Unannounced Medicines Management Inspection Report
6 October 2016

Loughview

Type of Service: Nursing Home
Address: 68 Fortwilliam Park, Belfast, BT15 4AS
Tel no: 028 9077 1930
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Loughview took place on 6 October 2016 from 09.50 to 14.00.

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.

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 mostly satisfactory systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area for improvement was identified regarding the management of medicines which have a limited shelf life once opened. One recommendation was made.

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. One area for improvement was identified in relation to medicines prescribed for use on a "when required "basis for the management of distressed reactions. A recommendation made at the last medicines inspection was stated for the second time.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas for improvement identified.

Is the service well led?

The service was found to be generally 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. One area for improvement was identified regarding the audit systems and governance arrangements in place for the management of medicines. One recommendation was made.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Margaret Lakehal, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 8 September 2016.

2.0 Service details

Registered organisation/registered person: Loughview Homes Ltd Mr Michael Curran Mr Paul Steele	**Registered manager:** Ms Margaret Lakehal
Person in charge of the home at the time of inspection: Ms Margaret Lakehal	**Date manager registered:** 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 32

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with two patients, one registered nurse and the registered manager.

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.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 September 2016

The most recent inspection of the home was an announced premises inspection. The draft report has been issued and the completed QIP was returned to RQIA on 20 October 2016. The QIP will be validated by the premises inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 3 September 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person(s) must review the stock control of medicines to ensure that all medicines are available for administration as prescribed and any shortfalls in medicines are reported to the registered manager for corrective action.	**Met**
	Action taken as confirmed during the inspection: All of the medicines examined were available for administration at the time of the inspection. The registered manager confirmed that stock control issues are reported and dealt with immediately.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 18 **Stated:** First time	It is recommended that the registered person(s) should ensure that when medicines are prescribed on a "when required" basis for the treatment of distressed reactions, a care plan is in place and staff record the reason for and the outcome of the administration of the medicine on every occasion; where the medicine is administered on a regular basis this should be reported to the prescriber.	**Not Met**
	Action taken as confirmed during the inspection: In the two examples examined a care plan was not in place. In one example it was concluded from an audit trail that administration had not always been recorded. The reason for and outcome of administration had not been recorded. **This recommendation was stated for the second time.**	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in August and September 2015. Staff had also received training in the management of enteral feeding and the administration of medicines via this route since the last inspection.

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 were updated by two designated members of staff.

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

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. Registered nurses were

reminded that the disposal of medicines should be witnessed on every occasion by a second designated member of staff who should countersign the record of disposal.

Medicines were mostly stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and tidy and organised in the limited space available. Medicine refrigerators and oxygen equipment were checked at regular intervals. However, the systems in place to alert staff to the expiry dates of medicines with a limited shelf life, once opened, should be reviewed. The date of opening was not recorded on two eye preparations or on the insulin pen devices in use. A recommendation was made.

Areas for improvement

Robust procedures should be put in to place to manage medicines which have a limited shelf life once opened. A recommendation was made.

Number of requirements	0	**Number of recommendations**	1

4.4 Is care effective?

Most of the medicines examined had been administered in accordance with the prescriber's instructions. A small number of medicines did not state the date of opening and the audit trails could not be concluded. Staff were reminded to record the date of opening on all medicines to facilitate audit.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

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. However, in the two examples examined a care plan was not in place. In one example it was concluded from an audit trail that administration had not always been recorded. The reason for and outcome of administration had not been recorded. A recommendation made at the last inspection was stated for the second time.

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 pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was usually recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were usually in place. For one example the care plan and personal medication record needed updating to reflect a recent change in the speech and language assessment. The registered manager agreed to address this immediately.

The management of medicines administered via the enteral route was examined and found to be satisfactory.

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 generally well maintained and facilitated the audit process.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to issues or concerns relating to medicines management.

Areas for improvement

The management of medicines prescribed on a "when required" basis for the treatment of distressed reactions should be reviewed to ensure that a care plan is in place and staff record the reason for and the outcome of the administration of the medicine on every occasion. A recommendation made at the last inspection was stated for the second time.

Number of requirements	0	**Number of recommendations**	1

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

The patients spoken to advised that they were satisfied with the manner in which their medicines were managed and administered. They were complementary about the staff and their care in the home.

Patients were relaxed and comfortable in their surroundings and in their interactions with staff, which were observed to be kind, caring and cheerful.

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. These were reviewed and updated in August 2015. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. No medicine related incidents have been reported since the last medicines management inspection.

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

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated to staff individually and at team meetings.

Systems for auditing the management of medicines were in place, but these were not always robust and consistent. Records of audits that had taken place, including a quarterly audit completed by the community pharmacist, indicated that satisfactory outcomes had mostly been achieved. Medicine audits should be completed on a regular basis, in accordance with the home's written policies and procedures. Where a discrepancy is identified, there should be evidence of the action taken, including escalating problems to management and any learning which resulted in a change in practice. The registered manager should review the audit system to ensure it addresses the areas for improvement highlighted.

The recommendation made at the last medicines management inspection had not been addressed. To ensure that the QIP is fully addressed and the improvement sustained, the QIP should be regularly reviewed as part of the quality improvement process. A recommendation regarding medicine audits and governance arrangements was made.

Areas for improvement

The governance arrangements for medicines should be reviewed, to ensure that the audit system addresses the areas for improvement highlighted and that the QIP is regularly reviewed as part of the home's quality improvement process. A recommendation was made.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Margaret Lakehal, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the nursing home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref**: Standard 18 **Stated:** Second time **To be completed by:** 6 November 2016	It is recommended that the registered person(s) should ensure that when medicines are prescribed on a "when required" basis for the treatment of distressed reactions, a care plan is in place and staff record the reason for and the outcome of the administration of the medicine on every occasion; where the medicine is administered on a regular basis this should be reported to the prescriber.
	Response by registered provider detailing the actions taken: Care plans are in place for administering treatment for distressed reactions, the reason for administering and the outcome will be monitored.
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 6 November 2016	The registered provider should ensure that robust procedures are in place to manage medicines which have a limited shelf life once opened.
	Response by registered provider detailing the actions taken: The dates for medicines with limited shell life will be checked on the weekly audits.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 6 November 2016	The registered provider should review the governance arrangements for medicines, to ensure that the audit system addresses the areas for improvement highlighted and that the QIP is regularly reviewed as part of the home's quality improvement process.
	Response by registered provider detailing the actions taken: The areas for improvement have been included in the audit system

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