Unannounced Medicines Management Inspection Report
23 May 2016

Rose Martha Court

30 Westbourne Avenue, Ballymena, BT43 5LW
Tel No: 028 2564 8165
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Rose Martha Court took place on 23 May 2016 from 09:25 to 15:40.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been made.

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 prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. Please refer to section 4.2 of this report.

For the purposes of this report, the term ‘patients’ will be used to described those living in Rose Martha Court which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Martin Kelly, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the inspection on 10 May 2016.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd/ Mr Nadarajah (Logan) Logeswaran	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Mr Hugh Martin Kelly	**Date manager registered:** Mr Hugh Martin Kelly –application received and registration pending.
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE, RC-I	**Number of registered places:** 100

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

During the inspection the inspector met with six patients, the manager, the two deputy managers, one registered nurse, one unit manager and one care team leader.

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.

A sample of the following records was examined during the inspection:

- 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 10 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP will be reviewed by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 11 February 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure warfarin is administered in accordance with the prescriber's instructions.	**Met**
	Action taken as confirmed during the inspection: The audits performed on warfarin indicated that the patients had been administered the medicine in accordance with the prescribers' instructions.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure opioid transdermal patches are administered in accordance with the prescriber's instructions. **Action taken as confirmed during the inspection**: Opioid transdermal patches were managed in a satisfactory manner. Patch application forms had been introduced. The dates on which the patches are due to be applied were highlighted on the medicine administration record sheets. There was also a list in each treatment room, stating the days on which patches are due to be changed.	**Met**
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time	The responsible individual should ensure that the management of nutritional supplements in Slemish Suite is reviewed. **Action taken as confirmed during the inspection**: The management of nutritional supplements in Slemish Suite had been reviewed. A daily audit was performed on nutritional supplements, by the registered nurse on night duty.	**Met**
Recommendation 2 **Ref**: Standard 28 **Stated:** First time	There should be a robust system for staff to inform management of medicine incidents. **Action taken as confirmed during the inspection**: Staff confirmed that they knew how to identify and report incidents. The one medicine related incident reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following the incident.	**Met**

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. Refresher training in medicines management was provided annually. Staff had also received refresher training in the use of syringe drivers and the use of thickening agents. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed at the end of the induction period and annually thereafter.

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 and handwritten entries on medicine administration records were updated by two staff members. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during patients' admissions to and discharges from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. 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; this was acknowledged as good practice.

Robust arrangements were observed for the management of high risk medicines e.g. insulin and warfarin.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. Insulin pens were not dated when opened; the manager gave an assurance that this matter would be addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

The sample of medicines examined had broadly been administered in accordance with the prescribers' instructions. A couple of audit discrepancies in Maine unit were drawn to the attention of the manager, who gave an assurance that there would be an increase in the number of audits performed on liquid formulation medicines in this unit. 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, fortnightly, monthly and 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, the parameters for administration were recorded on the personal medication record. A care plan was maintained and it was evaluated on at least a monthly basis. The reason for and the outcome of administration were mostly recorded. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. A pain tool was completed and updated as necessary. A care plan was maintained and it was evaluated on a monthly basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable.

The management of swallowing difficulty was examined. The patient had the thickening agent recorded on their personal medication record and the entry included details of the fluid consistency. Administrations were generally recorded and a care plan and speech and language assessment report were in place.

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. Areas of good practice were acknowledged. They included additional records for insulin, opioid transdermal patches and warfarin.

Practices for the management of medicines were audited throughout the month by the management and staff. This was done on a daily, weekly and monthly basis in each unit. Running stock balances were maintained of many medicines not included in the monitored dosage system blister packs. The dates and times of opening of the medicine containers were recorded in order to facilitate audit; this was acknowledged as good practice.

Following discussion with the manager and staff and a review of care files, it was evident that, when applicable, other healthcare professionals were contacted in response to issues or concerns in relation to medicines management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

The administration of medicines to several patients in Slemish unit was observed during the inspection. Medicines were administered to patients in their room or in the dining room. The staff 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.

The patients spoken to advised that they had no concerns in relation to the management of their medicines, and their requests for medicines prescribed on a "when required" basis was adhered to e.g. pain relief.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them by management.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

A review of the audit records indicated that satisfactory outcomes had been achieved.

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

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

No requirements or recommendations resulted from this inspection.

Please provide any additional comments or observations you may wish to make below:

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.

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