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Inspector: Helen Mulligan
Inspection ID: IN022516

Unannounced Medicines Management Inspection of Deanfield

2 June 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 82252544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 2 June 2015 from 10:00 to 15:15.

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 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.

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 11 June 2012.

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	2	5

The details of the QIP within this report were discussed with Ms Joy McLaughlin, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Persons: Loughview Homes Ltd Mr Michael Curran and Mr Paul Steele	**Registered Manager:** Ms Joy McLaughlin
Person in Charge of the Home at the Time of Inspection: Ms Joy McLaughlin	**Date Manager Registered:** 13 December 2007
Categories of Care: NH-I	**Number of Registered Places:** 29
Number of Patients Accommodated on Day of Inspection: 27	**Weekly Tariff at Time of Inspection:** £587.00

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:

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the last medicines management inspection.

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 announced estates inspection dated 28 January 2015. The completed QIP was returned by the provider and assessed by the estates inspector on 1 April 2015. Subsequently, a number of issues included in the QIP have been the subject of ongoing follow-up by the RQIA estates inspector; these included remedial works to the home's fire alarm and detection system which the provider has confirmed as complete. The estates inspector plans further inspection activity to confirm that suitable progress has been made in respect of the remaining items identified on the QIP.

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**	Calibration checks on blood glucometers must be completed in line with the manufacturers' instructions. **Action taken as confirmed during the inspection**: Records showed blood glucometers are calibrated on a regular basis.	**Met**
Requirement 2 **Ref**: Regulation 13(4) **Stated: First time**	The registered manager must review and revise the arrangements for the management of thickened fluids. **Action taken as confirmed during the inspection**: The management of swallowing difficulties for one patient who is prescribed a thickening agent was reviewed. There was a care plan in place for this patient but there was no speech and language therapist report in place. The level of thickening required was not recorded on the patient's personal medication record and records of the administration of thickening agents by care staff are not maintained. This requirement is re-stated in the QIP within this report.	**Not Met**

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 13(4) **Stated: First time**	Staff must be aware of the procedures to be followed should the medicine refrigerator fall outside the acceptable range. **Action taken as confirmed during the inspection**: The management of refrigerator temperatures was noted to be satisfactory.	**Met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated: First time**	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs. **Action taken as confirmed during the inspection**: Standard Operating Procedures for controlled drugs were in place.	**Met**
Recommendation 2 **Ref**: Standard 37 **Stated: First time**	The registered manager should ensure that suitable arrangements are in place to manage the disposal of controlled drugs. **Action taken as confirmed during the inspection**: Records showed Schedule 2 controlled drugs were denatured prior to disposal. Schedule 3 and 4 controlled drugs are not denatured prior to their disposal. This recommendation is restated	**Partially Met**
Recommendation 3 **Ref**: Standard 38 **Stated: First time**	Two nurses should sign updates to the personal medication record. **Action taken as confirmed during the inspection**: Updates had not been verified and signed by two designated members of staff. This recommendation is restated	**Not Met**

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines at the inspection produced broadly satisfactory outcomes.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available in the majority of cases.

Medicine records were generally maintained in a satisfactory manner.

The controlled drug record book and records of stock reconciliation checks on controlled drugs were maintained in a satisfactory manner.

Medicines for disposal are managed by two members of staff and waste bins are collected by a waste disposal contractor.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place. There was evidence these were reviewed and updated in January 2014.

The registered manager confirmed that medicines are managed by staff who have been trained and deemed competent to do so. Records showed that staff receive training on the management of medicines as part of the induction process for new members of staff and as a regular update. Records also showed that staff competency in the management of medicines is reviewed on an annual basis.

There are systems in place to audit practices for the management of medicines. Staff audit medicines on a monthly basis and these are monitored by the registered manager.

No errors or incidents involving medicines have been reported to RQIA since the last medicines management inspection.

Is Care Compassionate? (Quality of Care)

The records for two patients who are prescribed medication for administration on a "when required" basis for the management of distressed reactions were examined. There was a care plan detailing the management of distressed reactions and the parameters for administration of medication for one patient but this was not in place for the second patient. Some of the administration records and the corresponding daily notes for the patient detailed why a medicine was required to be administered and the outcome of administration, but these were sometimes incomplete.

The records for two patients prescribed medicines for the management of pain were examined. An analgesia care plan was in place for each resident and there was evidence these care plans are subject to a monthly review. One patient recently admitted to the home did not have a care plan in place for the management of pain; this was addressed by the registered manager during the inspection.

