Parkview House
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Parkview Road
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Inspector: Paul Nixon
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Unannounced Medicines Management Inspection of Parkview House

3 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 3 June 2015 from 09.30 to 12.25.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

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. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section, 5.2 and 6.2 of 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 Inspection on 11 February 2013

There were no actions required to be taken following the last inspection on 11 February 2013.

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	0	1

The details of the QIP within this report were discussed with the Mr Lorenzo Caradeanas and Ms Marie Goan, Registered Nurses as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association Mr Gerald Kelly	**Registered Manager:** Mrs Marion Davina McAllister
Person in Charge of the Home at the Time of Inspection: Mr Lorenzo Caradeanas	**Date Manager Registered:** 1 April 2005.
Categories of Care: NH-PH, NH-LD(E), NH-I	**Number of Registered Places:** 15
Number of Patients Accommodated on Day of Inspection: 15	**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 include the following:

Prior to the inspection, the inspector reviewed the management of any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met the registered nurse on duty.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records
Medicines disposed of or transferred
Controlled drug record book
Medicine audits
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 dated 16 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 11 February 2013

There were no requirements or recommendations from the last medicines management inspection.

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are generally being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines at the inspection provided broadly satisfactory outcomes.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

Robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. Medication details are confirmed with the prescriber and personal medication records are completed and checked by registered nurses.

The process for the ordering and receipt of medicines was reviewed. A copy of prescriptions is received and checked against the order. There are arrangements in place to ensure short falls in medicine supplies are reported and the supply obtained in a timely manner.

All of the medicines examined at the inspection were available for administration and were labelled appropriately. At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Medicine records were legible and accurately maintained so as to ensure that there is a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines are maintained. New medicine entries on personal medication records had been signed by two registered nurses to ensure the accuracy of the entry. This is safe practice. When a variable dose of medicine had been prescribed, the actual quantity administered had been recorded. The good practice of maintaining separate administration records for injectable medicines, including the date of the next dose, was acknowledged. Other good practice acknowledged included the additional records for Schedule 4 (Part 1) controlled drugs, antibiotics and analgesics.

Controlled drug record books and records of the shift handover stock reconciliation checks of Schedules 2 , 3 and 4 (Part 1) controlled drugs were well maintained.

Discontinued or expired medicines are uplifted by the community pharmacist, whom the registered nurse stated possesses a waste disposal license. Controlled drugs are denatured by two registered nurses prior to disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place.

Medicines are managed by staff who have been trained and deemed competent to do so. An induction process is in place. The impact of training is monitored through supervision and appraisal. The competency assessments checked were up to date.

There are arrangements in place to audit the practices for the management of medicines. Running stock balances are maintained for analgesics. Staff perform a weekly medication audit and report the outcomes to the registered manager. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date and time of opening on the medicine container.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. The incidents reported since the previous medicines management inspection had been managed appropriately.

There are arrangements in place to note any compliance issues with medicine regimes and these are reported to the prescriber.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of patients who are prescribed medicines on a “when required basis” for the management of distressed reactions were observed. In each instance, the care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers’ instructions. From discussion with the registered nurse, it was concluded that staff are familiar with circumstances when to administer anxiolytic/ antipsychotic medicines. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient’s behaviour and are aware that this change may be associated with pain.

Medicines which are prescribed to manage pain are recorded on the personal medication records. Examination of the administration of medicines which are prescribed to treat or prevent pain indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drug patches and analgesics which are prescribed for administration on a “when required” basis. From discussion with the registered nurse, it was evident that staff are aware of the signs, symptoms and triggers of pain in patients. In each instance, there was a care plan in place which detailed the management of the patient’s pain. The care plan had been evaluated each month. A pain assessment tool is in use for patients who cannot verbally express pain.

Evidence of the prescriber’s instruction was in place for one patient who has medication crushed in order to facilitate its administration.

Areas for Improvement

Several medicine audits produced unsatisfactory outcomes; the observations made were discussed with the registered nurses, who gave an assurance that the medicines would be closely monitored as part of the home's ongoing audit activity.

The reason for administration and outcome of administration of medicines prescribed on a "when required" basis for the management of distressed reactions were mostly not recorded. A recommendation was made.

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

5.4 Additional Areas Examined

Medicines are being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. Satisfactory arrangements are in place for the security of medicine keys.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Lorenzo Caradeanas and Ms Marie Goan, Registered Nurses 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 HPSS (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 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 Manager/Registered Person

The QIP should be completed by the registered manager/registered person 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

Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** First time **To be Completed by:** 3 July 2015	It is recommended that the registered person should ensure the reason for and outcome of administration of a medicine prescribed on a "when required" basis for the management of distressed reactions are always recorded. **Response by Registered Person(s) Detailing the Actions Taken:** A new system has been implementated that when PRN medication is administered for the management of distressed reactions it is recorded on the allocated page that sits with the drug Kardex stating the reason for administration and the outcome achieved.

Registered Manager Completing QIP	Davina McAllister	**Date Completed**	22/6/15
Registered Person Approving QIP	Muriel Sands	**Date Approved**	22/6/15
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**23/6/15**

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