Lisadian House
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Hillsborough
BT26 6DY

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Unannounced Medicines Management Inspection of Lisadian House

10 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 10 December 2015 from 10.35 to 16.20.

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.

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 Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 17 June 2015.

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 Miss Esther Bell, Applicant Manager and the general manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Elim Trust Corporation/ Pastor Edwin Michael	**Registered Manager:** Miss Esther Elizabeth Bell (Registration Pending)
Person in Charge of the Home at the Time of Inspection: Miss Esther Elizabeth Bell	**Date Manager Registered:** Not applicable
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 45
Number of Patients Accommodated on Day of Inspection: 39	**Weekly Tariff at Time of Inspection:** £593 - £608

3. Inspection Focus

The purpose of this inspection was to determine if the improvements noted at the inspection on 17 June 2015 had been sustained and to confirm the progress made in addressing the requirements and recommendations from the last medicines management inspection; to re-assess the home's level of compliance with legislative requirements and the DHSSPS Care Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home 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 included the following:

We met with the applicant manager, the general manager and the registered nurses on duty

The following records were examined:

- medicines requested and received
- personal medication records
- medicines administration records
- medicines disposed of
- 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 8 October 2015. The completed QIP was assessed and approved by the care inspector on 18 November 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:** Second time	The registered manager must put robust arrangements in place for the management of nutritional supplements.	**Met**
	Action taken as confirmed during the inspection: There were robust arrangements in place for the management of nutritional supplements. A written list of prescribed nutritional supplements was used to prepare each patient' daily supply and the stock levels were monitored once a month.	
Requirement 2 **Ref**: Regulation 13(4) **Stated**: First time	The responsible individual must put robust systems in place to ensure that all medicines are stored at the correct temperature.	**Partially Met**
	Action taken as confirmed during the inspection: There were robust arrangements in place to ensure that the temperatures of medicine storage areas were monitored each day. In general, medicines had been stored at the correct temperature. A review of the records of temperatures for the treatment rooms and medicine refrigerators indicated that on most but not all occasions, satisfactory storage temperatures had been achieved. Management advised of the planned renovations to the home and the review of the storage of medicines. This requirement has been partially met, however, due to the assurances provided by management the requirement is not stated for a second time.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	It is recommended that the responsible individual should develop a system to monitor the stock balances and administration of Schedule 4 controlled drugs.	**Partially Met**
	Action taken as confirmed during the inspection: A monthly stock balance check was recorded for Schedule 4 controlled drugs to assist with the ordering process. However, it could not be readily confirmed in the stock balances were accurate or any administration had been monitored. The date of opening was recorded on some but not all containers of Schedule 4 controlled drugs. Some audits could not be concluded. Areas to improve in relation to the storage of Schedule 4 drugs waiting disposal were identified. These observations were further discussed with management. This recommendation has been partially met and is stated for a second time.	
Recommendation 2 **Ref**: Standard 31 **Stated:** First time	It is recommended that the responsible individual should ensure that two members of trained staff are involved in the disposal of all medicines and both staff sign the record of disposal.	**Met**
	Action taken as confirmed during the inspection: Examination of the disposal of medicines record indicated that two registered nurses were involved in the disposal of medicines.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Several medicines and medicine records were audited at the inspection. The majority of audits produced satisfactory outcomes indicating medicines were administered as prescribed. A few discrepancies were noted and highlighted and a small number of audits could not be completed as a record of the receipt of the medicines had not been maintained. This was discussed with management and it was agreed it would be closely monitored.

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

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

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 personal medication records were updated by two registered nurses. This is safe practice.

The medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Staff were reminded that any handwritten entries on the medication administration records should involve two trained staff to ensure the accuracy of the information and the start date of the record should be recorded. It was acknowledged that this was the expected practice.

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. It was noted that the stated stock balance and actual stock balance of one controlled drug ampoule differed. This was clarified by the manager by telephone on 11 December 2015 and details of the corrective action were provided. The management of Schedule 4 controlled drugs should be reviewed to ensure there is a monitoring system in place. A recommendation was stated for the second time.

Satisfactory arrangements were in place for the management of swallowing difficulty.

Discontinued or unwanted medicines were disposed of by two registered nurses into clinical waste bins and controlled drugs were denatured prior to disposal. However, an excessive amount of discontinued medicines remained in various boxes and bags or loose on benches in one locked room and included Schedule 4 controlled drugs. Management advised of the difficulty in obtaining clinical waste bins and of the action taken to obtain these. The delivery of the clinical waste bins was expected within one to two days. It was emphasised that these medicines must be disposed of as soon as possible and a system should be in place to monitor the Schedule 4 controlled drugs waiting denaturing and disposal. Management agreed to follow this up and ensure that clinical waste bins were readily available at all times.

