Unannounced Medicines Management Inspection Report
9 May 2016

Magherafelt Manor

22 Pound Road, Magherafelt, BT45 6NR
Tel No: 028 7930 0284
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Magherafelt Manor took place on 9 May 2016 from 09:30 to 15:00.

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 though two areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?

One recommendation has been made.

Is care effective?

One recommendation has been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been 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. Please also refer to section, 4.2 and 5.0 of this report.

For the purposes of this report, the term ‘patients’ will be used to described those living in Magherafelt Manor which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Ms Siobhan Conway, Registered Manager and Mr John Rafferty, Northern Ireland Operational Director, Runwood Care Homes 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 23 November 2015.

2.0 Service details

Registered organisation/ registered person: Runwood Homes Ltd/ Mr Nadarajah (Logan) Logeswaran	**Registered manager:** Ms Siobhan Conway
Person in charge of the home at the time of inspection: Ms Siobhan Conway	**Date manager registered:** 31 March 2015
Categories of care: NH-I, NH-PH, NH-PH(E), NH-DE, RC-DE	**Number of registered places:** 64

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, two registered nurses and two senior care assistants.

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

- 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 23 November 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 21 April 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure there is an effective medicines management audit system.	**Met**
	Action taken as confirmed during the inspection: The registered manager had carried out a medicines management audit in one of the four units each month; this resulted in each unit having been audited up to three times a year. Staff in each unit carried out an audit weekly and reported any concerns to the registered manager for follow-up action. The registered manager stated that there had been no concerns raised from recent audits.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 28 **Stated:** Second time	It is recommended that the registered person should ensure the destruction/disposal of controlled drugs and the reason for disposal are included in the record of medicines disposed of.	**Met**
	Action taken as confirmed during the inspection: The destruction/disposal of controlled drugs were documented in the appropriate record book. Staff were recording the reason for destruction.	
Recommendation 2 **Ref**: Standard 28 **Stated:** First time	It is recommended that the registered person should ensure all controlled drugs in Schedule 2, 3 and 4 (part 1) are denatured and therefore rendered irretrievable before being placed into waste containers. Two designated members of staff should be involved in their denaturing.	**Met**
	Action taken as confirmed during the inspection: The registered manager and staff confirmed that all controlled drugs in Schedule 2, 3 and 4 (part 1) were denatured and therefore rendered irretrievable before being placed into waste containers. Two designated members of staff were involved in their denaturing.	
Recommendation 3 **Ref**: Standard 28 **Stated:** First time	It is recommended that the registered person should ensure there is safe practice for receiving and recording warfarin dosage instructions.	**Met**
	Action taken as confirmed during the inspection: Staff were knowledgeable of the correct procedures for receiving and recording warfarin dosage instructions. Two members of staff received and recorded the initial dosage instructions. Confirmation of the dosage instructions were then transmitted electronically by the GP practice to the home.	

Recommendation 4 **Ref**: Standard 29 **Stated:** First time	It is recommended that the registered person should review the recording system for medicines prescribed on a "when required" basis for the management of distressed reactions.	**Met**
	Action taken as confirmed during the inspection: The recording system for medicines prescribed on a "when required" basis for the management of distressed reactions had been reviewed. Patients had a care plan in place. Recording sheets were available for staff to record the reason for administration of the medicine and its effect.	
Recommendation 5 **Ref**: Standard 28 **Stated:** First time	It is recommended that the registered person should review the recording system for medicines prescribed for the management of pain.	**Met**
	Action taken as confirmed during the inspection: Patients who were prescribed medicines for the management of pain had a care plan in place. Pain management charts were used to record the dosage, time of administration and effect. Patients who could not express pain had a pain assessment tool in place.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for registered nurses and care staff. The impact of training was monitored through team meetings and supervision. Staff received an annual medicines management update; the most recent training had been provided by the community pharmacist in February 2016. The registered manager gave an assurance that medicines management competency and capability assessments would be completed annually.

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 medicine administration records were updated by two staff. 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.

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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin and warfarin. The use of separate administration charts was acknowledged.

One patient had their medicines administered in disguised form. There was no risk assessment or care plan relating to this arrangement; a recommendation was made.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. In each unit, the medicine refrigerator temperature range was checked daily.

Areas for improvement

A risk assessment and care plan should be in place for any patient who has medicines administered in disguised form. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions. Some audit discrepancies in Sycamore and Willow units were drawn to the attention of the registered manager, who gave an assurance that there would be an increase in the number of medication counts performed in these units. 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 fortnightly and three monthly injectable medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the parameters for administration were recorded on the personal medication record. A care plan was maintained. The reason for and the outcome of administration were not always recorded; a recommendation was made. 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.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. A pain tool was completed and updated as necessary. A care plan was maintained and it was evaluated on a monthly basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record. Administrations were 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.

The registered manager carried out a medicines management audit in one of the four units each month; this resulted in each unit having been audited up to three times a year. Staff in each unit carried out an audit weekly and reported any concerns to the registered manager for follow-up action. The registered manager stated that there had been no concerns raised from recent audits. The dates and times of opening of the medicine containers were recorded in order to facilitate audit; this was acknowledged as good practice.

Following discussion with the registered manager and staff and a review of care files, it was evident that, when applicable, other healthcare professionals were contacted in response to issues or concerns in relation to medicines management.

Areas for improvement

The reason for and the outcome of administration of medicines prescribed for administration on a "when required" basis for the management of distressed reactions should be routinely recorded. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines to several patients in the dining room in Willow unit was observed during the inspection. The staff member administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

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

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them by management.

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 inspections were discussed. There was evidence of the action taken and learning implemented.

A review of the internal audit records indicated that 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 and staff, 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Siobhan Conway, Registered Manager and Mr John Rafferty, Northern Ireland Operational Director, Runwood Care Homes, 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 the 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 person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 8 June 2016	A risk assessment and care plan should be in place for any patient who has medicines administered in disguised form.
	Response by registered person detailing the actions taken: Risk assessment and care plan now in place. Any disguised medication will be regulary reviewed by the GP.
Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 8 June 2016	The reason for and the outcome of administration of medicines prescribed for administration on a "when required" basis for the management of distressed reactions should be routinely recorded.
	Response by registered person detailing the actions taken: Recording sheets and person-centred care plans are in place for all residents who are prescribed medication for distressed reactions on a when required basis. Audits completed by Home Manager/Deputy manager monthly to ensure staff record appropriately

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

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