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Unannounced Medicines Management Inspection of Lisadian House

17 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 17 June 2015 from 10:30 to 14:30.

A new manager had been appointed to the home since the last medicines management inspection.

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

Following the outcome of the last medicines management inspection on 12 March 2015, a serious concerns meeting was held with the registered persons. Assurances were given that the concerns raised by RQIA would be addressed and an action plan was provided detailing the actions that they were taking. RQIA agreed to give the responsible individual a short period of time to address the issues raised at the inspection and advised that two requirements would be repeated for a third and final time.

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	2	2

The details of the QIP within this report were discussed with the manager, Rev Robert Ginn, 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:** See below
Person in Charge of the Home at the Time of Inspection: Rev Robert Ginn (manager)	**Date Manager Registered:** Registration pending
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: 41	**Weekly Tariff at Time of Inspection:** £593

3. Inspection Focus

The inspection on 12 March 2015 had shown that robust arrangements were not in place for the management of medicines and improvements were required.

The purpose of this visit was to determine what progress had been made in addressing the requirements and recommendations made during the last medicines management inspection, to assess the 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.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

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

During the inspection the inspectors met with the manager and registered nurses 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

The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 19 May 2015. The completed QIP is due for return on 16 July 2015.

4.2 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 once	The registered manager must confirm the prescription details for the following medicines as highlighted per patient: • candestartan for Patient A • prednisolone for Patient B • Praxilene for Patient A • Nutilis for Patient C • memantine for Patient D	**Met**
	Action taken as confirmed during the inspection: The previous registered manager had provided details by telephone and email on 13 March 2015.	
Requirement 2 **Ref**: Regulation 13(4) Stated once	The registered manager must contact the prescriber regarding the observations made in Patient A's aspirin, simvastatin and latanaprost.	**Met**
	Action taken as confirmed during the inspection: The previous registered manager had confirmed that the prescribers had been contacted on 13 March 2015.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 13(4) Stated once	The registered manager must confirm that all of the personal medication records are accurate for all patients accommodated within this home.	**Met**
	Action taken as confirmed during the inspection: The previous registered manager had advised by telephone and email between 13 and 16 March 2015 of the progress made in ensuring that all patients' personal medication records had been reviewed and updated as necessary.	
Requirement 4 **Ref**: Regulation 13(4) Stated for third and final time	The administrations of inhaled medicines must be closely monitored. Any further discrepancies must be investigated and reported to RQIA Belfast office.	**Met**
	Action taken as confirmed during the inspection: There was evidence of close monitoring of the management of inhaled medicines. Daily stock balances had been commenced for a number of inhalers using the counter device and also for inhaled capsules and nebules. A few recent discrepancies were noted and highlighted at the inspection and the manager advised of the corrective action that would be taken from the day of the inspection onwards.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 5 **Ref**: Regulation 13(4) Stated for third and final time	Improvement is required in the standard of maintenance of medication administration records, to ensure the following: • medicines are administered as prescribed and each administration is accurately recorded • the reason for any non-administration is recorded • records of the administration of thickening agents are fully maintained • the completion of administration records for external preparations are clear and unambiguous.	**Met**
	Action taken as confirmed during the inspection: Significant improvement was noted in the completion of medicine administration records. The audit trails indicated that the majority of medicines had been administered as prescribed and the reason for any non-administration was clearly stated. Specific charts to record the administration of thickened fluids and external preparations were developed and implemented. These were being closely monitored by the nursing sister. Some further improvement was identified through their audit process and is planned to be addressed at the next meeting.	
Requirement 6 **Ref**: Regulation 13(4) Stated twice	The responsible individual must develop and implement a robust audit process which covers all aspects of medicines management.	**Met**
	Action taken as confirmed during the inspection: A robust audit system has not yet been fully embedded; however, there was evidence of improvement. A variety of auditing systems pertaining to medicines management have been developed and implemented. Daily, weekly and monthly audits have commenced. The manager advised of the planned audit process within the home.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 7 **Ref**: Regulation 13(4) Stated twice	The responsible individual must make the necessary arrangements to ensure personal medication records are up to date and accurate at all times.	**Met**
	Action taken as confirmed during the inspection: The personal medication records examined at the inspection had been well maintained.	
Requirement 8 **Ref**: Regulation 13(4) Stated twice	The responsible individual must ensure that bisphosphonate medicines are administered in strict accordance with the manufacturers' instructions and records of administration clearly indicate the actual time of administration.	**Met**
	Action taken as confirmed during the inspection: There was evidence that these medicines had been administered once weekly as prescribed and separately from food or other medicines. Staff had highlighted the date of each administration to ensure doses were not missed.	
Requirement 9 **Ref**: Regulation 13(4) Stated once	The registered manager must put robust systems in place for the management of eye preparations.	**Met**
	Action taken as confirmed during the inspection: The eye preparations examined at the inspection had been marked with the date of opening and remained within the expiry date. An improvement in the patterns of administration of eye preparations was observed.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 10 Ref: Regulation 13(4) Stated once	The registered manager must put robust arrangements in place for the management of nutritional supplements.	**Partially Met**
	Action taken as confirmed during the inspection: The nutritional supplements were recorded on the personal medication records and medication administration records. Supplies were segregated to indicate each patient's supply. Small discrepancies were observed in multi dose containers of Procal Shot liquid, suggesting sharing of containers. There is currently no audit process for nutritional supplements. **This requirement was restated**	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 Stated twice	The responsible individual should review the management of distressed reactions to ensure the relevant records are maintained.	**Partially Met**
	Action taken as confirmed during the inspection: The manager advised of the discussion which had taken place with the registered nurses at a staff meeting in April 2015. A review of patient's records indicated that work has commenced in relation to care plans and evaluations. The manager advised that this work would be completed by 30 June 2015, following the transfer of information from paper records to electronic records. T	
Recommendation 2 **Ref**: Standard 39 Stated twice	The responsible individual should monitor and record the temperature in the ground floor treatment room to ensure temperatures do not exceed 25^{o}C.	**Not Met**
	Action taken as confirmed during the inspection: The records indicate that temperatures in this treatment room frequently exceed 25^{o}C. **This recommendation has been subsumed into a requirement**	

