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Unannounced Medicines Management Inspection of Woodmount

23 November 2015

The Regulation and Quality Improvement Authority
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
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1. Summary of Inspection

An unannounced medicines management inspection took place on 23 November 2015 from 10.00 to 14.00.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the 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.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 17 July 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	3	6

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

2. Service Details

Registered Organisation/Registered Person: Mr Alfred Lindsay Woods and Mrs Roberta Jillian Woods	**Registered Manager:** Mr Thomas Monteith
Person in Charge of the Home at the Time of Inspection: Ms Rose McCullagh, Staff Nurse	**Date Manager Registered:** 7 April 2014
Categories of Care: NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 32
Number of Patients Accommodated on Day of Inspection: 29	**Weekly Tariff at Time of Inspection:** £593

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 included the following:

The management of incidents reported to RQIA since the last medicines management inspection was reviewed.

The following records were 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

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 2 November 2015. The report of this inspection was issued to the home on 16 November 2015. The completed QIP is due to be returned to RQIA by 14 December 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time	The registered manager should ensure that individual patient protocols are in place for the management of rectal diazepam.	**Met**
	Action taken as confirmed during the inspection: Individual protocols approved by the prescriber were in place.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should review and revise the admission process with respect to medicines to ensure it is robust.	**Met**
	Action taken as confirmed during the inspection: The admission process was reviewed for one recently admitted patient and was noted to be satisfactory.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered person should review and revise the ordering process for medicines. Orders for medicines should be made in writing to the prescriber. Prescriptions should be checked against the order made by the home and then forwarded to the community pharmacist for dispensing.	**Met**
	Action taken as confirmed during the inspection: The registered manager and staff on duty confirmed that orders for medicines have been made in writing to the prescriber. Prescriptions have been checked against the order made by the home and then forwarded to the community pharmacist for dispensing.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 4 **Ref**: Standard 38 **Stated:** First time	The registered manager should review the administration of medicines to Patient A to determine is covert administration is being undertaken and, if so, ensure this procedure is undertaken in line with professional guidance.	**Met**
	Action taken as confirmed during the inspection: The administration of medicines prescribed for Patient A was reviewed in consultation with the prescriber following the last inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Audits carried out on a range of randomly selected medicines in the home produced generally satisfactory outcomes, indicating that medicines had been administered as prescribed. One discrepancy was noted during the audit of an insulin pen. The registered manager and staff investigated this and advised RQIA by telephone on 24 November 2015 that the discrepancy was due to two pens being in use at the same time. The registered manager agreed that additional monitoring and auditing arrangements for insulin should be implemented. A recommendation was made.

Systems were in place to manage the ordering of medicines to ensure adequate supplies were available. Supplies of all the medicines examined were available for administration and were appropriately labelled. Medicine orders have been made in writing to the prescriber. Prescriptions were collected from the prescriber and checked against the order made by home staff before they were forwarded to the community pharmacy for dispensing. A copy of current prescriptions was kept in the home. This is good practice.

Arrangements were in place to ensure the safe management of medicines when patients were admitted to the home.

There was evidence that medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Robust arrangements were in place for the management of anticoagulant medicines (warfarin).

Medicine records were maintained in a generally satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where medicines details had been transcribed, the majority of records had been verified and signed by two members of staff. The registered manager was reminded that all handwritten medication administration records should be verified and signed by two members of staff. Records of the administration of thickening agents and medicines for external use by care staff were not maintained. A requirement was made.

Records of the receipt, administration and disposal of controlled drugs were maintained. Stock reconciliation checks have been performed on controlled drugs at each handover of responsibility. Quantities of controlled drugs in the home matched the balances recorded in the record book.

