



The Regulation and
Quality Improvement
Authority

Greenhaw Lodge Care Centre
RQIA ID: 1180
42 Racecourse Road
Londonderry
BT48 8DA

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**Unannounced Medicines Management Inspection
of
Greenhaw Lodge Care Centre**

26 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 26 May 2015 from 10:30 to 14:30.

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 discussed. A Quality Improvement Plan (QIP) is not included in this report.

This inspection was underpinned by the 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 February 2015.

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: Larchwood Care Homes (NI) Ltd/ Mr Ciaran Henry Sheehan	Registered Manager: Miss Ronagh McCaul
Person in Charge of the Home at the Time of Inspection: Miss Ronagh McCaul until 12:20 and Staff Nurse Louise for the remainder of the inspection	Date Manager Registered: 7 March 2012
Categories of Care: NH-A, NH-DE	Number of Registered Places: 43
Number of Patients Accommodated on Day of Inspection: 42	Weekly Tariff at Time of Inspection: £581

3. Inspection Focus

The inspection on 11 February 2015 had shown that robust arrangements were not in place for the management of medicines and improvements were required. The purpose of this visit was to determine what progress had been made in addressing the requirements and recommendations made during the last medicines management inspection, to assess the level of compliance with legislative requirements and the DHSSPS Care Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

The following themes were also examined:

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:

During the inspection the inspector met with the registered manager, three registered nurses and one senior care staff.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records
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 medicines management inspection dated 11 February 2015. The completed QIP was assessed and approved by the pharmacy inspector on 14 April 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 registered manager must investigate the observations made in Spiriva capsules prescribed for Patient A; a written report of the findings and action taken must be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: This report was received by RQIA. This detailed the findings and action taken. No discrepancies were observed in the administration of Spiriva capsules audited at the inspection.	
Requirement 2 Ref: Regulation 13(4) Stated twice	The registered manager must closely monitor the administration of inhaled medicines and liquid medicines; any further discrepancies must be investigated and reported to RQIA.	Met
	Action taken as confirmed during the inspection: Following the last medicines management inspection, the registered manager had implemented running stock balances where possible, for inhalers, inhaled capsules and nebulas. The weekly audit process now includes inhalers and liquid medicines. The audit trails performed on these medicines produced satisfactory outcomes.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulation 13(4) Stated twice	The registered manager must ensure that personal medication records are fully and accurately maintained at all times.	Met
	Action taken as confirmed during the inspection: A significant improvement was noted in the standard of maintenance of personal medication records examined at the inspection. The records selected had been well maintained. The majority had been rewritten in the last few months.	
Requirement 4 Ref: Regulation 13(4) Stated twice	The registered manager must ensure that where care staff are responsible for the administration of external preparations, a record of each administration is maintained.	Partially Met
	Action taken as confirmed during the inspection: Following the last medicines management inspection, the registered manager had reviewed the management of delegated tasks. Specific administration records for external preparations, which are completed by care staff had been developed and are located in the patients' rooms. Senior care staff and registered nurses oversee the completion of these. Significant improvement was noted. A few areas to develop further were discussed with the staff.	
Requirement 5 Ref: Regulation 13(4) Stated twice	The registered manager must review the management of limited shelf medicines, to ensure the date of opening is recorded and the medicine is removed from use once the expiry date is reached.	Met
	Action taken as confirmed during the inspection: The date of opening was recorded on all of the eye drops and multi dose containers of nutritional supplements examined at the inspection. One insulin pen which was in use did not state the date of opening. This was removed and replaced on the day of the inspection and advice given.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 6 Ref: Regulation 13(4) Stated once	The registered manager must ensure that a robust auditing process is put in place which covers all aspects of medicines management.	Met
	Action taken as confirmed during the inspection: An improvement in the auditing system for medicines was noted. The frequency of auditing had increased. Daily stock balances are maintained and weekly and monthly audits are completed. An action plan is produced using the outcomes and this is discussed with staff. Records were available for examination.	
Requirement 7 Ref: Regulation 13(4) Stated once	The registered manager must review the administration of medicines for pain management, to ensure the medicines are administered as prescribed.	Met
	Action taken as confirmed during the inspection: The audit trails performed on medicines prescribed for the management of pain indicated these medicines had been administered in accordance with the prescribers' instructions. A care plan is maintained and a pain assessment tool is in use where needed.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 8 Ref: Regulation 13(4) Stated once	The registered manager must put robust arrangements in place for the administration of bisphosphonate medicines.	Partially Met
	Action taken as confirmed during the inspection: A review of the administration of bisphosphonates indicated these medicines are administered as prescribed and any refusal is reported to the prescriber. However, the record of administration indicated that these medicines continue to be administered with other medicines, which is not in accordance with the manufacturer's instructions. This was discussed with the staff who advised that these medicines are administered at least 30 minutes before other medicines. It was agreed that the actual time of administration would be recorded from the day of the inspection onwards.	
Requirement 9 Ref: Regulation 13(4) Stated once	The registered manager must put robust arrangements in place for the management of nutritional supplements.	Partially Met
	Action taken as confirmed during the inspection: An improvement in the management of oral nutritional supplements was noted at the inspection. The records had been well maintained and the storage arrangements were satisfactory. Currently there is no audit process for these medicines and it was agreed that this area of medicines would be included in the audit process.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 38 Stated twice	The registered manager should develop an effective system which ensures correlation between the patients' personal medication record and corresponding medication administration records.	Met
	Action taken as confirmed during the inspection: The selection of personal medication records and medication administration records examined at the inspection, showed good correlation and the standard of maintenance had improved since the last medicines management inspection. The records are now additionally checked for correlation at the beginning of each new medicine cycle.	
Recommendation 2 Ref: Standard 37&38 Stated once	The registered manager should review the management of medicines which are prescribed on a 'when required' basis for the treatment of distressed reactions, to ensure the relevant records are maintained as detailed in the report.	Met
	Action taken as confirmed during the inspection: The sample of records selected showed that a care plan was in place, there are arrangements for evaluating the care plan and the reason for and outcome of the administration is recorded.	
Recommendation 3 Ref: Standard 38 Stated once	The registered manager should closely monitor the management of incoming medicines to ensure that a record of receipt is maintained on every occasion.	Met
	Action taken as confirmed during the inspection: A record of receipt was maintained for all of the medicines selected at the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Significant improvements in the management of medicines were observed since the last medicines management inspection; the management and staff are commended for their efforts. The need to ensure these improvements are sustained was emphasised.