Last Inspection Recommendations		Validation of Compliance
Recommendation 3 **Ref**: Standard 39 Stated twice	The responsible individual should review the management of medicines to ensure the date of opening is recorded on all medicines to facilitate removal and replacement at expiry and to facilitate the audit process.	**Met**
	Action taken as confirmed during the inspection: The date of opening was recorded on all medicine containers examined at the inspection. There was no evidence of any medicines which had passed the expiry date.	
Recommendation 4 **Ref**: Standard 37 Stated once	The registered manager should ensure that where a patient is prescribed thickened fluids, a detailed care plan which reflects the speech and language assessment report is maintained.	**Partially Met**
	Action taken as confirmed during the inspection: There has been some improvement in this area, however, on discussion it was established that this will be fully addressed following the completion of transferred information from paper records to electronic records. The manager advised that this would be completed by 30 June 2015.	
Recommendation 5 **Ref**: Standards 37 & 38 Stated once	The registered manager should develop an effective system which ensures correlation between the patient's personal medication record and corresponding medication administration records at the beginning of each medicine cycle.	**Met**
	Action taken as confirmed during the inspection: Correlation was noted between the personal medication records and medication administration records. There was evidence that these records are included in the daily audit.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Significant improvements in the management of medicines were observed since the last medicines management inspection; the management and staff were commended for their efforts in addressing the omissions evidenced at the last inspection. The need to ensure these improvements were sustained was emphasised.

The audit trails performed on a range of randomly selected medicines at the inspection indicated that most medicines had been administered in accordance with the prescribers' instructions. An improvement in medicines administration was evidenced.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available.

There was evidence of the improvements made in the standard of record keeping for medicines. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines were maintained. Medicine records were legible and most had been well maintained so as to ensure that there was a clear audit trail. The personal medication records examined had been signed by two registered nurses to ensure the accuracy of the record. This is safe practice. The good practice of recording the removal of lidocaine patches was acknowledged.

Records indicated that bisphosphonate medicines were administered separately from food or other medicines. A specific reminder process was in place to alert staff of the day of administration.

Discontinued or expired medicines were discarded into a pharmaceutical clinical waste bin, which are uplifted by a contracted waste disposal company.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines in Lisadian House were in place. The manager advised that these were to be reviewed by the organisation in the near future.

Medicines were managed by staff who had been trained and deemed competent to do so. The most recent training had been completed in April 2015. All registered nurses were provided with a copy of the medicines management quality improvement plan and a meeting was held to discuss the way forward. A list of the names, initials and sample signatures of staff responsible for medicines was maintained. The impact of training is monitored through supervision.

Improvements were noted in the auditing system for medicines. The frequency of audits had increased. Registered nurses complete daily stock balances for a number of medicines which are not included in the 28 days blister packs. A daily check is also undertaken to ensure ongoing correlation between records of prescribing and administration. Weekly and monthly audits are also completed. A representative from the community pharmacy has increased the frequently of visits to the home to support the audit process. Any issues are highlighted at the team meetings. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process is facilitated by recording the date and time of opening on

the medicine container. Some areas which staff had already identified through their audit process and had reported for improvement were discussed during the inspection.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. One recent incident was discussed.

