Madelayne Court
RQIA ID: 11145
1-27 Nursery Avenue
Portstewart
BT55 7LG

Inspectors: Judith Taylor & Rachel Lloyd
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Unannounced Medicines Management Inspection of Madelayne Court

9 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 9 June 2015 from 10:35 to 15:10.

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 discussed at the inspection.

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 Section 5.2 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 describe those living in Madelayne Court which provides both nursing and residential care.

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 9 December 2014.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd/ Mr Nadarajah (Logan) Logeswaran	**Registered Manager:** Mrs Elaine Allen
Person in Charge of the Home at the Time of Inspection: Mrs Helen Devlin (Acting Manager)	**Date Manager Registered:** 5 May 2015
Categories of Care: NH-TI, RC-I, NH-DE, NH-I, NH-MP(E), NH-PH(E)	**Number of Registered Places:** 64
Number of Patients Accommodated on Day of Inspection: 63	**Weekly Tariff at Time of Inspection:** £505 - £628

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

During the inspection the inspectors met with the acting manager, two registered nurses and one member of senior care staff.

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

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 15 April 2015. The completed QIP was approved by the care inspector on 1 June 2015.

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 once	The responsible individual must ensure that robust arrangements are in place for the management of warfarin.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the management of warfarin. Written confirmation of dosage regimes had been received, two trained staff were involved in the administration and a daily stock balance had been maintained. No discrepancies were observed in the audit trails performed on warfarin at the inspection.	
Requirement 2 **Ref**: Regulation 13(4) Stated once	The responsible individual should review the ordering process for medicines to ensure that all medicines are available for administration as prescribed.	**Partially Met**
	Action taken as confirmed during the inspection: All medicines examined were available for administration as prescribed on the day of the inspection. It was noted that there had been a shortfall in two medicines during the current medicine cycle. There was evidence of the action taken to obtain these medicines. The acting manager advised of the procedures now implemented to ensure this does not reoccur.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 38 Stated twice	The registered manager should closely monitor the management of thickening agents to ensure the administration is recorded on every occasion.	**Partially Met**
	Action taken as confirmed during the inspection: An improvement was noted in one suite. However, for one patient in another suite, the administration of thickening agents was not fully recorded. This was discussed with the registered nurse and acting manager who advised that a specific record would be implemented by the end of the day.	
Recommendation 2 **Ref**: Standard 38 Stated once	The registered manager should review the records of prescribing and administration of medicines for the management of distressed reactions in the Downhill Suite, to ensure accurate records are maintained on every occasion.	**Met**
	Action taken as confirmed during the inspection: The sample of records examined indicated that most of the records of administered medicines prescribed for distressed reactions had been completed appropriately. A care plan had been developed. There was evidence that the care plans had been evaluated at least monthly.	
Recommendation 3 **Ref**: Standard 38 Stated once	The responsible individual should review the management of external preparations (including self- administered medicines) in the Downhill Suite to ensure records are fully and accurately maintained on every occasion.	**Met**
	Action taken as confirmed during the inspection: This had been reviewed. There was correlation between the personal medication records, printed medication administration records completed by senior care staff and the separate records for the administration of external preparations by care staff. Staff confirmed that these records are included in the audit process.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 4 **Ref**: Standard 38 Stated once	The responsible individual should review the management of in use insulin pens within the audit process to ensure that the date of opening is recorded to facilitate removal and replacement when the expiry date has been reached.	**Partially Met**
	Action taken as confirmed during the inspection: Three of the five opened insulin preparations (insulin pens /vials) had been marked with the date of opening. Two insulin pens in one suite did not state the date of opening. The registered nurse confirmed that one of these pens had been opened on 5 June 2015. The other pen was removed and replaced during the inspection. The acting manager advised that this would be discussed with the registered nurses following the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of audit trails performed on a variety of randomly selected medicines at the inspection produced satisfactory outcomes. There was evidence that bisphosphonate medicines and medicines prescribed for Parkinson's 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 from the home. Written confirmation of medicine regimes is obtained for all new patients admitted or readmitted to the home. Two trained staff record and verify the medicines on the patient's personal medication record.

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 new 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. With the exception of one medicine, all of the medicines examined at the inspection were labelled appropriately.

Most of the medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. Where transcribing of medicine details occurs, this process involves two members of trained staff to ensure the accuracy of the record. This is safe practice.

Satisfactory arrangements are in place for the management of controlled drugs. Stock reconciliation checks are performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also include Schedule 4 (Part 1) controlled drugs which is good practice.

