Loughview
RQIA ID: 1266
68 Fortwilliam Park
Belfast
BT15 4AS

Inspector: Judith Taylor
Inspection ID: IN022562

Tel: 028 9077 1930
Email: loughviewhomes@btconnect.com

Unannounced Medicines Management Inspection of Loughview

3 September 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 3 September 2015 from 10:25 to 14:10.

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.

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 11 September 2012.

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	1	1

The details of the QIP within this report were discussed with the registered manager, Ms Margaret Lakehal, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. 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:** 36 (32 effective)
Number of Patients Accommodated on Day of Inspection: 28	**Weekly Tariff at Time of Inspection:** £581

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

During the inspection the inspector met with the registered 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
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 18 May 2015. The completed QIP was assessed and approved by the care inspector on 24 June 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 twice	When the administration of thickening agents is delegated to care staff, records of the training and competency must be maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that designated care staff had received training in the management of dysphagia. Records had been maintained. The registered manager confirmed that staff were competent and that this was assessed through supervision and appraisal.	
Requirement 2 **Ref**: Regulation 13(4) Stated once	The registered manager must review and revise the arrangements in place for the management of external preparations to ensure records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A new system had been implemented. The majority of external preparations were administered by care staff. Separate records of prescribing and administration were maintained and completion of these records was monitored through the audit process.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 13(4) Stated once	The registered manager must put robust systems in place for the management of limited shelf life medicines.	**Met**
	Action taken as confirmed during the inspection: With the exception of one opened insulin pen device, the date of opening was recorded on medicines with a limited shelf life once opened. It was accepted that it was unlikely that the insulin had been administered after the 28 day expiry date, due to the number of units prescribed per dose.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standards 37 & 38 Stated once	Two nurses should be involved in recording new details onto personal medication records and each nurse should initial the entry.	**Met**
	Action taken as confirmed during the inspection: A review of personal medication records (PMRs) indicated that any new information was verified by two registered nurses.	
Recommendation 2 **Ref**: Standard 37 Stated once	When prescribed, the required consistency level of the thickened fluid should be recorded on the administration records and personal medication records.	**Met**
	Action taken as confirmed during the inspection: Records pertaining to two of the three patients prescribed thickening agents were reviewed. The thickening agent was not recorded on the PMR. However, records of administration were maintained. Although the registered manager confirmed that staff were fully aware of the prescribed consistency level for the patients, this was recorded on a chart for only one patient. This was further discussed and it was agreed that the PMRs and administration records would be updated by the end of the day. This was confirmed by the registered manager by telephone on 4 September 2015.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A randomly selected sample of medicines was audited during the inspection. With the exception of two audits, the medicine audits produced satisfactory outcomes. It was agreed that the two identified medicines would be closely monitored through the weekly audit process.

Although there were arrangements in place for the ordering and receipt of medicines, there were several instances when medicines had been out of stock for more than one dose in the last four weeks. This is not acceptable. The registered manager had not been made aware on each occasion and this had not been reported to RQIA. The registered manager advised of the difficulties in obtaining prescribed repeat medicines and advice was given at the inspection. A list of the medicines noted to out of stock were recorded and shared with the registered manager.

All of the medicines examined at the inspection were labelled appropriately.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. One recently admitted patients' records were examined. Written confirmation of the medicine regime had been obtained and the PMR had been completed and checked by two registered nurses.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed.

There were robust arrangements for managing medicine changes; all changes were confirmed in writing and records were updated by two trained members of staff. This is safe practice.

Records of the ordering, receipt, administration and disposal of medicines were maintained. These had been maintained in a satisfactory manner. Where transcribing of medicine details occured, this process had involved two registered nurses to ensure the accuracy of the record; this is safe practice.

Satisfactory arrangements were in place for the administration of bisphosphonate medicines.

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 Schedule 4 (Part 1) controlled drugs, which is good practice.

Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which are uplifted by a waste disposal contractor. Controlled drugs were denatured by two registered nurses 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 Loughview. These had been updated in August 2015.

Medicines were being managed by staff who have been trained and deemed competent to do so. There was evidence of the induction process. The impact of training was monitored through supervision and appraisal. Training in medicines management had been provided through training sessions and completion of e-learning modules. Competency assessments were completed annually.

Arrangements were in place to audit practices for the management of medicines. The registered nurses had performed weekly audits which focused on medicines not supplied in the 28 day blister packs. These were reviewed by the registered manager, who had also performed a monthly medicine audit. There was evidence of the completed checklist and details of any areas identified for improvement. In addition, the community pharmacist had performed a medicine audit and had provided a written report of the outcome. 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 also on the comments column on the administration records. The registered manager gave an assurance that she would closely monitor the process for the ordering of prescribed medicines to ensure adequate supplies were available.

The registered manager 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 is a system in place to report, analyse and learn from incidents. No medicines related incidents had been reported since the last medicines management inspection. The registered manager gave an assurance that any further incidents regarding out of stock medicines would be reported to RQIA.

Is Care Compassionate? (Quality of Care)

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 was documented on the personal medication record; however, the frequency of dosing/maximum daily dosage was not recorded. A care plan was maintained for some but not all patients prescribed these medicines. The reason for and outcome of each administration was not recorded. It was noted that an anxiolytic medicine was administered on a regular basis in the evening. This was further discussed and should be reported to the prescriber. The registered manager confirmed that staff were familiar with circumstances when to administer anxiolytic/ antipsychotic medicines. Staff 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.

Medicines which were prescribed to treat pain were recorded on the personal medication record. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included transdermal opioid patches and also analgesics which were prescribed for administration on a "when required" basis. A care plan was

maintained. A pain tool was available and used as needed. Staff were aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines were prescribed, staff were aware that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable.

Areas for Improvement

Close monitoring of the administration of the two identified medicines within the weekly audit process was agreed.

The stock control of medicines must be reviewed 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. A requirement was made.

It was agreed that any further out of stock medicines would be reported to RQIA.

The management of distressed reactions should be reviewed to ensure that the parameters for administration are fully recorded on the personal medication record, a care plan is maintained and the reason for and outcome of any administration is recorded; where administration is necessary on a regular basis, this should be reported to the prescriber. A recommendation was made.

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

5.4 Additional Areas Examined

Medicines were being stored safely and securely and in accordance with the manufacturers' instructions.

Staff were reminded that the date of opening must be routinely recorded on any insulin pen device in current use.

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, Ms Margaret Lakehal, as part of the inspection process. The timescales commence from the date of inspection.

The registered manager/persons 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 manager/persons 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 meet 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 persons may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Persons

The QIP should be completed by the registered manager/registered persons and detail the actions taken to meet the legislative requirements stated. The registered persons 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: 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.
To be Completed by: **3 October 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** Staff are made aware that any shortfalls/out of stock medicines are reported to the manager who will take action to ensure that the medication is available for administration at the correct time.

Recommendations	
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.
To be Completed by: **3 October 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** Care plans have been implemented for distressed reactions and staff are aware to record the reason and outcome of the administered said medication.

Registered Manager Completing QIP	Margaret Lakehal	**Date Completed**	26/10/2015
Registered Person Approving QIP	Michael Curran	**Date Approved**	26/10/2015
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**	27 October 2015

Re Loughview - medicines management inspection Number = IN022562 030915