St James' Lodge Care Home
RQIA ID: 11245
15 – 17 Coleraine Road
Ballymoney
BT53 6BP

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Unannounced Medicines Management Inspection of St James' Lodge Care Home

9 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 9 December 2015 from 10.35 to 14.45.

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.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

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 the 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.

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 inspection on 10 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	1	2

The details of the QIP within this report were discussed with Ms Clare Owens, Deputy Manager, on the day of the inspection, and with Ms Bronagh Barker, Registered Manager, via telephone call on 10 December 2015, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: St James' Lodge Limited Mr Francis Donal McKenna	**Registered Manager:** Ms Bronagh Barker
Person in Charge of the Home at the Time of Inspection: Ms Clare Owens (Deputy Manager)	**Date Manager Registered:** 4 October 2013
Categories of Care: NH-I, NH-PH, NH-DE	**Number of Registered Places:** 44
Number of Patients Accommodated on Day of Inspection: 42	**Weekly Tariff at Time of Inspection:** £623

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:

The management of incidents reported to RQIA, since the last medicines management inspection was reviewed.

We met with the deputy manager and registered nurse on duty. The registered manager was contacted via telephone call on 10 December 2015.

The following records were examined:

- 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 storage temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced finance inspection on 1 September 2015. The QIP was returned and approved by the inspector on 1 October 2015. There were no issues to be followed up at this inspection.

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	The registered manager must ensure that the administration of Seretide Evohalers is included in the home's audit process. Any future discrepancies must be investigated, referred to the prescriber for guidance and reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: Running stock balances were maintained for Seretide Evohalers. The audits which were completed at the inspection indicated that Seretide Evohalers were being administered as prescribed.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must investigate the apparent discrepancy in the administration of memantine 10mg/ml liquid and refer to the prescriber for guidance. The outcome of the investigation, including the action taken to prevent a recurrence must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: The investigation was completed and an incident report form was submitted to RQIA.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that cefalexin oral suspension is discarded at expiry.	**Not Met**
	Action taken as confirmed during the inspection: Two out of date supplies were observed to be in use at the inspection. This requirement will therefore be stated for a second time.	

Last Inspection Recommendation		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The registered manager should ensure that the reason for each administration and the subsequent outcome are recorded for medicines which are prescribed to be administered "when required" for the management of distressed reactions.	**Not Met**
	Action taken as confirmed during the inspection: The review of medicines which were prescribed to be administered "when required" for the management of distressed reactions indicated that either they had not been administered (as they were not required) or they were being administered regularly. The reason and outcome of each administration had not been recorded. This recommendation will therefore be stated for a second time.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A sample of medicines and medicine records were audited. The audits produced largely satisfactory outcomes indicating that medicines were administered as prescribed. However, audit discrepancies in the administration of some liquid form medicines were observed. It was agreed that liquid form medicines would be included in the home's audit process.

Arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. The admission process was reviewed for one recently admitted patient. Their medicine regime had been confirmed in writing. Two registered nurses had verified and signed the personal medication records and hand written medication administration records (MARs).

Systems to manage the ordering of prescribed medicines to ensure that adequate supplies were available were reviewed and found to be satisfactory. All prescribed medicines were available and all of the medicines examined at the inspection were labelled appropriately. However, significant overstocks were observed for some medicines, including Ebixa oral solution and nutritional supplements. The registered manager confirmed that this would be reviewed with the prescribers and community pharmacist.

The arrangements for managing medicine changes, including high risk medicines such as warfarin and insulin were examined. Warfarin dosage directions were received in writing from the prescriber. The dose to be administered each day was then transcribed onto a warfarin administration sheet by a registered nurse; the accuracy of the transcribing was verified by a second registered nurse. Accurate daily stock balances were maintained. It was agreed that obsolete dosage directions and administration sheets would be cancelled and archived.

Epilepsy management plans for designated patients were available.

Records of the prescribing, ordering, receipt, administration and disposal/transfer of medicines had been maintained in a satisfactory manner.

The receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed at each transfer of responsibility of controlled drugs which require safe custody. Quantities of controlled drugs matched the balances recorded in the record book.

Records showed that discontinued and expired medicines had been returned to a waste management company. Two registered nurses were involved in the disposal of medicines and both had signed the records of disposal. There was evidence that controlled drugs were denatured by two registered nurses prior to their disposal. Three disposal records were incomplete however a satisfactory explanation was provided and the deputy manager agreed to update the records and discuss with the staff involved.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs were available.