Areas for Improvement

The registered manager must review and revise the arrangements for the management of thickened fluids. Each patient who has a swallowing difficulty should have a current speech and language therapist report in place, personal medication records should indicate the level of thickening each patient requires where applicable and records of the administration of thickening agents by care staff must be maintained. A requirement was re-stated.

Controlled drugs should be denatured prior to their disposal. A recommendation was re-stated.

Updates on personal medication records should be verified and signed by two designated members of staff. A recommendation was re-stated.

The admission procedure must be reviewed to ensure it is robust; any discrepancies between the patient's hospital discharge letter and the medicines supplied on admission must be reviewed in consultation with the prescriber without delay. A requirement was made.

A representative sample of medicines in the home, including liquids, inhalers, nebules, topical medicines etc., should be included in the home's monthly auditing procedures. A recommendation was made.

Insulin doses should be recorded as "UNITS" and not "iu" on personal medication records. A recommendation was made.

Staff were reminded that, where medicine doses are variable, e.g. one or two, the quantity administered on each occasion should be recorded on the record of medicines administered.

Staff were reminded that each record of medicines disposed of should be verified and signed by two designated members of staff.

One medicine prescribed for a patient in the home was out of stock for five days. There was evidence that staff had taken steps to obtain a supply of the medicine. Staff were reminded that robust systems must be in place to ensure adequate supplies of prescribed medicines are available.

The management of medicines prescribed for the management of distressed reactions should be reviewed and revised. A recommendation was made.

Staff are reminded that all patients should have a pain review completed as part of the admission assessment.

Number of Requirements:	**2**	**Number of Recommendations**:	**5**

5.4 Additional Areas Examined

Medicines were stored appropriately.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Joy McLaughlin, 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 persons meet 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, 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 Manager/Registered Person

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	
Requirement 1 **Ref**: Regulation 13(4) **Stated: Second time** **To be Completed by: 4 July 2015**	The registered manager must review and revise the arrangements for the management of thickened fluids.
	Response by Registered Person(s) Detailing the Actions Taken: In house training for all staff. Documentation up dated, individual care plans completed.
Requirement 2 **Ref:** Regulation 13(4) **Stated: First time** **To be Completed by: 4 July 2015**	It is a requirement that the registered person must ensure that the admission procedure is robust; any discrepancies between the patient's hospital discharge letter and the medicines supplied on admission must be reviewed in consultation with the prescriber without delay.
	Response by Registered Person(s) Detailing the Actions Taken: Admission procedure discussed with all Registered Nurses and home policy ammended.
Recommendations	
Recommendation 1 **Ref:** Standard 37 **Stated: Second time** **To be Completed by: 4 July 2015**	The registered manager should ensure that suitable arrangements are in place to manage the disposal of controlled drugs.
	Response by Registered Person(s) Detailing the Actions Taken: **Procedure discussed with Registered Nurses and Lloyds pharmacy provided input.**
Recommendation 2 **Ref:** Standard 38 **Stated: Second time** **To be Completed by: 4 July 2015**	Two nurses should sign updates to the personal medication record.
	Response by Registered Person(s) Detailing the Actions Taken: **Discussed with Registered Nurses- addressed**
Recommendation 3 **Ref:** Standard 28 **Stated: First time** **To be Completed by: 4 July 2015**	It is recommended that the registered person should ensure a representative sample of medicines in the home, including liquids, inhalers, nebules, topical medicines etc., is included in the home's monthly auditing procedures on a regular basis.
	Response by Registered Person(s) Detailing the Actions Taken: **Audit documentation ammended to enclude liquids. All Registered Nurses informed of same**

Recommendation 4 **Ref:** Standard 29 **Stated: First time** **To be Completed by:** **4 July 2015**	It is recommended that the registered person should ensure insulin doses are recorded as "UNITS" and not "iu" on personal medication records.
	Response by Registered Person(s) Detailing the Actions Taken: **Medicine kardex ammended and highlighted to all Registered Nurses**
Recommendation 5 **Ref:** Standard 28 **Stated: First time** **To be Completed by:** **4 July 2015**	It is recommended that the registered person should review and revise the management of medicines prescribed for the management of distressed reactions.
	Response by Registered Person(s) Detailing the Actions Taken: **Above addressed- individual care plans completed. Pharmacy talle sheet in place**

Registered Manager Completing QIP	Joy McLaughlin	**Date Completed**	06/07/15
Registered Person Approving QIP	Paul Steele	**Date Approved**	06/07/15
RQIA Inspector Assessing Response	Helen Mulligan	**Date Approved**	07/07/2015

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