Discontinued or expired medicines have been uplifted by a licensed waste disposal company. Staff confirmed that controlled drugs have been denatured by two registered nurses prior to their disposal; this was not however reflected in the records of disposal. The registered manager was reminded that this should be addressed. A copy of the waste transfer note for the disposal of medicines was not in place. A recommendation was made.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place. However these had not been updated to reflect the recent changes to the home's medicine supply system; a new monitored dosage system had been recently implemented in the home. Standard Operating Procedures for the management of controlled drugs were not available during the inspection. Written policies and procedures should cover each of the activities associated with the management of medicines (including controlled drugs), they should be subject to regular review and update and there should be evidence that staff have read the policies and procedures. A recommendation was made.

Records of staff training and competency assessment with respect to the management of medicines were not available during the inspection. On 24 November 2015 the registered manager provided verbal confirmation that all staff had completed induction training on the management of medicines and that competency had been assessed on an annual basis. The registered manager also confirmed that care staff had been trained and deemed competent to administer thickening agents and medicines for external use. The registered manager was reminded that records of staff training should be maintained.

There were no arrangements in place to audit medicines. The registered manager was advised that audits which cover all areas of medicines management should be performed regularly, discrepancies should be investigated and records of audits should be made. Evidence should be available of any learning outcomes and any resulting change to practice. A requirement was made.

There were procedures in place to report and learn from any medicine-related incidents in the home. Medicine incidents reported to RQIA since the last medicines management inspections have been managed appropriately.

Is Care Compassionate? (Quality of Care)

Records for a number of patients prescribed medicines to be administered on a "when required" basis for the management of distressed reactions were reviewed. Care plans detailing the circumstances under which the medicines were to be administered were not in place. Parameters for administration were recorded on the personal medication records and records of administration were maintained. However, the daily notes for the patients did not always detail the reason why the medicine was required to be administered and the outcome of administration. The management of these medicines should be reviewed and revised. A recommendation was made.

Records for a number of patients prescribed medicines for the management of pain (analgesics) were reviewed. The parameters for administration of these medicines were recorded on the personal medication records. Examination of the administration of these medicines indicated they had been administered as prescribed. Care plans detailing the management of pain were not available for all of the patient's reviewed and there was no evidence that pain has been reviewed as part of the admission assessment or on a regular basis for those patients prescribed regular pain relief medication. Appropriate pain tools were not in place for some patients. A recommendation was made.

Members of staff were advised that authorisation should be obtained from the prescriber for the administration of licensed medicines outside the terms of the product licence, e.g. administration through a PEG tube. A recommendation was made.

There was no current medicines reference source in the home. The registered manager advised this would be addressed at the earliest opportunity.

Areas for Improvement

Additional monitoring and auditing arrangements for insulin should be implemented. A recommendation was made.

Records of the administration of thickening agents and medicines for external use by care staff must be maintained. A requirement was made.

A copy of the waste transfer note for the disposal of medicines should be kept in the home. A recommendation was made.

Written policies and procedures should cover each of the activities associated with the management of medicines (including controlled drugs), they should be subject to regular review and update and there should be evidence that staff have read the policies and procedures. A recommendation was made.

There should be robust arrangements in place to audit all aspects of the management of medicines. A requirement was made.

The management of medicines prescribed for distressed reactions should be reviewed and revised to ensure individual care plans are in place and staff record why a medicine was required to be administered and the noted effect. A recommendation was made.

The management of pain should be assessed on admission, care plans should be in place for those patients prescribed regular pain relief and there should be evidence that appropriate pain tools are used to assess pain where necessary. A recommendation was made.

Authorisation should be obtained from the prescriber for the administration of any licensed medicines outside the terms of the product licence, e.g. administration through a PEG tube. A recommendation was made.

Number of Requirements:	**2**	**Number of Recommendations**:	**6**

5.4 Additional Areas Examined

There was no maximum/minimum refrigerator thermometer in the home and no evidence that the refrigerator temperature had been monitored on a daily basis. Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C. Medicines within the refrigerator included insulin, influenza vaccines and creams. If these medicines are not stored in accordance with the manufacturers' specifications it may affect their stability and efficacy. The registered person must put robust systems in place to ensure medicines are being stored at the correct temperature. A requirement was made.

Some oxygen cylinders were not chained to the wall. Staff were reminded this should be addressed.

