Oakmont Lodge Care Home
RQIA ID:11966
267 - 271 Old Belfast Road
Bangor
BT19 1LU

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# Unannounced Medicines Management Inspection of Oakmont Lodge Care Home

## 25 January 2016

The Regulation and Quality Improvement Authority
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## 1. Summary of Inspection

An unannounced medicines management inspection took place on 25 January 2016 from 10.30 to 15.35.

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.

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 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 1 July 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** | 2 | 2 |

The details of the QIP within this report were discussed with Ms Claire Eaton, Deputy Manager, as part of the inspection process. The details were also discussed with the registered manager, Ms Lyndsey Paul, via telephone call on 26 January 2016. The timescales for completion commence from the date of inspection.

## 2. Service Details

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| **Registered Organisation/Registered Person:**<br>Maria Mallaband (9) Limited<br>Mrs Victoria Craddock | **Registered Manager:**<br>Ms Lyndsey Paul |
| **Person in Charge of the Home at the Time of Inspection:**<br>Ms Claire Eaton | **Date Manager Registered:**<br>4 December 2015 |
| **Categories of Care:**<br>NH-DE, NH-I, NH-PH, NH-PH(E) | **Number of Registered Places:**<br>56 |
| **Number of Patients Accommodated on Day of Inspection:**<br>32 | **Weekly Tariff at Time of Inspection:**<br>£780 (minimum) |

## 3. Inspection Focus

At the inspection on 1 July 2015 it was found that improvements in the management of medicines were necessary in order for care to be safe, effective and compassionate. Following discussion with senior management in RQIA it was agreed that a follow up medicines management inspection would be undertaken to ensure that the necessary improvements had been implemented and sustained.

This 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 included the following:

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

We met with the acting manager and the registered nurses on duty.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- 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 care inspection on 19 January 2016. The care inspector confirmed that there were no issues to be followed up at this inspection.

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

| Last Inspection Statutory Requirements | | Validation of Compliance |
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| **Requirement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person must implement a robust auditing system to monitor the management and administration of medicines. Action plans from these audits must be followed up. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Running stock balances on all medicines which were not contained within the blister pack system were maintained.<br><br>The registered manager advised (via telephone call) that audits of the records for one patient on each floor were being completed each week.<br><br>The registered manager also completed random audits. The frequency of these audits had increased recently and there was evidence that investigations and action plans were being carried out. | |

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| **Requirement 2**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time | The registered person must ensure that the necessary improvements are implemented on the medicine records.<br><br>**Action taken as confirmed during the inspection**:<br>An improvement in the standard of maintenance of the personal medication records and medication administration records was observed. The records reviewed were up to date and correlated with the prescribers' most recent directions.<br><br>Two members of staff had verified and signed the personal medication records at the time of writing and at each update. Obsolete personal medication records had been cancelled and archived on the first floor. Some obsolete records were observed on the ground floor; it was acknowledged that the personal medication records had recently been reprinted and that this was an oversight.<br><br>Hand-written updates on the medication administration records had been verified and signed by two members of staff on the ground floor. This practice was not observed on the first floor. It was agreed that all registered nurses would be reminded to verify and sign hand-written updates on the medication administration records.<br><br>This requirement was partially met, however, due to the assurances provided by management it has not been stated for a second time. | **Partially Met** |
| **Requirement 3**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time | The registered person must ensure that care staff are trained and competent to administer emollient preparations and thickening agents.<br><br>**Action taken as confirmed during the inspection**:<br>Training and supervision in the administration of emollient preparations and thickening agents was completed following the last medicines management inspection.<br><br>Further training had been organised for February 2016. The training is being provided by the community pharmacist. | **Met** |

