



The Regulation and
Quality Improvement
Authority

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Unannounced Medicines Management Inspection of Ardlough

27 July 2015

The Regulation and Quality Improvement Authority
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 27 July 2015 from 10:30 to 14:15.

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 are set out in the quality improvement plan (QIP) within this report.

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.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

The last medicines management inspection took place on 28 July 2014 to follow up on issues previously identified in the medicines management inspection on 28 April 2014.

The inspection on 28 July 2014 continued to evidence non-compliance with four recommendations. A further period was given for compliance to be achieved and another inspection was planned.

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	3	2

The details of the QIP within this report were discussed with Ms Anne Martina Mullan (Registered Manager) and Ms Louisa Rea (Regional Manager, Four Seasons Health Care) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	Registered Manager: Ms Anne Martina Mullan
Person in Charge of the Home at the Time of Inspection: Ms Anne Martina Mullan	Date Manager Registered: 13 February 2014
Categories of Care: NH-DE, NH-MP, NH-MP(E)	Number of Registered Places: 44
Number of Patients Accommodated on Day of Inspection: 43	Weekly Tariff at Time of Inspection: £593.00

3. Inspection Focus

The inspection on 28 July 2014 had shown that robust arrangements were not in place for all aspects of the management of medicines and improvements were necessary. Since this inspection, the home has notified RQIA of a concern regarding the management of medicines. Following discussion with senior staff in RQIA, a decision was taken to undertake an inspection to assess progress with the issues raised during and since the last medicines management inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspectors reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicine administration records

Medicines disposed of or transferred
Medicine audits
Care plans

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 23 July 2015. The report of this inspection is due to be issued by 20 August 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: First time	The registered manager must ensure that bisphosphonate medicines are administered 30 minutes clear of food and other medicines in accordance with the manufacturer's instructions.	Not Met
	Action taken as confirmed during the inspection: Staff on duty advised bisphosphonate medicines have been administered 30 minutes clear of food and other medicines; this could not however be evidenced from the majority of the medicine administration records. This requirement has not been met and has been stated for the second time.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 37 Stated: Second time	The registered manager should ensure that medicine stock balance records are adequately maintained.	Met
	Action taken as confirmed during the inspection: Daily stock balance records were in place for medicines not dispensed in monitored dosage cassettes. These records were well-maintained and there was evidence that appropriate action had been taken to manage any discrepancies.	

<p>Recommendation 2</p> <p>Ref: Standard 38</p> <p>Stated: Second time</p>	<p>The registered manager should ensure that two members of staff are involved in the re-packaging and labelling of medicines for periods of home leave.</p> <hr/> <p>Action taken as confirmed during the inspection: Staff on duty advised that two members of staff are not always involved in the re-packaging and labelling of medicines for periods of home leave.</p> <p>Records of medicines transferred out of the home were not signed by the two members of staff responsible for the management of home leave medicines.</p> <p>This recommendation has not been met. Following discussion with the registered manager, it was agreed that, in order to drive and sustain improvement, the management of home leave medicines should be included in the home's monitoring and auditing procedures.</p> <p>A recommendation to this effect has been made.</p>	<p>Not Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p>	<p>The registered manager should review and revise the management of anxiolytic medicines to address the issues highlighted.</p> <hr/> <p>Action taken as confirmed during the inspection: The management of anxiolytic medicines prescribed on a "when required" basis was reviewed for four patients in the home. Comprehensive care plans detailing the management of distressed reactions and the use of anxiolytic medicines were not in place for two of the patients. Records of the administration of anxiolytic medicines prescribed on a "when required" basis were incomplete and staff had not recorded why each dose was required to be administered and the outcome of each administration.</p> <p>This recommendation has not been met. Due to the limited progress made in addressing this recommendation and the potential effect on the well-being of patients, a requirement was made regarding this aspect of care.</p>	<p>Not Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p>	<p>The registered manager should review the packaging of medicines prescribed on an “as required” basis.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The response in the previous QIP submitted by the registered manager stated that this recommendation had been addressed. However, on the day of the inspection, it was noted that a number of medicines prescribed on a “when required” basis had been dispensed into monitored dosage cassettes and the recommended shelf-life of 8 weeks had been exceeded. These supplies were removed for disposal during the inspection.</p> <p>This recommendation has not been met. Due to the lack of progress in addressing this recommendation, a requirement has been made.</p>	<p>Not Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered manager should ensure that records of the administration of thickening agents and topical medicines by non-nursing care staff are adequately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Some improvements were noted in the management of these medicine records. However, the records were not consistently maintained and there was no evidence that the management of these records is included in the home’s monitoring and auditing procedures on a regular basis.</p> <p>The completion of these records was discussed. It was agreed that this would be followed up by the regional manager to ensure that the home’s policies and procedures are implemented.</p> <p>This recommendation has been partially met and has been stated for the second time.</p>	<p>Partially Met</p>

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The results of audits undertaken during the inspection indicated that the majority of medicines had been administered as prescribed. However, with one exception, records of the administration of bisphosphonate medicines did not show that these medicines were administered 30 minutes clear of food and other medicines, in accordance with the manufacturer's instructions.

Some medicines prescribed on a "when required" basis were packaged in monitored dosage cassettes; a number of these supplies had exceeded the recommended shelf-life of eight weeks and were removed for disposal.

The majority of medicine records were adequately maintained and facilitated the audit process. However, records of the administration of topical medicines and thickening agents by care staff were not always maintained. There was no evidence that the management of these medicines has been included in the home's monitoring and auditing procedures on a regular basis.