The audit trails performed on a range of randomly selected medicines at the inspection indicated that medicines had been administered in accordance with the prescribers' instructions.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There was evidence that arrangements are in place to ensure the safe management of medicines during a patient's admission to the home. Medication details are confirmed with the prescriber and personal medication records are completed and checked by two staff members.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Medicine records were legible and accurately maintained so as to ensure that there is a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines are maintained. All of the personal medication records examined had been signed by two registered nurses to ensure the accuracy of the record. This is safe practice.

Records indicate that bisphosphonate medicines are administered at the same time as other medicines; however, staff confirmed that these medicines are administered separately but that records may not accurately reflect this.

Discontinued or expired medicines are discarded into pharmaceutical clinical waste bins by two registered nurses. The waste bins are uplifted by a contracted waste disposal company.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines including Standard Operating Procedures for controlled drugs in Greenhaw Lodge Care Centre are 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 reviewed annually and these had been completed following the last medicines management inspection. There are arrangements in place to provide additional medicines management training for registered nurses. The most recent training had been completed in April 2015. Care staff who are responsible for delegated medicines related tasks have been provided with training in the management of dysphagia and the application of external preparations. A list of the names, initials and sample signatures of staff responsible for medicines is maintained.

Improvements were noted in the auditing system for medicines. The frequency of audits had increased. Registered nurses complete daily stock balances for a number of medicines which are not included in the 28 days blister packs. This is good practice. Weekly and monthly audits are also completed. An action plan is developed and any issues are highlighted at the team meetings and supervision. The registered manager advised that medicines management has been a focus during the monthly Regulation 29 monitoring audits. A review of the audit records indicated that largely 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. Some areas which staff had already identified through the audit process and had reported for improvement were discussed during the inspection. The registered manager advised by telephone on 29 May 2015 that stock balance sheets for liquid medicines and nutritional supplements had been developed and would be implemented with immediate effect.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home.

There are systems in place to ensure the next date of injectable medicines is clearly recorded. This is facilitated by the good practice of maintaining separate administration records for these medicines.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of patients who are prescribed medicines on a 'when required' basis for the management of distressed reactions were observed at the inspection. The parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. A care plan is maintained and is usually evaluated monthly. A record of each administration is maintained and includes the reason for and outcome of the administration. From discussion with the registered nurses and the registered manager, it was concluded that staff are familiar with circumstances when to administer anxiolytic/antipsychotic medicines. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and are aware that this change may be associated with pain.

Medicines which are prescribed to treat pain are recorded on the personal medication record. Examination of the administration of medicines which are prescribed to treat or prevent pain indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drug patches and analgesics which are prescribed for administration on a 'when required' basis. From discussion with the registered nurses, it was evident that staff are aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines are prescribed, staff are aware that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable. Care plans in relation to pain management were observed. These are evaluated each month. A pain tool is in use for patients who cannot verbally express pain.

Areas for Improvement

Staff were advised that medication administration records should clearly indicate the time of administration of bisphosphonate medicines and demonstrate that these are administered separately from other prescribed medicines.

Staff were reminded that insulin pens should be dated when opened.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

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

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Ronagh McCaul	Date Completed	9 th June 2015
Registered Person	Ciaran Sheehan	Date Approved	9 th June 2015
RQIA Inspector Assessing Response	Judith Taylor	Date Approved	10 June 2015

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.