There was evidence that medicines were being managed by registered nurses who had been trained and deemed competent to do so. Annual update training on the management of medicines was provided by the community pharmacist. The registered manager advised that the impact of training was monitored through supervision, appraisal and annual competency assessment. Competency assessments were also completed following medication incidents.

Care staff were responsible for the administration of thickening agents and external preparations. Training had been provided by both the community pharmacist and the registered manager. The registered manager confirmed that care staff had been supervised and deemed competent to carry out these tasks.

Arrangements were in place to audit the practices for the management of medicines. Accurate daily running stock balances were maintained for medicines which were not supplied in the blister pack system. The registered manager completed a quarterly management audit. The community pharmacist complemented this audit activity by performing medicines audits and providing a written report of the outcome. Action plans were developed and implemented. It was noted that dates of opening had not been recorded on a number of medicines, including limited shelf life medicines. The registered manager advised that this issue had already been identified and was being addressed.

There were procedures in place to report and learn from medicine related incidents that have occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

There was evidence that registered nurses had requested alternative formulations to assist administration when patients have had difficulty swallowing tablets/capsules.

The records for a small number of patients who were prescribed medicines for the management of distressed reactions, on a “when required” basis, were examined. The name of the medicine and the frequency of dosing were recorded on the personal medication

records. Care plans were in place but some were not detailed. The deputy manager advised that registered nurses were familiar with circumstances when to administer these anxiolytic medicines and had the knowledge 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. Records of each administration were recorded but these did not include the reason for and outcome of each administration. These medicines were being administered regularly to some patients. The registered manager confirmed that the prescribers were aware of the regular administration but this was not detailed on the care plans.

The management of medicines which are prescribed to be administered "when required" for distressed reactions should be reviewed and revised to ensure that:

- detailed care plans are in place
- regular administration is referred to the prescriber for review
- the reason for and outcome of each administration is recorded

A recommendation was stated for a second time and a recommendation was made.

The management of medicines prescribed to manage pain were examined. The medicines prescribed were recorded on the personal medication record and records indicated that they had been administered as prescribed. This included regularly prescribed transdermal opioid patches and analgesics which were prescribed for administration on a "when required" basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patients were comfortable. Care plans were in place for three out of the four records examined; the deputy manager agreed to ensure that care plans were in place for all designated patients.

Areas for Improvement

The registered manager must ensure that cefalexin oral suspension is discarded at expiry.
A requirement was made for the second time.

The registered manager should ensure that the reason for each administration and the subsequent outcome are recorded for medicines which are prescribed to be administered "when required" for the management of distressed reactions. A recommendation was made for the second time.

The registered manager should ensure that detailed care plans are in place for the management of distressed reactions and that the regular use of "when required" medicines is referred to the prescriber for review and the details documented. A recommendation was made.

Number of Requirements	**1**	**Number of Recommendations**	**2**

5.4 Additional Areas Examined

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

As stated previously some overstocks and out of date medicines were observed and it was agreed that this would be addressed.

Number of Requirements	**0**	**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 Ms Bronagh Barker, Registered Manager, and Ms Clare Owens, 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 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 (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 Requirement	
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second time **To be Completed by:** 8 January 2016	The registered manager must ensure that cefalexin oral suspension is discarded at expiry. **Response by Registered Person(s) Detailing the Actions Taken:** Staff nurse meeting was held 28-12-15 and this was discussed. MAR sheets to be marked at start of monthly cycle when new suspention is required. Staff to sign same when complete. Manager will hold a meeting with practice manager at health centres to ensure appropriate stock is received.
Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time **To be Completed by:** 8 January 2016	The registered manager should ensure that the reason for each administration and the subsequent outcome are recorded for medicines which are prescribed to be administered "when required" for the management of distressed reactions. **Response by Registered Person(s) Detailing the Actions Taken:** Staff informed at the meeting held to record this at each PRN administration + also outcome of same. This will be included in management's quarterly audit.
Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be Completed by:** 8 January 2016	The registered manager should ensure that detailed care plans are in place for the management of distressed reactions and that the regular use of "when required" medicines is referred to the prescriber for review. **Response by Registered Person(s) Detailing the Actions Taken:** Staff informed at meeting to ensure these are completed. Full audit of same complete and findings left for staff nurses. Same to be returned to management by 8/1/16

Registered Manager Completing QIP	BBarker	**Date Completed**	6-1-16.
Registered Person Approving QIP		**Date Approved**	6.1.16.
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	15.1.16.

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