Unannounced Medicines Management Inspection Report
1 August 2016

Meadowbank Care Home

Type of service: Residential Care Home
Address: 2 Donaghanie Road, Omagh, BT79 0NR
Tel No: 028 8224 2868
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Meadowbank Care Home took place on 1 August 2016 from 09.30 to 13.20.

The inspection sought to assess progress with any issues raised during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that some areas of the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. There were some systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. However, three requirements were made in relation to stock availability, the cold storage of medicines, and the disposal of medicines at expiry.

Is care effective?

Some areas of the management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. Three areas for improvement in relation to the administration of liquid form medicines and the management of pain and thickening agents were identified. One requirement and two recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. There were no areas of improvement identified.

Is the service well led?

Although no requirements or recommendations were made within this domain the findings of the inspection indicate that improvements are necessary to ensure that the home is delivering well led care.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

Details of the QIP within this report were discussed with Mrs Clare Lafferty, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 12 May 2016.

2.0 Service details

Registered organisation/ registered provider: Age NI Ms Linda Robinson	**Registered manager:** Ms Shelley Logue
Person in charge of the home at the time of inspection: Mrs Clare Lafferty (Deputy Manager)	**Date manager registered:** 14 December 2015
Categories of care: RC-DE	**Number of registered places:** 25

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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.

We spoke with two residents, the senior carer and the deputy manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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

- medicines requested and received
- personal medication records
- medicine administration records
- 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 12 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 29 May 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must monitor the administration of liquid form medicines as part of the home's audit process.	**Partially Met**
	Action taken as confirmed during the inspection: There was evidence that liquid form medicines were included in the home's audit activity. However, further discrepancies were observed at this inspection. Two audits produced unsatisfactory outcomes and one liquid form medicine was in use after its expiry date. **This requirement has been stated for a second time.**	

Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must develop a diabetes care plan for all relevant residents. The plan should include recognition of symptoms of hypoglycaemia and the action to be taken depending on the blood glucose test results.	**Met**
	Action taken as confirmed during the inspection: The deputy manager confirmed that this had been implemented following the last medicines management inspection. Insulin was not prescribed for any residents at the time of this inspection.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the necessary improvements are implemented on the personal medication records.	**Met**
	Action taken as confirmed during the inspection: The areas identified for improvement had been addressed.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 30 **Stated:** First time	The registered manager should ensure that two members of staff verify and sign the printed warfarin dosage direction sheet to confirm that the transcription is accurate,	**Met**
	Action taken as confirmed during the inspection: The deputy manager advised that this had been implemented following the last medicines management inspection. Warfarin was not prescribed for any residents at the time of this inspection.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through supervision and annual appraisal. Competency assessments were in the process of being updated. The most recent training on medicines management was provided in November 2015.

The deputy manager confirmed that systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. However, records of medicines administered highlighted a small number of occasions when medicines had been out of stock. It was noted that one medicine had been omitted as it had been unavailable for five days. Robust arrangements must be in place to ensure adequate supplies of medicines are available at all times for administration. A requirement was made. Staff were also reminded that RQIA should be notified when medicines have been omitted as a result of stock shortages.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated either by the prescriber or by two senior carers.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge 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 which is good practice.

Discontinued or expired medicines were returned to the community pharmacy. The records of disposal were at the community pharmacy on the day of the inspection and therefore could not be examined.

Improvements in the storage arrangements for medicines were necessary. Unsatisfactory recordings were observed for the refrigerator temperature. Guidance on using the thermometer was provided at the inspection. Two out of date medicines (an eye preparation and a liquid form medicine) were observed. Two requirements were made.

Areas for improvement

Robust arrangements must be in place to ensure adequate supplies of medicines are available for administration. A requirement was made.

The registered provider must ensure that the temperature of the medicines refrigerator is maintained between 2^{o}C and 8^{o}C. A requirement was made.

Systems must be in place to ensure that medicines are disposed of once the date of expiry is reached. A requirement was made.

Number of requirements	3	Number of recommendations	0

4.4 Is care effective?

With the exception of two liquid form medicines, the sample of medicines examined had been administered in accordance with the prescriber's instructions. The requirement regarding close monitoring of liquid form medicines which was made at the last medicines management inspection was stated for a second time. 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 medicines were due.