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| **Requirement 4**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time | The registered person must ensure that accurate records of administration of emollient preparations and thickening agents are maintained. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>Some records for the administration of thickening agents and emollient preparations by care staff were available on the first floor. They were incomplete.<br><br>These records were not being maintained on the ground floor.<br><br>The registered manager advised that this had been discussed at group supervision on 21 January 2016 and that it would be monitored.<br><br>This requirement is stated for the second time. | |
| **Requirement 5**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time | The registered person must ensure that medicines are stored at the correct temperature. | **Partially Met** |
| | **Action taken as confirmed during the inspection**:<br>Air conditioning units were in place in both treatment rooms and satisfactory room temperatures were observed.<br><br>The maximum, minimum and current medicine refrigerator temperatures were not monitored every day; the current temperatures were observed to be within the required range. However, the readings for the maximum and minimum temperatures were outside the required range ($2^{o}C$ – $8^{o}C$) and the thermometer was not being reset each day.<br><br>These findings were discussed in detail with the registered manger, deputy manager and registered nurse. It was agreed that all registered nurses would receive supervision on using the refrigerator thermometer and hence this requirement has not been stated for a second time. | |

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| **Requirement 6**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time | The registered person must ensure that out of date medicines do not remain in use.<br><br>Out of date medicines were not observed at the inspection.<br><br>Dates of opening had been recorded on medicines and only one supply of each medicine was observed to be in use. | **Met** |
| **Last Inspection Recommendations** | | **Validation of Compliance** |
| **Recommendation 1**<br><br>**Ref:** Standard 29<br><br>**Stated:** First time | It is recommended that two registered nurses are involved in the disposal of medicines and both nurses should sign the entry in the disposal book.<br><br>**Action taken as confirmed during the inspection**:<br>Two registered nurses had been involved in the disposal of medicines and both had signed the entries in the disposal book. . | **Met** |
| **Recommendation 2**<br><br>**Ref:** Standard 18<br><br>**Stated:** First time | It is recommended that the reason for and outcome of each administration of "when required" anxiolytics is recorded.<br><br>**Action taken as confirmed during the inspection**:<br>The records for three patients were examined. On most occasions, the reason for and outcome of each administration of "when required" anxiolytics had not been recorded.<br><br>This recommendation is stated for the second time. | **Not Met** |

## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

This inspection took place on the first day of the new medication cycle. The personal medication records and medication administration records for the previous month were examined.

Medicines were supplied in their original dispensed containers and the majority of the audits which were completed produced satisfactory outcomes. However apparent audit discrepancies were observed for three medicines prescribed for one patient. The registered manager was requested to investigate these discrepancies and forward the outcome and action taken to prevent a recurrence to RQIA. A requirement was made.

Dates of opening had been recorded on medicine containers including insulin and eye preparations. Significant overstocks of nutritional supplements were observed. The registered manager advised that she was currently reviewing the management of nutritional supplements to ensure that there is a clear audit trail.

All medicines were available for administration on the day of the inspection and there was no evidence that doses had been omitted in the previous medication cycle due to stock supply issues.

Arrangements were in place to ensure the safe management of medicines during admission to the home. Medicine regimes had been confirmed with the prescriber in writing.

Improvements in the standard of maintenance of the personal medication records and medication administration records were observed. The records reviewed were up to date and correlated with the prescribers' most recent directions. Two members of staff had verified and signed the personal medication records at the time of writing and at each update. Obsolete personal medication records had been cancelled and archived on the first floor. Some obsolete records were observed on the ground floor; it was acknowledged that the personal medication records had recently been reprinted and that this was an oversight. Hand-written updates on the medication administration records had been verified and signed by two members of staff on the ground floor. This practice was not observed on the first floor. It was agreed that all registered nurses would be reminded of the need to verify and sign hand-written updates on the medication administration records.

Records for the administration of thickening agents and emollient preparations by care staff were available on the first floor but they were incomplete. On the ground floor care staff were not signing for the administration of thickening agents and emollient preparations. The registered manager advised that this had been discussed at group supervision on 21 January 2016 and that it would be closely monitored. A requirement was stated for the second time.

Records showed that discontinued and expired medicines had been returned to a waste management company. Two registered nurses had been involved in the disposal of medicines and entries in the disposal record book had been signed by both registered nurses.

The controlled drug record book and records of stock reconciliation checks of Schedule 2, Schedule 3 and some Schedule 4 (Part 1) controlled drugs were well-maintained. The records for the denaturing of controlled drugs had been signed by only one registered nurse on two occasions; it was agreed that the registered manager would investigate these disposals and all registered nurses would be reminded of the home's procedures.

The management of warfarin was reviewed and found to be unsatisfactory. Dosage regimens were received in writing but obsolete regimens had not been cancelled and archived. Records of administration were unclear and one audit could not be completed as the date of opening had not been recorded. A recommendation was made.

