records indicated that the disposal of all medicines is witnessed and both persons sign the disposal record.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were administered in accordance with the prescriber's instructions. The audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes. There was evidence that bisphosphonate medicines had been administered at the correct time.

Robust arrangements are in place to ensure the safe management of medicines during a patient's admission to the home and on their discharge or transfer from the home.

The process for the ordering and receipt of medicines was reviewed. Prescriptions are received into the home and checked for accuracy before being dispensed. Medicines are only ordered as the need arises and there are systems in place to ensure there is a continuous supply of medicines.

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

There are satisfactory systems in place to manage any medicine changes including dose changes for anticoagulant medicines.

Medicine records were legible and accurately maintained as to ensure that there is a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines are maintained. All of the personal medication records examined had been signed by two registered nurses to ensure the accuracy of the record. This is safe practice. When a variable dose of medicine had been prescribed, the actual quantity administered had been recorded.

Robust arrangements are in place for the management of controlled drugs.

Any medicines which are discontinued or are unsuitable for use are disposed of and witnessed by two authorised persons. The medicines are uplifted by a person holding a clinical waste licence. Controlled drugs are denatured prior to disposal using denaturing kits.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines including Standard Operating Procedures for controlled drugs in Castleview are in place.

Medicines are managed by staff who have been trained and deemed competent to do so. The impact of training is monitored through team meetings, supervision and annual appraisal. Competency assessments are completed annually. There is a programme of training for staff. Refresher training in general medicines management, nutrition, dysphagia, diabetes and palliative care was provided in the last year. The most recent training had been on 6 May 2015 regarding enteral feeding (including medicines administered via this route).

Practices for the management of medicines are audited on a regular basis. Running stock balances are maintained for warfarin and several other medicines which are not included in the 28 day blister packs. This is good practice. Daily checks on records completed by care assistants are undertaken by the registered nurses. Stock reconciliation checks are performed on controlled drugs at each transfer of responsibility. These include Schedule 4 (Part 1) controlled drugs and this is good practice. The registered manager and community pharmacist also complete audits. The audit process is facilitated by the good practice of recording the date and time of opening on medicine containers. A review of the audit records indicated that satisfactory outcomes had been achieved. The registered manager advised that medicine related issues are highlighted at the team meetings and supervision. A sample of the minutes of team meetings with regard to medicines was provided at the inspection.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home.

Records are maintained to ensure that the next dose of an injectable medicine is clearly referenced.

There are arrangements in place to note any compliance issues with medicine regimes and these are reported to the patient's prescriber.

Is Care Compassionate? (Quality of Care)

There was written evidence from a health care professional regarding the administration of capsules which are required to be opened prior to administration.

The records pertaining to a small number of patients who are prescribed medicines on a "when required basis" for the management of distressed reactions were observed at the inspection. The parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. A care plan was observed for only one patient; there are arrangements in place to evaluate the care plan. For some patients these medicines are administered infrequently and for one patient, the medicine is administered each day. Staff confirmed that this regular administration had been reported to the prescriber. A record of each administration is maintained. From discussion with the staff, it was concluded that staff are familiar with circumstances when to administer anxiolytic/antipsychotic medicines. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and are aware that this change may be associated with pain.

Medicines which are prescribed to manage pain are recorded on the personal medication record. Examination of the administration of medicines which are prescribed to treat or prevent pain indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drug patches and analgesics which are prescribed for administration on a "when required" basis. From discussion with the registered nurses, it was evident that staff are aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines are prescribed, staff are aware that ongoing monitoring is necessary to ensure that the pain is well controlled and the patient is comfortable. The registered manager advised of the frequency of pain assessment following admission for new patients and following the prescribing of new medicines to manage pain. Care plans in relation to pain management were observed. These are evaluated each month. A pain tool is in use for patients who cannot verbally express pain.

There was evidence that the pain control for one patient had required review and had been referred to the prescriber. An alternative medicine had been prescribed.

Areas for Improvement

The management of distressed reactions was discussed. This area of medicines management should be reviewed to ensure that a care plan is developed for any patient prescribed anxiolytic/ antipsychotic medicines on a "when required" basis. Staff should record the reason for and outcome of the administration of the medicine on each occasion. A recommendation was made.

A number of 28 day blister packs were noted in the overstock cupboards; these were dated March 2015. This was discussed with staff and a reasonable explanation was given. Staff were reminded that the expiry date of 28 day monitored dosage blister packs is eight weeks. These identified packs were removed for disposal.

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

5.4 Additional Areas Examined

Medicines were being stored safely and securely. The arrangements for key control were appropriate.

The cold storage of medicines was reviewed and it was found that the maximum refrigerator temperatures were recorded mostly as 21^{o}C. Maximum temperatures should not exceed 8^{o}C. This was discussed and the registered manager advised that this had been recognised and a new refrigerator thermometer had already been ordered. It was acknowledged that the medicines stored in the refrigerator were cold.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Jacqueline Felicitas, as part of the inspection process. The timescales commence from the date of inspection.

The registered manager/person 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 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 Manager/Registered Person

The QIP should be completed by the registered manager/registered person 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

No requirements were made following this inspection

Recommendations

Recommendation 1 **Ref**: Standard 38 **Stated: Second time** **To be Completed by:** **29 June 2015**	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.
	Response by Registered Person(s) Detailing the Actions Taken: This recommnendation iscarried out, all nurses are reminded that their must be two nurses involved in transcribing of medicines onto personal medication administration records, staff were advised that if second nurse is not around senior carer has to sign as long as the senior carer is aware and understand..
Recommendation 2 **Ref**: Standard 4 **Stated: First time** **To be Completed by:** **29 June 2015**	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 Person(s) Detailing the Actions Taken: Care plan is reviewed and developed for the relevant patients and the reason for and outcome of the administration of the medicine is recorded on each occasion. discussed to all nurses.

Registered Manager Completing QIP	Jacqueline Felicitas	**Date Completed**	09-06-15
Registered Person Approving QIP	Robert Duncan	**Date Approved**	24-06-15
RQIA Inspector Assessing Response	**Judith Taylor**	**Date Approved**	**29.06.15**

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