Blair House Care Home
RQIA ID: 11104
107 Dakota Avenue
Newtownards
BT23 4QX

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Unannounced Medicines Management Inspection of Blair House Care Home

24 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 24 March 2016 from 10.30 to 15.05.

Overall it was found that improvement was required to ensure that the management of medicines was safe, effective and compassionate. The areas for improvement 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.

For the purposes of this report, the term 'patients' will be used to described those living in Blair House Care Home which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Medicines Management 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 24 July 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	6	2

The details of the QIP within this report were discussed with Ms Cathy Lacey (Deputy Manager /Nurse-in Charge) and another deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Priory (Watton) Ltd	**Registered Manager:** Mrs Caron M Conroy
Person in Charge of the Home at the Time of Inspection: Ms Cathy Lacey, Deputy Manager	**Date Manager Registered:** 3 December 2014
Categories of Care: RC-DE, NH-DE, NH-I	**Number of Registered Places:** 81
Number of Patients Accommodated on Day of Inspection: 80	**Weekly Tariff at Time of Inspection:** £475 - £720

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 included the following:

Prior to the inspection, the inspectors reviewed the management of medicine related incidents reported to RQIA since the last medicines management inspection.

We met with two deputy managers, two registered nurses and two senior care staff.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medication administration records
- medicines disposed of or transferred
- medicine audits
- care plans
- medicine storage temperatures
- controlled drug record books

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 24 February 2016. The completed QIP will be reviewed by the care inspector.

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	Management must ensure that a robust checking system is in place to ensure that the details on the personal medication records correspond with those on the medicine administration records (MARs sheets).	**Partially Met**
	Action taken as confirmed during the inspection: Examination of several personal medication records and MARs sheets showed that there was correlation between these records. It was found that a few recent changes had not been recorded on the personal medication records. It was agreed that this would be addressed immediately after the inspection and the requirement was not stated for a second time.	
Requirement 2 **Ref**: Regulation 13(4) **Stated**: First time	The registered manager must ensure that medication records are completed accurately.	**Partially Met**
	Action taken as confirmed during the inspection: The majority of medicine records were well maintained. However, improvements were identified, mainly in relation to medication administration records, as detailed in the report. This requirement has been partially met and is stated for a second time.	

Requirement 3 **Ref**: Regulation 13(4) **Stated**: First time	The registered manager must ensure that controlled drug cabinets are secured in accordance with the safe custody legislation.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs cabinets were securely attached to the wall.	
Requirement 4 **Ref**: Regulation 13(4) **Stated**: First time	The registered manager must ensure that the temperature of the medicine refrigerators is maintained in the range $2^{o}C$ – $8^{o}C$.	**Met**
	Action taken as confirmed during the inspection: Examination of medicine refrigerator temperature records indicated that temperatures were maintained within the accepted range for medicines which required cold storage. It was noted that one medicine refrigerator was not working and had been reported for repair.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated**: First time	The registered manager should develop and implement SOPs for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures for the management of controlled drugs were in place.	
Recommendation 2 **Ref**: Standard 37 **Stated**: First time	A care plan should be in use to identify the use of 'when required' antipsychotic medicines.	**Partially Met**
	Action taken as confirmed during the inspection: A care plan for the management of distressed reactions and administration of antipsychotic medicines was maintained for some but not all patients prescribed these medicines. This recommendation has been partially met and is stated for a second time.	

Recommendation 3 **Ref**: Standard 39 **Stated**: First time	Registered nurses should be knowledgeable regarding the use of the medicine refrigerator thermometers.	**Met**
	Action taken as confirmed during the inspection: Staff were familiar with the use of the medicine refrigerator thermometer.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Whilst the majority of audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes, several discrepancies were noted and discussed. There was a surplus of some medicines, indicating that the medicine had not been administered as prescribed and it was found that a regularly prescribed eye preparation had not been opened or administered in the current medicine cycle. A requirement regarding the administration of medicines was made.

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

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

With the exception of one patient's medicines, the medicines were prepared immediately prior to their administration from the container in which they were dispensed. One patient's medicines remained in a medicine cup on the trolley; these had been refused and were to be reoffered at lunchtime. This was further discussed with staff and corrective action taken.

