Unannounced Medicines Management Inspection Report
17 January 2017

Slieve Na Mon

Type of Service: Nursing Home
Address: Tircur Road, Omagh, BT79 7TY
Tel no: 028 8225 1132
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of Slieve Na Mon took place on 17 January 2017 from 10:50 to 13:20.

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.

Due to an incident which occurred in the home during the morning of the inspection, this inspection only examined the management of medicines in one wing of the home.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. There were no areas for improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. There were no areas for improvement identified.

Is care compassionate?

Staff interactions were observed to be compassionate and caring. There were no areas for improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas for improvement identified.

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.

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

1.1 Inspection outcome

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

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 most recent inspection on 17 October 2016.

2.0 Service details

Registered organisation/registered person: East Eden Ltd/Dr Brendan McDonald	**Registered manager:** Mrs Mary Bernadette McDaniel
Person in charge of the home at the time of inspection: Mrs Mary Bernadette McDaniel	**Date manager registered:** 8 December 2016
Categories of care: NH-I, RC-MP(E), NH-LD, NH-LD(E), RC-DE, NH-MP, NH-MP(E), NH-DE	**Number of registered places:** 60

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 three members of staff.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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
- care plans
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 October 2016

The most recent inspection of the home was an unannounced follow-up care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection on 10 June 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must investigate the discrepancy noted in a supply of temazepam liquid and forward a report of the findings and any action taken to RQIA.	**Met**
	Action taken as confirmed during the inspection: A satisfactory report regarding this discrepancy was forwarded to RQIA.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must implement additional monitoring and auditing arrangements for the management of insulin and further discrepancies must be reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: Separate records of the administration of insulin were in place. The stock balances of insulin pens in use have been monitored and recorded on a daily basis. The majority of records of the administration of insulin have been signed by two designated members of staff.	

Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must review and revise the arrangements in place for the disposal of controlled drugs to ensure they meet with the Controlled Drugs Waste Regulations (Northern Ireland) (2002).	**Met**
	Action taken as confirmed during the inspection: The arrangements have been reviewed. Records showed that controlled drugs were denatured prior to disposal. Records of disposal were signed by two designated members of staff.	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must review and revise the arrangements in place for the management of controlled drugs to address the issues highlighted in Criterion 38.3 and to ensure that robust arrangements are in place for the management and recording of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The evidence seen indicated that the arrangements have been reviewed and are now robust. Records in the controlled drugs record book were satisfactory. Stock balances had been returned to zero when supplies were disposed of or transferred out of the home, the name of the patient was recorded on each page of the record book along with the name strength and form of each controlled drug, and records in the disposal record book corresponded with records in the controlled drugs record book. The wastage of part ampules of controlled drugs was clearly recorded.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should update the staff sample signature and initial list to ensure it contains the details of those members of care staff who have been trained and deemed competent to administer medicines.	**Met**
	Action taken as confirmed during the inspection: An updated staff signature and initial list was in place.	

Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that stock balances of medicines are carried forward at the beginning of each new medicine cycle to facilitate the audit process.	**Met**
	Action taken as confirmed during the inspection: Appropriate arrangements were in place to carry forward stock balances to facilitate the audit process.	
Recommendation 3 **Ref**: Standard 13(4) **Stated:** First time	The registered manager should ensure that the room temperature of medicine storage areas is monitored on a daily basis to ensure it is maintained at or below 25°C.	**Met**
	Action taken as confirmed during the inspection: Records showed that the room temperature had been monitored on a daily basis and maintained at or below 25°C.	
Recommendation 4 **Ref**: Standard 39 **Stated:** First time	The registered manager should review and, where necessary, revise the practice of storing some medicines in open baskets on the top of medicine trolleys.	**Met**
	Action taken as confirmed during the inspection: The practice has been reviewed. No medicines were stored on top the medicine trolleys.	
Recommendation 5 **Ref**: Standard 37 **Stated:** First time	The registered manager should review and revise the management of thickening agents to address the issues highlighted in Section 7.0 of the report.	**Met**
	Action taken as confirmed during the inspection: This has been reviewed. The required level of thickening was recorded on the patients' care plans and on the personal medication records and records of administration.	

Recommendation 6 **Ref**: Standard 37 **Stated:** First time	The registered manager should review and revise the management of medicines that are required to be crushed to address the issues highlighted in Section 7.0 of the report.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that this has been reviewed. No medicines were required to be crushed prior to administration. Staff were aware that, where necessary, this should be authorised by the prescriber and the home should obtain pharmaceutical advice.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The registered manager confirmed that an induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training has been monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in August 2016. The most recent training was in relation to the management of dysphagia (September, October and November 2016). The registered manager also advised that staff had recently received update training on the management of syringe drivers and palliative care.

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 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 a controlled drug record book. 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. The use of separate administration charts was acknowledged.

Satisfactory arrangements were in place for the management of non-prescribed medicines (home remedies).

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. 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. Three empty oxygen cylinders were stored on the corridor. These were removed during the inspection and returned to the supplier. Staff were reminded that oxygen cylinders should be chained to the wall when not in use.

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.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. 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 reason for and the outcome of administration were recorded. A care plan was maintained.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain tool was used as needed. A care plan was maintained.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was 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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for nutritional supplements and inhaled medicines. In addition, a monthly audit was completed by the registered manager.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the healthcare needs of patients.

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?

No medicines were administered during the inspection. Patients in the home were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten staff questionnaires, five relative/visitor questionnaires and ten questionnaires for patients were forwarded to the home to facilitate feedback. At the time of writing, no questionnaires had been returned to RQIA.

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. Management advised that these were reviewed and updated in July 2016.

There were satisfactory 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 audit records indicated that largely satisfactory outcomes had been achieved.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The requirements and recommendations made at the last medicines management inspection had been addressed. The improvements noted in the management of medicines were acknowledged during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews