Bohill Bungalows
RQIA ID: 12199
69 Cloyfin Road
Coleraine
BT52 2NY

Inspector: Judith Taylor
Inspection ID: IN022560

Tel: 028 7032 5180
Email: marlenefeatherstone@priorygroup.com

Unannounced Medicines Management Inspection of Bohill Bungalows

5 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 5 October 2015 from 10:40 to 16:00.

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 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 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.

This inspection was underpinned by the DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 4 February 2014.

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	2

The details of the QIP within this report were discussed with the registered manager, Mrs Marlene Featherstone and other members of the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Parkcare Homes No2 Ltd Mrs Sarah Hughes	**Registered Manager:** Mrs Marlene Featherstone
Person in Charge of the Home at the Time of Inspection: Mrs Marlene Featherstone	**Date Manager Registered:** 16 January 2015
Categories of Care: NH-LD, NH-LD(E)	**Number of Registered Places:** 24
Number of Patients Accommodated on Day of Inspection: 20	**Weekly Tariff at Time of Inspection:** £1200 to £6,000

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 medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager, other members of the management team and the staff 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
Medicine 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 15 July 2015. No requirements or recommendations were made following the inspection.

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

Last Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that controlled drugs which are subject to the safe custody legislation are stored in controlled drugs cupboards which are secured in accordance with the Misuse of Drugs (Safe Custody) Regulation (NI) 1973.	**Met**
	Action taken as confirmed during the inspection: The controlled drug cupboards had been secured appropriately.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The registered manager should closely monitor the record keeping arrangements for the management of external preparations, to ensure these are fully and accurately maintained on every occasion.	**Met**
	Action taken as confirmed during the inspection: This area of medicines management was included in the audit process. The administration records pertaining to external preparations had been maintained in a satisfactory manner.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref**: Standard 39 **Stated:** First time	The registered manager should make the necessary arrangements to ensure the room temperature does not exceed 25^{o}C in the treatment room in the Dunluce Bungalow.	**Partially Met**
	Action taken as confirmed during the inspection: The treatment room temperatures in the Dunluce Bungalow were recorded each day. Although a fan had been brought into use, temperatures above 25^{o}C were recorded. Oxygen is stored in this room. Raised temperatures had also been recorded for the Causeway Bungalow treatment room. The registered manager advised that this issue had been discussed with senior management within the organisation and advised that air-conditioning units had been applied for. **This recommendation was stated for the second time**	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Several medicines and medicine records were audited at the inspection. The audits produced satisfactory outcomes indicating medicines were administered as prescribed. The audit trails on one patient's medicines could not be completed as a record of the receipt of medicines at the time of admission, had not been documented.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and on their discharge from the home.

Specialist management plans in relation to the management of epilepsy, swallowing difficulty and enteral feeding were maintained.

Systems to manage the ordering of prescribed medicines to ensure adequate supplies were available were reviewed. These were found to be mostly satisfactory. Some excess stock of medicines was noted and discussed. All of the medicines examined at the inspection were labelled appropriately.

There were robust arrangements for managing medicine changes; all changes were confirmed in writing and records were updated by two registered nurses. This is safe practice.

Overall, medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Records of the prescribing, ordering, receipt, administration, non-

administration and disposal of medicines were maintained. Some improvement is necessary in the standard of maintenance of personal medication records and records for the receipt of medicines.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, the prescribed consistency level was clearly referenced on the personal medication record and also on the administration records.

The controlled drug record book had been maintained in a satisfactory manner. Stock reconciliation checks were performed at each transfer of responsibility. These included Schedule 4 (Part 1) and some Schedule 5 controlled drugs which is good practice.

Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which were uplifted by a waste disposal contractor. Controlled drugs were denatured prior to disposal.

Is Care Effective? (Quality of Management)

There were written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs in Bohill Bungalows.

Medicines were managed by staff who have been trained and deemed competent to do so, following a period of induction. The impact of training was monitored through monthly supervision and annual appraisal. Registered nurses were provided with training in medicines management every six months. Additional training in the management of medicines in enteral feeding and the administration of buccal midazolam had also been completed. Care staff who were responsible for the administration of external preparations and thickening agents had received training. Records of training and competency were maintained. Competency assessments were completed annually. A list of the names, signatures and initials of staff authorised to administer medicines was observed.

