Unannounced Medicines Management Inspection Report
7 April 2016

Harold McCauley House

7 Camowen Terrace, Omagh, BT79 0AX
Tel No: 028 8225 2550
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Harold McCauley House took place on 7 April 2016 from 09:45 to 13:10.

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.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have 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 prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. Please refer to section 4.2 of this report.

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 Caroline Crawford, 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 finance inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 8 October 2015.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness / Mrs Linda May Wray	**Registered manager:** Mrs Caroline Elizabeth Crawford
Person in charge of the home at the time of inspection: Mrs Caroline Elizabeth Crawford	**Date manager registered:** 1 April 2005
Categories of care: NH-PH, NH-PH(E), NH-I, NH-DE, NH-LD	**Number of registered places:** 32

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

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with three residents, the registered manager and two registered nurses.

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 October 2015

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 16 May 2013.

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	A policy and procedure should be written detailing the arrangements for the management of thickening agents.	**Met**
	Action taken as confirmed during the inspection: A policy and procedure had been written detailing the arrangements for the management of thickening agents.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The policy and procedure detailing the arrangements for the disposal of medicines should be updated in order to reflect current practice.	**Met**
	Action taken as confirmed during the inspection: The policy and procedure detailing the arrangements for the disposal of medicines had been updated in order to reflect current practice.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered manager should review the arrangements for the recording of the use of thickening agents.	**Met**
	Action taken as confirmed during the inspection: The registered manager had reviewed the arrangements for the recording of the use of thickening agents. The nursing staff had recorded the use of thickening agents on the medicine administration records. Care staff had recorded the use of thickening agents on the patients' food and fluid charts.	

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 for care staff who had been delegated medicine related tasks. Refresher training in medicines management was provided annually. Staff had also received refresher training in the use of syringe drivers, enteral feeding and subcutaneous infusion.

The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were 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 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 patients' admissions 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; this was acknowledged as good practice.

Robust arrangements were observed for the management of high risk medicines e.g. insulin.

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 manufacturers' 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. 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 weekly, monthly or three monthly 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. The reason for and outcome of administration were recorded. A care plan was maintained.

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. Staff also advised that most of the patients could verbalise any pain. A pain tool was used as needed. A care plan was maintained. 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. The patient had the thickening agent recorded on their personal medication record and the entry included details of the fluid consistency. Administrations were recorded and a care plan and speech and language assessment report 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. They included entries on the personal medication records and medicine administration records being signed and verified by two nurses and additional records specifying the site of application of transdermal patches.

Practices for the management of medicines were audited throughout the month by the registered manager and nursing staff. This included running stock balances of medicines not included in the monitored dosage system blister packs. In addition, a quarterly audit was completed by the community pharmacist. The dates and times of opening of the medicine containers were recorded in order to facilitate audit; this was acknowledged as good practice.

The care files examined documented visits by other health care professionals involved in the patient's care and the outcome of each visit.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in their room or in the day rooms. The nurses administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines.

Patients advised that they wished the nursing staff to administer their medication and that they had no issues with its management.

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 the nursing 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.

A review of the internal audit records indicated that satisfactory outcomes had been achieved.

Following discussion with the registered manager and registered nurses, 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

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.

Please provide any additional comments or observations you may wish to make below:

As an organisation we are pleased with the outcome of this inspection. Linda Wray.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk.

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