There were systems in place to ensure the next date of injectable medicines was clearly recorded.

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 examined at the inspection. The parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. A record of each administration was maintained. From discussion with the registered nurses, it was concluded that staff were familiar with circumstances when to administer anxiolytic/antipsychotic medicines. They 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. Care plans were currently being reviewed as part of the transfer to the new electronic record system. The manager advised that this work would be completed by 30 June 2015 and care plans would be evaluated regularly. Staff were aware that the reason for and outcome of the administration must be recorded.

Medicines which are prescribed to treat pain are recorded on the personal medication record. Examination of the administration of transdermal opioid patches indicated that they had been administered as prescribed. Care plans in relation to pain management were being reviewed following the implementation of the electronic record system.

Areas for Improvement

The management of nutritional supplements should be reviewed to ensure that these medicines are administered as prescribed, each patient is administered from their own supply, the time of opening is recorded on multi-dose containers and there is a robust auditing system in place. The requirement made at the last inspection was restated.

The management of Schedule 4 controlled drugs should be reviewed. At the inspection, two audit trails on anxiolytics could not be concluded and one audit trail indicated a discrepancy. This was discussed at the inspection and a recommendation was made.

The records pertaining to Schedule 2 controlled drugs were reviewed. The need to ensure that all records of receipt and administration are recorded in a bound book with page numbers was discussed.

The process for the disposal of medicines was discussed. Two registered nurses/trained staff should be involved in the disposal of all medicines and both staff should sign the record of disposal. This often only involves one registered nurse. A recommendation was made. It was acknowledged that two registered nurses are involved in the denaturing and disposal of controlled drugs.

The procedures in place regarding the monthly monitoring completed by the general manager were discussed. Whilst it was noted that there was a brief entry in relation to medicines, it was suggested that this should be reviewed to ensure that the progress being made against the issues identified in inspection quality improvement plans were monitored and embedded into practice.

Number of Requirements:	1	**Number of Recommendations:**	2

5.4 Additional Areas Examined

Medicines stored in the treatment rooms were being stored safely and securely. There was no evidence of any expired medicines. Systems were in place to date and replace medicines with a limited shelf life once opened.

It was noted that temperatures in each of the two treatment rooms had exceeded the accepted upper limit of 25^{o}C on a number of occasions. This was further discussed with reference to the stability of medicines and the manufacturers' instructions and a requirement was made.

The management of oxygen was discussed. Oxygen cylinders had been removed from the treatment rooms and relocated to a new area. This was discussed in relation to the fire plan and also the cylinders which were located on the ground floor and first floor at the inspection. The manager advised that this would be reviewed after the inspection and as part of the current fire assessment. This has been referred to the RQIA estates inspection for review as necessary.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rev Robert Ginn, Manager (registration pending) as part of the inspection process. The timescales commence from the date of inspection.

The registered manager/person 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 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 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

Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated: Second time** **To be Completed by:** **17 July 2015**	The registered manager must put robust arrangements in place for the management of nutritional supplements.
	Response by Registered Person(s) Detailing the Actions Taken: A weekly audit will be carried out by the Nurse Manager to ensure nutritional supplements are being managed correctly
Requirement 2 **Ref:** Regulation 13(4) **Stated: First time** **To be Completed by:** **17 August 2015**	The responsible individual must put robust systems in place to ensure that all medicines are stored at the correct temperature.
	Response by Registered Person(s) Detailing the Actions Taken: The temperature of the treatment rooms where medicines are stored is recoreded daily. If/when the temperature exceeds the recommended tempature for a sustained period of time an alternative room will be identified to store medicines
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **17 July 2015**	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 of schedule 4 drugs will be undertaken on a regular basis**
Recommendation 2 **Ref**: Standard 31 **Stated: First time** **To be Completed by:** **17 July 2015**	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.
	Response by Registered Person(s) Detailing the Actions Taken: The Nurse Manager has informed all registrants that two nurses must dispose of all medicines and sign the record of disposal. The Nurse Manager will undertake a weekly audit for compliance

Registered Manager Completing QIP	Robert Ginn	**Date Completed**	09/07/15
Registered Person Approving QIP	Elaine Hill	**Date Approved**	16/07/15
RQIA Inspector Assessing Response	**Frances Gault**	**Date Approved**	**20/7/15**

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