Arrangements were in place to audit practices for the management of medicines. A running stock balance for all oral medicines, including nutritional supplements and nebules was maintained. This is good practice. A weekly audit and monthly audit was also completed. A review of the audit records indicated that satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the date and time of opening on the medicine container and also recording the quantity of medicine remaining from the last medicine cycle.

Staff confirmed that compliance with prescribed medicines regimes was monitored and any omissions or refusals likely to have an adverse effect on the patients' health were reported to the prescriber.

There was a system in place to report, analyse and learn from incidents. The reported medicine related incidents had been managed appropriately.

Is Care Compassionate? (Quality of Care)

There was written evidence of authorisation from a health care professional regarding medicines which are required to be crushed prior to administration. A care plan was maintained.

Written protocols were maintained for medicines which were prescribed on a "when required" basis, e.g. analgesics, benzodiazepines, laxatives.

The records pertaining to a small number of patients who were prescribed medicines on a "when required basis" for the management of distressed reactions were observed at the inspection. The parameters for administration of anxiolytic medicines were recorded on the personal medication records. A detailed care plan was maintained. There were arrangements in place to evaluate the patient's care plan. Each administration was recorded and included the reason for and the outcome of the administration. From discussion with the staff, it was concluded that staff were familiar with circumstances when to administer these medicines and were aware that a change in a patient's behaviour may be associated with pain.

The sample of records examined indicated that medicines which were prescribed to manage pain were recorded on the patient's personal medication record and had been administered as prescribed. A pain tool was in use as needed. Each administration of an analgesic was recorded and included the reason for the administration. Pain assessment charts were maintained. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Care plans in relation to pain management were in place.

Number of Requirements	0	**Number of Recommendations**	2

Areas for improvement

The registered manager should review the management of personal medication records to ensure that any typed medicine entries have the accurate spelling, discontinued medicines are scored off and obsolete records are marked as discontinued and securely archived. A recommendation was made.

It was agreed with the registered manager that ordering procedures would be reviewed to ensure medicines were only ordered as they were needed.

Staff were reminded that a record of all incoming medicines must be maintained.

5.4 Additional Areas Examined

Medicine Storage

Medicines were stored safely and securely. Storage areas were tidy and organised.

The majority of medicines were stored in accordance with the manufacturers' instructions. However, it was noted that the medicine refrigerator temperatures in Dunluce Bungalow had slightly deviated from the accepted range of 2 to 8^{o}C for the cold storage of medicines. Only one medicine required cold storage and it was agreed that this would be reviewed after the inspection.

The temperatures of the treatment rooms were examined. These were satisfactory in the Strand Bungalow; however, temperatures above 25^{o}C were recorded frequently in the Causeway and Dunluce Bungalows. The registered manager advised that an application had been made within the company to purchase air-conditioning units to resolve this issue. The

recommendation made at the last medicines management inspection was stated for the second time.

Categories of Care

The categories of care were discussed with management. The information from the discussion was passed to the care inspector for the home.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Marlene Featherstone, and other members of the management team, 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 persons 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (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.

Quality Improvement Plan

No requirements were made following this inspection.

Recommendations

Recommendation 1 **Ref**: Standard 39 **Stated: Second time** **To be Completed by:** **4 December 2015**	The registered manager should make the necessary arrangements to ensure the room temperature does not exceed 25^{o}C in the treatment room in the Dunluce Bungalow. **Response by Registered Person(s) Detailing the Actions Taken:** The Home Manager is making arrangments to reduce the temperature in the treatment room, staff have been advised to continue to record daily. The Home manager will continue to audit the temperature.
Recommendation 2 **Ref**: Standard 29 **Stated: First time** **To be Completed by:** **4 November 2015**	It is recommended that the completion of personal medication records should be closely monitored to ensure that these records are accurately maintained. **Response by Registered Person(s) Detailing the Actions Taken:** The home continues to complete monthly audits and daily checks of medication. All staff aware of importance of medication records. Home Manager will continue to complete monthly audits

Registered Manager Completing QIP	Yvonne Diamond	**Date Completed**	27.10.15
Registered Person Approving QIP		**Date Approved**	09.12.15
RQIA Inspector Assessing Response		**Date Approved**	

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

RQIA Inspector Assessing Response	Judith Taylor	**Date Approved**	10/12/15

Medicines management inspection to Bohill Bungalows 5 October 2015