There are procedures in place to ensure that written confirmation of medicine regimes is obtained for high risk medicines such as insulin and warfarin. Separate administration records are maintained.

Any medicines which are discontinued or are unsuitable for use are disposed of by two trained staff and are uplifted by a clinical waste company. Controlled drugs are denatured prior to disposal.

Is Care Effective? (Quality of Management)

A copy of the company's written policies and procedures for the management of medicines including Standard Operating Procedures for controlled drugs in Madelayne Court were 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. Records were provided at the inspection. Training in general medicines management for registered nurses is provided through training sessions and completion of e-learning modules. The most recent training included diabetes, Parkinson's, palliative care and pain management. Care staff who are responsible for delegated medicines related tasks were provided with training in the management of dysphagia and the application of external preparations. A list of the names of all staff responsible for medicines had been maintained.

There are arrangements in place to audit practices for the management of medicines. Registered nurses complete daily stock balances for a small number of medicines which are not included in the 28 day blister packs. Weekly and monthly audits are also completed. The monthly audit includes correlation checks of personal medication records, prescriptions and printed medication administration records. A review of the audit records indicated that 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 on most occasions and also recording the quantity of medicine remaining form the previous medicine cycle.

Systems are in place to identify, report and learn from medicine related incidents. The reported incidents had been managed in a satisfactory manner.

There are arrangements in place to note any compliance issues with medicine regimes and these are reported to the prescriber. This was evidenced in relation to two patients' medicines at the inspection.

Records are maintained to ensure that the next dose of an injectable medicine is clearly referenced. This is facilitated by the completion of separate administration records.

Is Care Compassionate? (Quality of Care)

There was written evidence from a health care professional regarding the administration of medicines which require crushing and administering in disguised form prior to administration.

In the instances where medicines are prescribed on a "when required" basis e.g. laxatives, analgesics and anxiolytics, a separate protocol is maintained and located with the patient's personal medication record for ease of reference. This is good practice.

The records pertaining to a small number of patients who are prescribed medicines for the management of distressed reactions were observed at the inspection. A care plan had been developed and there was evidence of evaluation, usually at monthly intervals or more frequently as needed. The parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. For some patients these medicines had been administered infrequently. For those patients who had required more regular administration, staff confirmed that this had been reported to the prescriber. A record of each administration had been maintained and on most occasions had included the reason for and outcome of the administration of the medicine.

Following discussion with the acting manager and staff, it was concluded that staff were familiar with circumstances when to administer anxiolytic/antipsychotic medicines and were aware of how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and that this change may be associated with pain.

The management of pain was examined. Medicines which are prescribed to treat or prevent pain are recorded on the personal medication record. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and also analgesics which are prescribed for administration on a "when required" basis.

Care plans in relation to pain management were observed. These had been evaluated each month. A pain tool is in use for patients who cannot verbally express pain. This is located with the personal medication record for ease of reference and is good practice.

Staff advised of the procedures in place to assess a patient's pain at admission and following admission to the home. From discussion with staff, it was evident that staff were aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines are prescribed, staff were aware that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable.

For patients prescribed medicines for the management of epileptic seizures, epilepsy management plans and care plans were in place.

Areas for Improvement

As a small number of discrepancies in the audit trails were observed and highlighted at the inspection, close monitoring of two liquid medicines and one inhaled medicine is necessary. During the inspection the acting manager developed and implemented a running stock balance record for each of these medicines. It was agreed that any further discrepancies would be investigated and reported to RQIA.

The management of thickening agents was discussed. Whilst it is acknowledged that all staff had received training and speech and language assessment reports were in place, it was noted that care staff had inaccurately recorded the prescribed consistency level of thickened fluid on a small number of administration records. This was discussed with the staff and it was concluded that the correct consistency of thickening fluid had been administered. It was agreed that the records would be reviewed. In one suite, each administration of the thickening agent should be recorded on every occasion. The acting manager advised that this would be addressed by the end of the inspection.

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

5.4 Additional Areas Examined

Medicines were stored safely and securely. Satisfactory arrangements were in place for the management of medicines keys.

Staff were advised that some medicines have a limited shelf life once opened. This included Dovobet gel, Ebixa liquid and liquid antibiotics. These were removed from stock at the inspection.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Mabel Cole	**Date Completed**	17/7/15
Registered Person	Logan Logeswaran	**Date Approved**	17/7/15
RQIA Inspector Assessing Response	**Paul w. Nixon**	**Date Approved**	**20/07/15**

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

Please complete in full and returned to pharmacists@rqia.org.uk from the authorised email address

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.