A number of residents were prescribed medicines for administration on a "when required" basis for the management of distressed reactions; the deputy manager advised that they were currently only being used for one resident. A care plan was in place and staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The dosage directions were recorded on the personal medication record. The reason for administration was recorded on the medication administration record sheets. The deputy manager advised that the outcome of each administration would be recorded from the day of the inspection onwards.

The management of pain was examined. Each resident had an information sheet detailing their medical history which included pain. The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were observed to offer pain relief to residents during the medicine round. The deputy manager advised that several residents could not verbalise their pain however staff would know the signs and symptoms of pain in these residents. Care plans for pain management should be developed to ensure that all staff are aware of how each resident demonstrates their pain. A recommendation was made.

The management of swallowing difficulty was examined. The deputy manager advised that staff had received training on swallow awareness and the management of thickening agents. Care plans and speech and language assessments were available. However, the thickening agent had not been recorded on the personal medication records and records of administration were not being maintained. A recommendation was made.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process.

Following discussion with the deputy manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to medication related issues.

Areas for improvement

The registered manager must monitor the administration of liquid form medicines as part of the home's audit process. A requirement was stated for the second time.

Care plans for the management of pain should be developed. A recommendation was made.

The management of thickening agents should be reviewed and revised. Accurate records of prescribing and administration should be in place. A recommendation was made.

Number of requirements	1	Number of recommendations	2

4.5 Is care compassionate?

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

Residents 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. They had been updated in April 2016.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following these incidents. However, as detailed in Section 4.3 staff had not recognised that incidents involving out of stock medicines should be reported to RQIA and this was discussed.

One of the requirements made at the last medicines management inspection had not been addressed effectively (see Sections 4.2 and 4.4). In order to drive improvement it was suggested that the QIP should be reviewed on a regular basis.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice. The issues seen during this inspection with regard to storage, discrepancies in liquid medicines and stock shortages had not been identified and effectively addressed by management within the home. This indicates that the home's auditing system is not robust.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Due to the outcome of this inspection and the requirements and recommendations made in the other domains, it was concluded that improvements are necessary to ensure that the home is well led.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Clare Lafferty, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to *pharmacists@rqia.org.uk* for assessment by the inspector.

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 provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 31 August 2016	The registered manager must monitor the administration of liquid form medicines as part of the home's audit process.
	Response by registered provider detailing the actions taken: Full audit of liquid medications completed 22nd August 2016 by the Manager. This will be monitored weekly by either the manager, deputy manager or senior care workers. Notice placed in treatment room, on medicine fridge and drug kardexes regarding the use of syringes for all liquid medications.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 31 August 2016	The registered provider must ensure that robust arrangements are in place to ensure adequate supplies of medicines are available for administration.
	Response by registered provider detailing the actions taken: Notice displayed in treatment room as follows: Discrepencies on receipt of drug orders should be followed up with the GP and/or Slevins Chemist within 24hours. When current supply on trolley is exhausted please check back up stock and introduce new supply noting date and time of commencement. In the case of PRN medications please confirm supply of stock is available. If medication is out of stock because of manufacturing problems please notify GP and RQIA. This information has been relayed to all senior care workers and documented in communication book. Copy of notice also given to each senior care worker.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 31 August 2016	The registered provider must ensure that medicines are stored at the correct temperature.
	Response by registered provider detailing the actions taken: Clear concise directions have been drawn up for an easy to follow guide of obtaining correct temperature. New thermometers have been placed in each medicine cupboard in each unit. Senior care workers monitor temperature on a daily basis.

Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 31 August 2016	The registered provider should ensure that medicines with a limited shelf life are not used beyond their expiry date.
	Response by registered provider detailing the actions taken: This has been reiterated with all senior members of staff, notice placed in drug kardex and medication fridge detailing same e.g. discontinue 28 days after opening.
Recommendations	
Recommendation 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 31 August 2016	The registered provider should ensure that care plans for the management of pain are developed and implemented.
	Response by registered provider detailing the actions taken: individualised careplans for pain management have been developed and implemented. Those already in place have been expanded upon.
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 31 August 2016	The registered provider should review and revise the management of thickening agents.
	Response by registered provider detailing the actions taken: One resident requires the use of NUTILIS thickener. The management of this has been reviewed. A daily record of usage is in place and recorded by care staff. It has also been added to the drug kardex.

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

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

@RQIANews