

Unannounced Medicines Management Inspection Report 21 April 2016



Meadowbank

11a Trench Road, Londonderry, BT47 2DT
Tel No: 028 7134 7281
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Meadowbank took place on 21 April 2016 from 10:20 to 14:35.

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

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report.

Is care safe?

No requirements or recommendations were made.

Is care effective?

No requirements or recommendations were made.

Is care compassionate?

No requirements or recommendations were made.

Is the service well led?

No requirements or recommendations were made.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and 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 DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 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 were discussed with Ms Claire Wilkinson, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the inspection on 1 March 2016.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Maureen Claire Royston	Registered manager: Ms Claire Wilkinson
Person in charge of the home at the time of inspection: Ms Claire Wilkinson	Date manager registered: 17 February 2016
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 35

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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 met with the registered manager, one registered nurse and one care assistant.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- 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 1 March 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 11 April 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: Second time	<p>The registered manager must ensure that a written Epilepsy Management Plan is drawn up, with the relevant healthcare professionals, for each patient prescribed rectal diazepam.</p> <p>A copy of this plan should be held on the medicines file to facilitate prompt and appropriate administration.</p> <p>Action taken as confirmed during the inspection: We confirmed that this had been addressed. Epilepsy management plans were available on the medicines file.</p>	Met
Requirement 2 Ref: Regulation 13 (4) Stated: First time	<p>Controlled drugs included in Schedules 2, 3 and 4 (Part 1) must be denatured in the home prior to disposal.</p> <p>Action taken as confirmed during the inspection: We confirmed that controlled drugs included in Schedules 2, 3 and 4 (Part 1) were denatured in the home prior to their disposal.</p>	Met
Requirement 3 Ref: Regulation 13 (4) Stated: First time	<p>The time recorded for the administration of medicines must be accurately recorded.</p> <p>Action taken as confirmed during the inspection: We confirmed that the time recorded for the administration of medicines was accurately recorded.</p>	Met

<p>Requirement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>Accurate records of the administration of external preparations and thickening agents by care staff must be maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: We confirmed that a separate recording system was in place. A sample of records was reviewed and found to be satisfactory.</p>	<p>Met</p>
<p>Last medicines management inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p>	<p>A list of the names, initials and signatures of those care assistants deemed competent to administer thickening agents should be maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: A list of the names, initials and signatures of those care assistants deemed competent to administer thickening agents was in place.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>Update awareness training on the management of diabetes and epilepsy should be provided.</p> <hr/> <p>Action taken as confirmed during the inspection: Update training had been provided in November 2015.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>Two nurses should be involved in the disposal of medicines and both nurses should sign the entry in the disposal book.</p> <hr/> <p>Action taken as confirmed during the inspection: Two registered nurses had been involved in the disposal of medicines and both nurses had signed the entries in the disposal book.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The acting manager should ensure that controlled drug stock reconciliations are completed at the time of transfer of responsibility.</p> <hr/> <p>Action taken as confirmed during the inspection: Controlled drug stock reconciliations were observed to be completed twice daily at the shift handovers.</p>	<p>Met</p>

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care assistants who had been delegated medicine related tasks. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of diabetes, epilepsy and enteral feeding was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient'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 a controlled drug record book. 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 disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals. The registered manager and registered nurse were reminded that oxygen cylinders should be chained securely; it was agreed that this would be discussed with all registered nurses for corrective action.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how 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. Care plans were in place. The reason for each administration had been recorded in the daily care notes but the outcome had been recorded on some occasions only. The registered manager showed a copy of the revised recording system which was due to be implemented in the home. This revised recording system prompts registered nurses to record the reason for and outcome of each administration and will facilitate review of usage. It was agreed that the completion of these records would be closely monitored.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that pain assessment tools were used as needed. Care plans were in place. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the prescribed fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

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

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Practices for the management of medicines were audited throughout the month by both staff and management. This included running stock balances for several solid dosage medicines and inhaled medicines. The records and medicines for two patients were being audited each day. The registered manager also completed a monthly audit. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and registered nurse, it was evident that when applicable, healthcare professionals were contacted in response to patient need in relation to medicines management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible. For some patients medicines were being added to yogurt to assist swallowing; the registered manager confirmed that this had been authorised by the prescribers and detailed in care plans.

Patients 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
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. They had recently been reviewed and revised. Management advised that these were currently being discussed with staff.

There were robust 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 were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the home's 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.

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

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated to all staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendation	0
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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.



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