Following a recent incident regarding the management of medicines when a patient was re-admitted to the home from hospital, the home's admission procedure has been reviewed and revised. The management of medicines for one patient recently admitted to the home was reviewed and noted to be satisfactory; medicine records had been maintained in accordance with the home's policies and procedures and there was evidence staff had followed up one prescribing query with the general practitioner.

Is Care Effective? (Quality of Management)

Robust arrangements were in place for the management of antibiotic medicines. Improvements were noted in the monitoring arrangements for medicines not dispensed in monitored dosage cassettes.

Despite the response submitted by the registered persons in the previous QIP, there was still no evidence that two members of staff were involved in the re-packaging and labelling of medicines for periods of home leave. The management of home leave medicines has not been included in the home's monitoring and auditing procedures on a regular basis.

There were procedures in place to report and learn from any medicine-related incidents that have occurred in the home. Medicine-related incidents reported to RQIA since the previous inspection have been managed appropriately. It was noted that medicines were reported as being out-of-stock on two separate occasions; the more recent of these two incidents of out-of-stock medicines is currently under review in consultation with the Trust. The management of out-of-stock medicines was discussed during the inspection.

Is Care Compassionate? (Quality of Care)

The management of anxiolytic/antipsychotic medicines prescribed for four patients on a "when required" basis for the management of distressed reactions was reviewed during the inspection. Following the previous management of medicines inspection, the registered manager had advised of the actions being taken to address the issues identified in relation to this practice. It was disappointing to note that these actions had not been sustained.

Comprehensive care plans were in place for two of the patients; the other two care plans were incomplete. Records of the administration of these medicines showed that two of them had been administered on a regular basis. A review of the daily notes for these patients indicated that the reason for administration and the noted outcome were not routinely recorded. Discrepancies were noted between the administration records and the daily notes.

Areas for Improvement

Bisphosphonate medicines must be administered 30 minutes clear of food and other medicines in accordance with the manufacturer's instructions. A requirement was stated for the second time.

All aspects of the management of medicines should be included in the home's monitoring and auditing procedures on a regular basis. A recommendation was made.

The management of anxiolytic/antipsychotic medicines prescribed on a "when required" basis for the management of distressed reactions must be reviewed and revised to ensure care plans are in place, records are adequately maintained and there is evidence of regular monitoring and review. A requirement was made.

Medicines dispensed in monitored dosage cassettes must be disposed of after eight weeks. A requirement was made.

Records of the administration of thickening agents and topical medicines by non-nursing care staff should be adequately maintained. A recommendation was stated for the second time.

The registered manager was reminded that robust policies and procedures must be in place to ensure supplies of all prescribed medicines are available for administration.

Number of Requirements:	3	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Anne Martina Mullan (Registered 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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	
<p>Requirement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be Completed by: 26 August 2015</p>	<p>The registered manager must ensure that bisphosphonate medicines are administered 30 minutes clear of food and other medicines in accordance with the manufacturer's instructions.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The times of administration have been adjusted on the MAR sheet following discussion with Boots Pharmacy. Supervision, discussing the correct administration of bisphosphonate medicines has been carried out with Registered Nurses. The Home Manager will monitor on a weekly basis that the time of administration has been accurately recorded under the initials of the administering nurse and complete monthly medication audit.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 26 August 2015</p>	<p>The registered person must review and revise the management of medicines prescribed on a "when required" basis for the management of distressed reactions to ensure care plans are in place, records are adequately maintained and there is evidence of regular monitoring and review.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Supervisions were carried out with Registered Nurses. Revised documentation is in place for staff to record PRN medication administration. Home Manager monthly medication audit now includes monitoring PRN medication and care plan evaluation. A list of residents on PRN medication is updated monthly by the Quality Control Nurse and a copy given to the Home Manager.</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 26 August 2015</p>	<p>The registered person must ensure medicines dispensed in monitored dosage cassettes are disposed of after eight weeks.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Written correspondence with Boots Pharmacy on the 30/07/15 and reply received on the 17/08/15 agreed all PRN medication will be dispensed in the original packaging with the exception of medication needing to be halved. For these medications staff check dates and communicate in the diary for nurses to dispose of when the medication expires. HM will audit monthly on medication audit.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 38</p> <p>Stated: Second time</p>	<p>The registered manager should ensure that records of the administration of thickening agents and topical medicines by non-nursing care staff are adequately maintained.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Home Manager will review weekly and initial TMAR and Fluid intake</p>

To be Completed by: 26 August 2015	documentation on both floors and audit monthly on the medication audit for consistency of recording.
Recommendation 2	The registered person should ensure there are robust arrangements in place to audit all aspects of the management of medicines.
Ref: Standard 28	
Stated: First time	
To be Completed by: 26 August 2015	Response by Registered Person(s) Detailing the Actions Taken: The Home Managers monthly medication audit has been reviewed by the Clinical Control Manager and has now been implemented within the Home. A daily medication audit is completed by Registered Nurses and this is attached to the 24hour report for Home Manager to review. Boots Pharmacy also audit on a regular basis and provide a report for Home Manager to action.

Registered Manager Completing QIP	Martina Mullan	Date Completed	21/08/2015
Registered Person Approving QIP	Dr M Claire Royston	Date Approved	22/08/2015
RQIA Inspector Assessing Response	Helen Mulligan	Date Approved	01/09/2015

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