Is Care Effective? (Quality of Management)

At the last medicines management inspection, management advised that the written policies and procedures in relation to medicines management were under review. The general manager advised that this work was ongoing. It was advised that these documents should include reference to the new medicines management system.

Medicines were managed by staff who have been trained and deemed competent. There were arrangements to monitor the impact of training through supervision and annual appraisal. The registered nurses had received update training since the last medicines management inspection. The care staff who were responsible for delegated medicine tasks had received training in the administration of thickening agents and external preparations.

The auditing arrangements in relation to medicines were reviewed. A monthly stock balance for each medicine was recorded. From these records, which were also used to facilitate the ordering process, it could not be readily determined if the stock balances were accurate. It was recommended that specific records which detailed the audit outcomes should be maintained. It was suggested that stock balance of any medicine carried forward for use in the next medicine cycle should be clearly recorded. A quarterly audit was undertaken by the community pharmacist.

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 and relatives. A care plan was maintained.

There was a system in place to report, analyse and learn from incidents. There had been no reported medicine related incidents since the last medicines management inspection. It was advised that the late administration of one controlled drug patch should have been reported at that time and was further discussed at the inspection.

Is Care Compassionate? (Quality of Care)

The records pertaining to some 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 were recorded on the personal medication record. A detailed care plan was maintained for those patients who had been administered these medicines in recent months; however, was not maintained for patients who have infrequent use of these medicines. A record of each administration was maintained, but the reason for and outcome of the administration were not recorded on each occasion. A recommendation was made. 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 management of pain was reviewed. A pain assessment was carried out for all patients in the home and reviewed at monthly intervals or more frequently if required. A pain tool was in use as needed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. The sample of records examined indicated that medicines which were prescribed to manage pain were recorded on the patient's personal medication record, and with the exception of one medicine, which had been administered late, the pain controlling medicines had been administered as prescribed.

Areas for Improvement

The auditing and disposal of Schedule 4 controlled drugs should be reviewed. The recommendation made at the last medicines management inspection was stated for the second time.

A record of the outcomes of the audits performed on medicines and other areas of medicines management should be maintained. A recommendation was made.

The management of distressed reactions should be reviewed to ensure that where medicines are prescribed on a "when required" basis, a care plan is maintained, and the reason for and

outcome of each administration are recorded on each occasion. A recommendation was made.

Number of Requirements	0	**Number of Recommendations**	3

5.4 Additional Areas Examined

The management of insulin was reviewed. It was noted that one insulin pen had expired by six days and remained in current use. Staff must ensure that each insulin pen is replaced once the in use expiry date has been reached. This insulin pen was removed and replaced during the inspection.

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

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Esther Bell, Applicant Manager, and the general manager, 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 the 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

No requirements were made following this inspection.

Recommendations

Recommendation 1 **Ref**: Standard 30 **Stated: Second time** **To be Completed by:** **12 January 2016**	It is recommended that the responsible individual should develop a system to monitor the stock balances and administration of Schedule 4 controlled drugs.
	Response by Registered Person(s) Detailing the Actions Taken: A stock balance will be taken every four weeks at the beginning of the new drug cycle in order to monitor the administration and stock of Schedule 4 controlled drugs.
Recommendation 2 **Ref**: Standard 28 **Stated: First time** **To be Completed by:** **12 January 2016**	Records of the outcomes of the auditing process for medicines management should be maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Regular audits will be undertaken and the findings used to improve practice within the Home in regards to medication management.
Recommendation 3 **Ref**: Standard 18 **Stated: First time** **To be Completed by:** **12 January 2016**	A detailed care plan should be maintained for any patient prescribed medicines for distressed reactions and the reason for and outcome of the administration should be recorded on each occasion.
	Response by Registered Person(s) Detailing the Actions Taken: A detailed care plan will be put in place for all such residents including parameters for administration. All administrations of any medicine for the management of distressed reactions will be documented. The outcome will also be documented.

Registered Manager Completing QIP	Esther Bell	**Date Completed**	14/01/16
Registered Person Approving QIP		**Date Approved**	
RQIA Inspector Assessing Response	**Judith Taylor**	**Date Approved**	**15/01/16**

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