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Unannounced Medicines Management Inspection of Lansdowne

22 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 22 October 2015 from 10:35 to 15:55.

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. Areas of good practice were acknowledged.

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 12 December 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	3

The details of the QIP within this report were discussed with the deputy manager, Ms She Pastrana and Ms Maura McIntyre from Four Seasons Health Care, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	**Registered Manager:** Not applicable
Person in Charge of the Home at the Time of Inspection: Ms She Pastrana (Deputy Manager)	**Date Manager Registered:** Not applicable
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 86
Number of Patients Accommodated on Day of Inspection: 51	**Weekly Tariff at Time of Inspection:** £593 - £637

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

We met with the deputy manager, one manager from another Four Seasons Health Care nursing home and the staff on duty.

The following records were examined:

- Medicines requested and received
- Personal medication records
- Medicine administration records
- Medicines disposed of or transferred
- Controlled drug record books
- 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 30 July 2015. The completed QIP was assessed and approved by the care inspector on 29 September 2015.

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 (carried forward)	The necessary arrangements must be made to ensure the temperature of the treatment room in the intermediate care unit does not exceed 25^{o}C. **Action taken as confirmed during the inspection**: The treatment room temperatures were recorded on a daily basis and indicated that the room temperature was usually 20^{o}C or 21^{o}C. However, the temperature was noted to be raised during the inspection. This was discussed and advice given.	**Met**
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must make the necessary arrangements to ensure the time of administration of bisphosphonate medicines is accurately recorded on every occasion. **Action taken as confirmed during the inspection**: A number of bisphosphonate medicines were audited at the inspection. These medicines had been administered separately from food or other medicines as instructed by the manufacturer; the time of administration was accurately recorded.	**Met**

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that robust arrangements are in place for the cold storage of medicines in the ground floor treatment room.	**Met**
	Action taken as confirmed during the inspection: There are arrangements in place to monitor the medicine refrigerator temperatures. Some low temperatures below 2^{o}C were noted; however, the deputy manager advised that this had been identified and a new medicine refrigerator had been requested.	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must closely monitor the administration of insulin to ensure this is administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: The audit trails performed on insulin indicated this medicine was administered as prescribed. The date of opening was recorded and a separate administration sheet with a running stock balance was maintained.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The registered person should review the process for the administration of external preparations to ensure records are fully and accurately completed on every occasion.	**Partially Met**
	Action taken as confirmed during the inspection: There was evidence of some non-correlation between the administration records and personal medication records. A number of administration records were incomplete. It was noted that this area of medicines management had been included in the audit process and shortfalls had been identified; it was not clear if this had been shared with staff for corrective action. **This recommendation was stated for the second time**	

Recommendation 2 **Ref**: Standard 39 **Stated:** First time	The registered person should ensure that all blood glucometer control solutions are viable for use.	**Not Met**
	Action taken as confirmed during the inspection: One blood glucometer control solution was not dated and it could not be clarified if this had passed the in use expiry date. One other solution had expired. **This recommendation was stated for the second time**	
Recommendation 3 **Ref**: Standard 40 **Stated:** First time	The registered person should ensure the regular administration of diazepam prescribed for one patient, is referred to the prescriber.	**Met**
	Action taken as confirmed during the inspection: This issue had been reported to the prescriber following the last medicines management inspection. There was no further evidence of any regular administration of diazepam which had been prescribed on a "when required" basis.	

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. Bisphosphonate medicines had been administered in accordance with the manufacturers' instructions.

There was evidence of the arrangements to ensure the safe management of medicines during a patient's admission to the home and discharge from the home. Medicine details were confirmed with the prescriber and personal medication records were completed and checked by two registered nurses

Care plans/protocols for the management of hypoglycaemia and epileptic seizures were in place for the relevant patients.

Systems to manage the ordering of prescribed medicines, to ensure that adequate supplies were available, were reviewed. These were found to be satisfactory. All of the medicines examined at the inspection were labelled appropriately.

There were robust arrangements for managing medicine changes, including high risk medicines such as warfarin and insulin; all changes were confirmed in writing and records were updated by two registered nurses. This is safe practice.

Most of the 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 areas for improvement were identified on the personal medication records and were being addressed during the inspection. Where care staff were responsible for the administration of external preparations several of the records were incomplete. Although, there was evidence that this had been identified through the internal audit process; it could not be clarified if any corrective action had been implemented.

Some patients require the administration of medicines via enteral feeding tubes. The personal medication records included the relevant information. Staff had received training. A care plan and fluid balance records were maintained.

The receipt, storage, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included some Schedule 4 (Part 1) controlled drugs, which is good practice.

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 administration record. A care plan was in place.