**Is Care Effective? (Quality of Management)**

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were in place.

There was evidence that medicines were being managed by registered nurses who had been trained and deemed competent to do so. Further update training had been planned for all registered nurses in February 2016. The registered manager had held group supervision with all registered nurses on 21 January 2016.

Care staff were responsible for the administration of thickening agents and emollient preparations. Training and supervision had been carried out following the last medicines management inspection. Update training had been arranged for February 2016. Assurances were provided that this would include record keeping.

The registered manager had recently implemented a revised auditing system. There was evidence that audit discrepancies were being identified and that resultant action plans were being actioned.

There were procedures in place to report and learn from medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

**Is Care Compassionate? (Quality of Care)**

There was evidence that registered nurses had requested alternative formulations to assist administration when patients have had difficulty swallowing tablets/capsules.

The management of medication refusals was examined for one patient and found to be satisfactory.

The records for three patients who were prescribed anxiolytic medicines for administration on a 'when required' basis for the management of distressed reactions were examined. Care plans were in place for two out of the three patients and there was evidence that they were being reviewed. Records of prescribing and administration were in place. However, the reason for and outcome of administrations had not been recorded on the majority of occasions. A recommendation was stated for the second time.

**Areas for Improvement**

The registered person must ensure that accurate records of administration of emollient preparations and thickening agents are maintained. A requirement was stated for the second time.

The registered manager must investigate the apparent discrepancies in the administration of three medicines for one patient. The outcome of the investigation including the action taken to prevent a recurrence must be forwarded to RQIA. A requirement was made.

It is recommended that the reason for and outcome of each administration of "when required" anxiolytics is recorded. A recommendation was stated for the second time.

The registered manager should review and revise the management of warfarin to ensure that:

- only the current dosage regimen is available on the medicines file
- clear records of administration are maintained
- running stock balances are maintained so that any errors are identified without delay

A recommendation was made.

| Number of Requirements | 2 | Number of Recommendations | 2 |
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Lyndsey Paul, Registered Manager, and Ms Claire Eaton, Deputy 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 care 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 | |
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| **Statutory Requirements** | |
| **Requirement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** Second time<br><br>**To be Completed by:**<br>24 February 2016 | The registered person must ensure that accurate records of administration of emollient preparations and thickening agents are maintained.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>The Registered manager has implemented specific documents i.e TMAR sign sheets for emollient preparations and detailed fluid balance charts which show the addition of any prescribed thickening agent for any service user. These are completed by competent care staff and signed at each shift by the registered nurse in charge and cross referenced with the prescribed thickener/emollient on the MARR sheet and drug Kardex |
| **Requirement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>24 February 2016 | The registered manager must investigate the apparent discrepancies in the administration of three medicines for one patient. The outcome of the investigation including the action taken to prevent a recurrence must be forwarded to RQIA.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>The relevant notifications were sent as requested and the incident is still under investigation at present. HR have been involved with the HM in staff discussion and medication competencies are in the process of being repaeated for all nursing staff within the home. A follow up notification will be sent to RQIA on full conclusion of the investigation. |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref:** Standard 18<br><br>**Stated:** Second time<br><br>**To be Completed by:**<br>24 February 2016 | It is recommended that the reason for and outcome of each administration of “when required” anxiolytics is recorded.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>This was discussed at a staff meeting (minutes available) and also in documentaion training with Registered Nursing staff. The HM contiues to carry out medication audits which covers administartion of PRN medication and any actions arising are addressed within set timescales. |
| **Recommendation 2**<br><br>**Ref:** Standard 28<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>24 February 2016 | The registered manager should review and revise the management of warfarin as detailed in the report.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>The HM includes this within her medication audit. The Pharmacy provider also ensures that administration of warfarin is documented as per policy. This is to be revisited with nursing staff during repeat medication competency and continued monitoring of all processes. |

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| **Registered Manager Completing QIP** | Lyndsey Paul | **Date Completed** | 21/03/16 |
| **Registered Person Approving QIP** | Victoria Craddock | **Date Approved** | 21/03/16 |
| **RQIA Inspector Assessing Response** | Helen Daly | **Date Approved** | 25/04/2016 |

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