Personal medication records were legible and accurately maintained so as to ensure that there was a clear audit trail. All of the personal medication records examined had been written and signed by two registered nurses to ensure the accuracy of the record. This is safe practice. The strength of medicine was missing for a small number of medicines and the specific dosage directions for eye preparations needed written in full. A small number of short courses of medicines had not been recorded on the record or discontinued once the course was completed.

The completion of the MARs sheets was discussed with the registered nurses and the deputy managers. Some of these records were unclear. It could not be determined if some medicines that were prescribed on a "when required" basis had been administered, as codes for non-administration were not highlighted. This also meant that these medicines could not be audited.

On the morning of the inspection, the morning medicine round was not completed until 12:25. The registered nurses advised that there had been an emergency which delayed the start of the round. However, all medicines had been recorded as administered at 10:00. This could result in medicines being administered at inappropriate therapeutic intervals. The registered manager

must review the completion of the MARs sheets to ensure that they are clearly and accurately maintained. The requirement made previously with regard to medicine records was stated for a second time.

The management of high risk medicines was reviewed. It was found that discontinued and currently prescribed injectable anticoagulants were stored together on the medicine trolley. A number of loose notes detailing ongoing changes in warfarin dosage regimes were found. The potential risks were discussed. A requirement regarding the management of anticoagulant medicines was made.

In relation to record keeping and stock reconciliation checks, the management of controlled drugs must be reviewed. Examination of one controlled drug record book indicated that there had been several amendments. A discrepancy in the stock balance of one Schedule 3 controlled drug was noted. This could not be explained on the day of the inspection. The need for a robust stock reconciliation process for controlled drugs was reiterated. It was also noted that the controlled drug record book stated that there was no stock of one Schedule 3 controlled drug which was prescribed three times daily; however, the corresponding medication administration record indicated that two doses had been administered. Two requirements were made.

Discontinued or expired medicines were discarded into clinical waste bins in the nursing units. This usually involved two registered nurses and controlled drugs were denatured prior to disposal. It was confirmed that these waste bins were uplifted by a contracted waste disposal company. However, the medicines for residents accommodated in the nursing home were returned to the community pharmacist for disposal and controlled drugs were not denatured. This should be reviewed. A recommendation was made.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were maintained in the home.

Medicines were managed by staff who had been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Training in general medicines management for registered nurses/ senior care staff was provided through training sessions and completion of e-learning modules. A list of the names, sample signatures and initials of trained staff was maintained.

There were arrangements in place to audit the practices for the management of medicines. Registered nurses had completed daily stock balances for some medicines which were not included in the 28 days blister packs. Monthly audits were also completed by management and a quarterly audit was completed by the community pharmacist. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the date and time of opening on the medicine container on most occasions. (See also Section 5.4.) Due to the observations made during the inspection, it was suggested that the audit process should be reviewed to include the areas for improvement highlighted in the report. The benefit of using the quality improvement plan as part of the ongoing audit process was discussed.

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

Two patients were noted to have refused some of their medicines on a regular basis. 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 report to the prescriber and relative(s).

Is Care Compassionate? (Quality of Care)

When a patient was prescribed medicines for the management of distressed reactions, the parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. A care plan was in place for some but not all of the patients. The recommendation regarding care plans was stated for a second time. Although a record of administration was maintained, the reason for and outcome of the administration was not always recorded. Staff advised that this was the expected practice and would be implemented with immediate effect. From discussion with the staff, it was concluded that they were familiar with circumstances when to administer anxiolytic/antipsychotic medicines and had the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour; they were aware that this change may be associated with pain.

The sample of records examined indicated that medicines which were prescribed to manage pain were recorded on the patient's personal medication record and 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 "when required" protocol and separate administration chart was maintained for each patient prescribed pain controlling medicines. On most occasions, staff had recorded the type of pain. A care plan was in place.

Areas for Improvement

Medicine records must be legible and accurately maintained so as to ensure that there is a clear audit trail. The requirement made at the last medicines management inspection was stated for a second time.

The necessary arrangements must be made to ensure that patients are administered their medicines in strict accordance with the prescriber's instructions. A requirement was made.

Robust arrangements must be in place for anticoagulant medicines. A requirement was made.

The observations made in the two Schedule 3 controlled drugs must be investigated and a written report of the findings and action taken must be forwarded to RQIA. A requirement was made.

The management of controlled drugs must be reviewed to ensure that records are accurately maintained, systems are place to manage recording errors and the process for stock reconciliation checks is robust. A requirement was made.

