Comber Care Home
RQIA ID: 1075
17 Castle Street
Comber
BT23 5DY

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Unannounced Medicines Management Inspection of Comber Care Home

17 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 17 June 2015 from 10:00 to 12:45.

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 one area for improvement was identified and is 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 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 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 on 30 May 2012

There were no actions required to be taken following the last medicines management inspection on 30 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 Anne Robertson, Registered 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:** Mrs Anne Robertson
Person in Charge of the Home at the Time of Inspection: Mrs Anne Robertson	**Date Manager Registered:** 28 May 2014.
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 72
Number of Patients Accommodated on Day of Inspection: 53	**Weekly Tariff at Time of Inspection:** £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 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 inspectors reviewed the management of any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspectors met with the registered manager and 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
Medicine audits
Policies and procedures
Care plans
Training records

Controlled drug record book

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 7 May 2015. The completed QIP will be approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 30 May 2012

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated once**	Medicines must be accurately receipted into the home on all occasions.	**Met**
	Action taken as confirmed during the inspection: The receipt of medicines record was observed to have been maintained in a satisfactory manner.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated once**	The registered manager must refer the medication incident involving alendronic acid to the prescriber and the relevant persons, including RQIA.	**Met**
	Action taken as confirmed during the inspection: The medication incident involving alendronic acid was referred to the prescriber and the relevant persons, including RQIA.	
Requirement 3 **Ref**: Regulation 13 (4) **Stated once**	The registered manager must ensure that the personal medication records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The personal medication records were observed to have been maintained in a satisfactory manner.	

Requirement 4 **Ref**: Regulation 13 (4) **Stated once**	The maximum, minimum and current temperatures of the medicines refrigerators must be monitored and recorded each day. Appropriate corrective action must be taken if the temperatures are outside the acceptable range (+2°C and +8°C).	**Met**
	Action taken as confirmed during the inspection: The maximum, minimum and current temperatures of the medicines refrigerators were observed to have been monitored and recorded each day. The temperatures had been maintained within the recommended range of 2°C and 8°C.	
Requirement 5 **Ref**: Regulation 13 (4) **Stated once**	The registered manager must ensure that accurate records for the administration of thickening agents are maintained.	**Met**
	Action taken as confirmed during the inspection: Accurate records for the administration of thickening agents were observed to have been maintained.	
Requirement 6 **Ref**: Regulation 13 (4) **Stated once**	The required consistency level for thickened fluids must be recorded on all relevant records i.e. the care plans, the personal medication records and the administration records.	**Met**
	Action taken as confirmed during the inspection: The required consistency levels for thickened fluids were observed to be recorded on all relevant records.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 **Stated once**	Daily running stock balances should be maintained for warfarin tablets.	**Met**
	Action taken as confirmed during the inspection: Daily running stock balances were observed to have been maintained for warfarin tablets.	
Recommendation 2 **Ref**: Standard 37 **Stated once**	The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures have been developed and implemented for the management of controlled drugs.	
Recommendation 3 **Ref**: Standard 37 **Stated once**	The list of names, signatures and initials of nursing staff authorised to administer medicines should be updated.	**Met**
	Action taken as confirmed during the inspection: A current list of names, signatures and initials of nursing staff authorised to administer medicines was observed to be kept.	
Recommendation 4 **Ref**: Standards 37, 38 **Stated once**	The registered manager should include the maintenance of the medication receipt records and records for the administration of thickening agents by care staff in her audits.	**Met**
	Action taken as confirmed during the inspection: The registered manager demonstrated that she includes the maintenance of the medication receipt records and records for the administration of thickening agents by care staff in her audits.	

Recommendation 5 **Ref**: Standard 38 **Stated once**	The disposal of Schedule 2 controlled drugs should be recorded in the controlled drug record book by two nurses.	**Met**
	Action taken as confirmed during the inspection: The disposals of Schedule 2 controlled drugs were observed to have been recorded in the controlled drug record books by two nurses.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There was evidence that robust arrangements are in place to ensure the safe management of medicines during a patient's admission to the home. Medication details were confirmed with the prescriber and personal medication record sheets were completed and checked by two registered nurses.

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

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. Where transcribing of medicine details occurs, this process involves two registered nurses to ensure the accuracy of the record; this is good practice. Other good practice acknowledged included the additional records for analgesics, insulin, opioid transdermal patches and warfarin.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included Schedule 4 (Part 1) controlled drugs, which is good practice.

Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which are uplifted by a waste disposal contractor. Controlled drugs were being denatured by two registered nurses prior to disposal.

Is Care Effective? (Quality of Management)

Medicines were being managed by staff who have been trained and deemed competent to do so. An induction process is in place. The impact of training is monitored through supervision and appraisal. Training in medicines management is provided through training sessions and completion of e-learning modules. Competency assessments are completed annually. The competency assessments checked were up to date. Agency nurses complete an induction process, which incorporates the management of medicines.

There were robust arrangements in place to audit practices for the management of medicines. The registered manager performs a monthly medication audit. A checklist is completed and an associated action plan prepared, which is followed up at the next audit. The community pharmacist complements this audit activity by performing a medicines audit every couple of months and provides a written report of the outcome. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date and time of opening on the medicine container.

There were procedures in place to report and learn from any medicine related incidents that have 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 pertaining to a small number of patients who are prescribed medicines for the management of distressed reactions were observed at the inspection. In most instances the care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. 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. A record of each administration had been maintained.

The records pertaining to a small number of patients who are prescribed medicines for the management of pain were reviewed. Medicines which are prescribed to treat or prevent pain are 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 are prescribed for administration on either a regular or "when required" basis. In each instance there was a care plan in place which detailed the management of the patient's pain. The care plans are evaluated monthly. A pain assessment had recently been completed for each patient. From discussion with staff, it was evident they were aware of the signs, symptoms and triggers of pain in patients and that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable.

Areas for Improvement

The reason for administration and outcome of 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.

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

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. Satisfactory arrangements were in place for the security of medicine keys.

The temperature of the first floor treatment room was 27°C. The need to closely monitor the temperature of this room, in order to ensure it is maintained below 25°C, was discussed.

Medical oxygen cylinders were not chained to the wall in either of the two treatment rooms. The registered manager agreed to ensure that this matter was addressed without delay.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Anne Robertson, 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 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, 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 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	
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated: First time** **To be Completed by:** **17 July 2015**	It is recommended that the registered person should ensure the reason for and outcome of administration of a medicine prescribed on a "when required" basis for the management of distressed reactions are always recorded.
	Response by Registered Person(s) Detailing the Actions Taken: All nurses to complete the back of the MARS sheet for all residents who have been administered " as required" medication " as a result of displaying a distressed reaction. Reason for administration,, and outcome will be clearly recorded. .

Registered Manager Completing QIP	Anne Robertson	**Date Completed**	22/6/15
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

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