Clandeboye
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35 Cardy Close
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BT19 1AT

Inspector: Judith Taylor
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# Unannounced Medicines Management Inspection of Clandeboye

## 3 June 2015

The Regulation and Quality Improvement Authority
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## 1. Summary of Inspection

An unannounced medicines management inspection took place on 3 June 2015 from 10:55 to 15:25.

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 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 14 May 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 | 1 |

The details of the QIP within this report were discussed with Mrs Joanne Roy, Registered Manager and Ms Rosalind Morrison, FSHC Peripatetic Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

| | |
|---|---|
| **Registered Organisation/Registered Person:**<br>Four Seasons Health Care/<br>Dr Maureeen Claire Royston | **Registered Manager:**<br>Mrs Joanne Roy |
| **Person in Charge of the Home at the Time of Inspection:**<br>Mrs Joanne Roy | **Date Manager Registered:**<br>9 December 2010 |
| **Categories of Care:**<br>NH-DE | **Number of Registered Places:**<br>52 |
| **Number of Patients Accommodated on Day of Inspection:**<br>49 | **Weekly Tariff at Time of Inspection:**<br>£593 |

## 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 an "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 last medicines management inspection.

During the inspection the inspector met with the registered manager, the peripatetic manager and two registered nurses.

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 equipment 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 dated 4 November 2014. No requirements or recommendations were made following the inspection

### 5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

No requirements were made following the last medicines management inspection.

| Last Inspection Recommendations | | Validation of Compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 37<br><br>Stated once | The registered manager should review the arrangements for the recording of the use of food thickeners by the care staff. | **Partially Met** |
| | **Action taken as confirmed during the inspection**:<br><br>An improvement was noted. The use of thickening agents administered by care staff is recorded on the food and fluid intake charts. Although the prescribed consistency is not recorded, the registered manager and staff confirmed that care staff were aware of each patient's prescribed consistency level. It was agreed that this detail would be recorded after the inspection. | |
| **Recommendation 2**<br><br>**Ref**: Standard 37<br><br>Stated once | Evidence should be kept to indicate that members of the care staff are trained and competent in the management of food thickeners. | **Met** |
| | **Action taken as confirmed during the inspection**:<br><br>Care staff have received training and been deemed competent in the management of thickening agents. The most recent training had been 12 May 2015. | |

| Last Inspection Recommendations | | Validation of Compliance |
|---|---|---|
| **Recommendation 3**<br><br>**Ref**: Standard 37<br><br>Stated once | The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs. | **Met** |
| | **Action taken as confirmed during the inspection**:<br><br>A copy of the organisation's controlled drug procedures were in place. | |
| **Recommendation 4**<br><br>**Ref**: Standard 38<br><br>Stated once | Arrangements should be made for two nurses to always dispose of medicines and sign the record of this action. | **Met** |
| | **Action taken as confirmed during the inspection**:<br><br>Examination of the disposal of medicines record book indicated that two registered nurses are routinely involved in the disposal of medicines, including the denaturing of controlled drugs. | |

## 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.

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

Robust arrangements are in place for the management of controlled drugs. Stock reconciliation checks are performed on controlled drugs at each transfer of responsibility. These include Schedule 4 (Part 1) controlled drugs and is good practice. There are arrangements in place to record the application and removal of controlled drug patches.

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

It was noted that a paracetamol alert was in place to ensure that when two medicines containing paracetamol are prescribed, these are not administered at the same time. This is safe practice.

In the instances where there are patients with a similar name, this is clearly recorded at the front of the kardex folder. This is safe practice.

**Is Care Effective? (Quality of Management)**

Written policies and procedures for the management of medicines including Standard Operating Procedures for controlled drugs in Clandeboye 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 is completed annually through the completion of e-learning modules. Training in nutrition, dysphagia, external preparations, dementia and palliative care was provided in the last year. Upcoming training includes the management of epilepsy. A list of the name, signatures and initials of trained staff is maintained.

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 staff are undertaken by the registered nurses. A weekly audit to include liquids, supplements, inhalers and eye drops was recently implemented. The registered manager and community pharmacist had also completed audits. The audit process is facilitated by the good practice of recording the date and time of opening on the medicine container and also maintaining a permanent record on the administration record. Staff routinely record the balance of any medicines remaining from the previous medicine cycle. 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 at supervision.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. The reported incidents had been managed appropriately.

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)**

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 is maintained and evaluated monthly. For some patients these medicines are administered infrequently and for one patient, the medicine is administered each day. A record of each administration is maintained. Staff confirmed that any regular administration had been reported to the prescriber. There was evidence that the care plan is reviewed more frequently as needed. A distressed reaction monitoring form is in use for some patients and frequent daily checks with regard to the distressed reactions are recorded. This is good practice. 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 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 are in place. These are evaluated each month. A pain tool is in use for patients who cannot verbally express pain.

In the instances where a medicine is prescribed for the treatment of epileptic seizures, a care plan and management plan are in place.

**Areas for Improvement**

Staff were reminded that when a medicine is discontinued, this information must be clearly stated on the personal medication record. This was completed on some but not all occasions. It was agreed that this would be reviewed by the registered manager.

When a patient is prescribed thickened fluids, the consistency level was not recorded on the personal medication record or record of administration. This was further discussed and it was concluded that staff were familiar with the patients' swallowing needs; a folder containing the speech and language team assessment reports was readily available for staff. It was agreed that this would be addressed following the inspection.

The reason for the administration and outcome of the administration of medicines prescribed on a “when required” basis for the management of distressed reactions were often not recorded. This information should always be recorded. A recommendation was made.

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

## 5.4 Additional Areas Examined

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

Arrangements are in place to ensure medicine equipment is checked on a daily or weekly basis.

## 6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joanne Roy, Registered Manager and Ms Rosalind Morrison, FSHC Peripatetic Manager, 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 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 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 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 | |
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| **No requirements were made following the inspection** | |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 29<br><br>Stated: First time<br><br>**To be Completed by:**<br>**3 July 2015** | It is recommended that the registered person should review the management of medicines prescribed on a "when required" basis for distressed reactions, to ensure that the reason for and outcome of the administration is recorded on every occasion.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>Supervisions where carried out with all nursing staff informing the staff they must document on the back of the MARR record the outcome/effect when PRN medication has been administered. |

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| **Registered Manager Completing QIP** | Joanne Roy | **Date Completed** | 4-6-15 |
| **Registered Person Approving QIP** | Dr Claire Royston | **Date Approved** | 20.07.15 |
| **RQIA Inspector Assessing Response** | | **Date Approved** | |

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

The Regulation and Quality Improvement Authority

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| **RQIA Inspector Assessing Response** | Paul W. Nixon | **Date Approved** | 21/07/2015 |