The management of medicines which require disposal should be reviewed to ensure that all discontinued or expired medicines in the nursing home are discarded into waste bins, controlled drugs are denatured and uplift is by a waste disposal company. A recommendation was made.

A care plan should be developed for each patient prescribed medicine for the management of distressed reactions. The recommendation made at the last medicine management inspection was stated for a second time.

Number of Requirements	5	**Number of Recommendations**	2

5.4 Additional Areas Examined

Medicines were stored safely and securely and satisfactory arrangements were in place for the management of medicine keys.

All of the oral medicines examined at the inspection were labelled appropriately. Some labels were missing from external preparations.

A small number of inhaled medicines and external preparations were not kept in the outer container. This should occur to ensure infection control is optimised.

A small number of eye drops and one insulin pen did not state the date of opening. These medicines have a limited shelf life once opened. Some expired and discontinued medicines remained in current stock. These medicines were removed for disposal during the inspection.

It was noted that on occasion the same patient's medicine was supplied in blister packs and also in the original packs and both were stored on the medicine trolley. In order to ensure that the correct dose was administered, staff were reminded that only one supply of the same patient's medicine must be stored on the medicine trolley.

It was noted that one medicine trolley was disorganised and the medicines were not always clearly segregated. Spacer devices for inhaled medicines contained a build-up of residue and required replacement.

For a patient, one blister pack of medicines was not segregated from other patients' blister packs of medicines. It could not be ascertained if this medicine had been administered to the correct patient. The potential risk of the inaccurate administration of medicines was discussed. The acting deputy manager advised that this would be addressed immediately after the inspection.

A requirement in relation to the storage of medicines was made.

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

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the nurse in charge, Ms Cathy Lacey (Deputy 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 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 the 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	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be Completed by:** 24 April 2016	The registered manager must ensure that medication records are completed accurately.
	Response by Registered Person(s) Detailing the Actions Taken: Staff have recieved competency assessments and supervisions in relation to the correct procedures of administration of medicines. Copies of Home policy and NMC guidelines have also been given to each trained member of staff to read and to sign they have read and understood. Audits are completed randomly by the Home Manager and the Deputy Manager- auidt outcomes are addressed immediatley
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** 24 April 2016	The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions.
	Response by Registered Person(s) Detailing the Actions Taken: This has been discussed with staff through group clinicalsupervision. Also covered through competency assessmnents and regular auditing from Home Manager and the Deputy Managers.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 24 April 2016	The registered person must put robust arrangements in place for the management of anticoagulant medicines.
	Response by Registered Person(s) Detailing the Actions Taken: The Anticogulant policy has been discussedwith all staff who administer medication during group supervision, and a copy of the policy given to all nursing staff and confirmation that they have read and understood - signature of reciept.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 24 April 2016	The registered person must investigate the observations made in the two Schedule 3 controlled drugs and forward a written report detailing the findings and action taken to RQIA.
	Response by Registered Person(s) Detailing the Actions Taken: Please find report attached reguarding the 2 schedule 3 drugs.
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 24 April 2016	The registered person must put robust arrangements in place for the management of controlled drugs.
	Response by Registered Person(s) Detailing the Actions Taken: New Controlled Drugs Books have been put in place. they have been written clearly and all counts have been checked verified and are correct. Checks are made at the commencement and end of shift and signed for by two nurses.This is also audited by the Home Manager /Deputy Manager and the Regional

	Manager during her visits.
Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 24 April 2016	The registered person must make the necessary arrangements to ensure that robust arrangements are in place for the storage of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: Trollyes have been cleaned and reorgainsed, all medicines are now stored correctly in line with guidelines and recomendations.
Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time **To be Completed by:** 24 April 2016	A care plan should be in use to identify the use of 'when required' antipsychotic medicines.
	Response by Registered Person(s) Detailing the Actions Taken: A care plan has been completed and is now in place for the resident identified as requiring Antipsychotic medicines.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 24 April 2016	The disposal of medicines in the residential units should be reviewed.
	Response by Registered Person(s) Detailing the Actions Taken: Doom kits have now been purchased for the Resdiential units and they will now dispose of thier drugs in as the nursing units as required.

Registered Manager Completing QIP	Caron Conroy	**Date Completed**	11/04/16
Registered Person Approving QIP	Caroline Denny	**Date Approved**	25/04/16
RQIA Inspector Assessing Response	**Judith Taylor**	**Date Approved**	**28/4/16**

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