Discontinued or expired medicines were discarded into pharmaceutical clinical waste bins by two registered nurses. Staff confirmed that these waste bins were uplifted by a contracted waste disposal company. It was noted that the disposal record indicated that most but not all Schedule 4 (Part 1) controlled drugs had been denatured prior to disposal. This was discussed and it was concluded that staff were not aware of the latest changes to the controlled drug schedules.

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 in Lansdowne were available.

Medicines were managed by staff who had been trained and deemed competent to do so. The deputy manager advised that the impact of training was monitored through supervision and annual appraisal. Staff competency in medicines management had been reviewed earlier in the year. General medicines management training was provided through the completion of e-learning modules. There were arrangements in place to provide additional training for registered nurses; this included the management of syringe drivers and enteral feeding. Care staff who were responsible for delegated medicines related tasks had been provided with training in the management of dysphagia and the application of external preparations. A list of the names, initials and sample signatures of staff responsible for administering medicines was maintained.

Arrangements were in place to audit the practices for the management of medicines. A running stock balance was maintained for most medicines which were not supplied in the 28 day blister packs, including nutritional supplements; this is good practice. A review of the audit records

indicated that largely 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 recording the quantity of medicine carried forward from the previous 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. Some of the medicine related incidents were further discussed at the inspection and these had been managed appropriately.

The management of injectable medicines was reviewed. The date when the next injection was due for administration was clearly recorded for staff reference.

Is Care Compassionate? (Quality of Care)

There was written evidence of authorisation from a health care professional regarding medicines which were required to be crushed prior to administration and/or administered in disguised form. A care plan was maintained.

The records pertaining to a small number of patients who were prescribed medicines for the management of distressed reactions, on a "when required" basis, were observed at the inspection. The name of the medicine and the frequency of dosing was recorded on the personal medication record. A care plan was maintained and evaluated monthly. The evidence seen indicated that these medicines were administered infrequently. A record of each administration was maintained. A separate chart was available to record the reason for and outcome of the administration and also a distressed reactions monitoring form was completed. This is good practice. Staff were familiar with circumstances when to administer anxiolytic/ antipsychotic medicines and had the knowledge 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 were recorded on the patient's personal medication record and had been administered as prescribed. This included regularly prescribed transdermal opioid patches and analgesics which were prescribed for administration on a "when required" basis. A pain tool was in use. Each administration of analgesics was recorded on a separate pain evaluation chart and detailed the type of pain and the effect of the analgesic. This is good practice. 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, these were evaluated monthly.

There was evidence that the formulation of medicines had been changed to suit the patient's swallowing needs.

Areas for Improvement

The management of external preparations should be reviewed to ensure the personal medication records and administration records correlate and are accurately completed. The recommendation made at the last medicines management inspection was stated for the second time.

In relation to the controlled drug schedules, all registered nurses should be made aware of the changes, to ensure that all relevant controlled drugs are denatured prior to disposal. A recommendation was made.

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

5.4 Additional Areas Examined

Medicines were stored safely and securely. Storage areas were tidy and organised. Dates of opening were recorded on medicines with a limited shelf-life once opened.

The management of blood glucometers should be further reviewed, to ensure the necessary arrangements are made to replace control solutions at the time of expiry. The recommendation made at the last medicines management inspection was stated for the second time.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the deputy manager, Ms She Pastrana and Ms Maura McIntyre from Four Seasons Health Care, 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 (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.

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 38 **Stated:** Second time **To be Completed by:** 22 November 2015	The registered person should review the process for the administration of external preparations to ensure records are fully and accurately completed on every occasion.
	Response by Registered Person(s) Detailing the Actions Taken: External preparations audit forms have been changed and correlate to kardex and MARR sheet every monthly cycle. This has been allocated to night staff in charge of each floor and will be verified by the Registered Nurse in charge of each floor.
Recommendation 2 **Ref**: Standard 39 **Stated:** Second time **To be Completed by:** 22 November 2015	The registered person should ensure that all blood glucometer control solutions are viable for use.
	Response by Registered Person(s) Detailing the Actions Taken: All blood sugar machines and solutions are being checked weekly and compliance will be verified by Deputy Manager.
Recommendation 3 **Ref**: Standard 31 **Stated:** First time **To be Completed by:** 22 November 2015	It is recommended that all registered nurses are made aware of the changes to the controlled drug schedules and which controlled drugs require denaturing prior to disposal.
	Response by Registered Person(s) Detailing the Actions Taken: All staff nurses have read and signed the Standard Operating Procedures for Controlled Drugs issued March 2015. As per recommendation of inspectors, we also highlighted that tramadol and zopiclone needs to be denatured.

Registered Manager Completing QIP	She Pastrana(Deputy Manger)	**Date Completed**	15/12/15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	16.12.15
RQIA Inspector Assessing Response	Judith Taylor	**Date Approved**	22.12.15

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