The key to the controlled drugs cabinet was not held separately from all other keys. This was addressed during the inspection.

It was not possible to determine if the controlled drugs cabinet meets the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973. The registered manager was advised this should be verified with the manufacturer of the cabinet.

Number of Requirements:	**1**	**Number of Recommendations**:	**0**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Thomas Monteith, 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	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** **21 December 2015**	The registered person must ensure that records of the administration of thickening agents and medicines for external use by care staff are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Recording sheets are now in place for each resident to record administration of thickening fluids (within medicine kardex) and prescribed external medicines (in each residents room)
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** **21 December 2015**	The registered person must ensure that there are robust arrangements in place to audit all aspects of the management of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: Arrangements have been put in place to ensure that regular audits will be carried out by the Medicines supplier (Medicare), the registered Manager and by registered Nurses within the Home
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** **21 December 2015**	The registered person must put robust systems in place to ensure medicines are being stored at the correct temperature.
	Response by Registered Person(s) Detailing the Actions Taken: A second internal thermometer has been sourced to record maximum/minimum temperature within existing fridge. An alternative smaller medicines fridge will be sourced as soon as possible. A daily record of room temperature is maintained within the Home's treatment room
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **21 December 2015**	Additional monitoring and auditing arrangements for insulin should be implemented.
	Response by Registered Person(s) Detailing the Actions Taken: One resident is on a daily regime of Insulin. The administration of same will be monitored and audited on a regular basis by the registered Manager as well as on a daily basis by Nurses involved in the administration of same. Particular attention will be given to close monitoring of the flexipen use when it necessitates that relatives remove same for use outside of the home.

Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **21 December 2015**	A copy of the waste transfer note for the disposal of medicines should be kept in the home.
	Response by Registered Person(s) Detailing the Actions Taken: A copy of this paperwork had been retained but was unavailable to the inspector during the inspection - Duty of Care - Controlled Waste Transfer Note (Cannon Hygiene)
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **31 January 2016**	Written policies and procedures should cover each of the activities associated with the management of medicines (including controlled drugs), they should be subject to regular review and update and there should be evidence that staff have read the policies and procedures.
	Response by Registered Person(s) Detailing the Actions Taken: Relevant policies/proceedures which unfortunately were not made available on the day of inspection are now in the process of being updated and will be shared with all staff within the Home. A record of all staff having read these policies will be maintained. Forthcoming annual staff supervision will incorporate measures to monitor compliance
Recommendation 4 **Ref**: Standard 18 **Stated:** First time **To be Completed by:** **21 December 2015**	The management of medicines prescribed on a “when required” basis for distressed reactions should be reviewed and revised to ensure individual care plans are in place and staff record why a medicine was required to be administered and the noted effect.
	Response by Registered Person(s) Detailing the Actions Taken: All staff have been advised that medicines used on a 'when required' basis will require written evidence recorded within the residents file detailing the circumstances/context both for their administration and effect. The Registered Manager will monitor compliance with this.
Recommendation 5 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **21 December 2015**	The management of pain should be assessed on admission, care plans should be in place for those patients prescribed regular pain relief and there should be evidence that appropriate pain tools are used to assess pain where necessary.
	Response by Registered Person(s) Detailing the Actions Taken: All staff have been advised to complete the management of pain proforma on admission. When appropriate the Abbey Pain Scale should be considered for use where objective responses cannot be provided by residents
Recommendation 6 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **21 December 2015**	Authorisation should be obtained from the prescriber for the administration of any licensed medicines outside the terms of the product licence, e.g. administration through a PEG tube.
	Response by Registered Person(s) Detailing the Actions Taken: Authorisation will be sought from the relevant General Practitioner in relation to any licensed medicines outside the terms of the product licence.

Registered Manager Completing QIP	Thomas Monteith	**Date Completed**	09/01/2016
Registered Person Approving QIP	Jill Woods	**Date Approved**	09/01/2016
RQIA Inspector Assessing Response	**Helen Mulligan**	**Date Approved**	**12/01/2016**

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