Unannounced Medicines Management Inspection Report
15 September 2016

Manor Lodge

Type of Service: Nursing Home
Address: 5 The Manor, Blacks Road, Dunmurry, BT10 0NB
Tel no: 028 9062 9331
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of manor Lodge took place on 15 September 2016 from 10.05 to 15.00.

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?

Some areas for improvement were identified and must be addressed to ensure that the management of medicines in the home supports the delivery of safe care. These include procedures for the management of medicines at admission, the management of warfarin and the storage of controlled drugs requiring safe custody. The management of changes to prescribed medicines and the procedures in place to facilitate audit and prevent medicines being used after expiry should also be reviewed. To ensure that the management of medicines is in compliance with legislative requirements and standards, three requirements and two recommendations have been made.

Is care effective?

Some areas for improvement were identified and must be addressed to ensure that the management of medicines in the home supports the delivery of effective care. Medicine records must be accurately maintained at all times. One recommendation was made regarding records maintained when administrating medicines on a “when required” basis for the management of distressed reactions. To ensure that the management of medicines is in compliance with legislative requirements and standards, two requirements and one recommendation have been made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. There were no areas of improvement identified.

Is the service well led?

The management of medicines was not found to be consistently well led. Some areas for attention may be attributed to the ongoing changes in management and lack of permanent staff. The findings within safe and effective care indicate the need for robust leadership in the home. There was evidence that systems and processes in place to monitor the delivery of care and services within the home were being addressed. The acting manager stated that the organisation was aware that there were a number of areas which required improvement and senior management were monitoring the home. This was evidenced during the inspection. The incoming acting manager was aware of the issues requiring attention.

Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents.

An effective and consistent auditing system, to ensure that robust arrangements are in place for the management of medicines is necessary. One recommendation has been 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to described those living in Manor Lodge which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Shily Paul, Acting Manager and Ms Ailish Devlin, incoming Acting Manager undergoing induction, 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 care inspection

Following the findings of the most recent inspection on 30 June 2016, a detailed action plan, which included the management of medicines, was submitted to RQIA on 5 July 2016. The action plan included all of the areas of concern that had been identified at the inspection. The action plan was considered by senior management in RQIA and a decision was taken that enforcement action would not proceed at this stage. A further care inspection will be undertaken to validate that compliance has been achieved and sustained.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered manager:** Mrs Shily Paul (acting – no application required)
Person in charge of the home at the time of inspection: Mrs Shily Paul	**Date manager registered:** N/A
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE, RC-I	**Number of registered places:** 39

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

The inspector met with two registered nurses, the acting manager and the incoming acting manager undergoing induction.

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 during the inspection:

- 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 30 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

One area to be followed up was a requirement made regarding the management of medicines.

"The registered provider must ensure that the administration of medicines is completed in a safe and timely manner and registered nurses are competent in the safe administration of medicines."

The four registered nurses employed by the home had been assessed as competent and had received refresher training and appraisal in recent months. However the acting manager stated that the home is reliant on registered nurses from a nursing agency on a frequent basis. The agency nurse on duty confirmed that he had received induction and training on the systems for medicines management in the home. The acting manager stated that a team of senior staff from the registered provider's regional office have been involved in staff training and clinical support. The administration of medicines, observed in the dementia unit, was completed in a timely manner on the day of the inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 3 March 2016

There were no requirements of recommendations made as a result of the last medicines management inspection.

4.3 Is care safe?

Staff and management confirmed that there was an induction processes for registered nurses, agency nurses and care staff who had been delegated medicine related tasks. This was evidenced for three registered nurses employed by the home who had been assessed as competent and undergone appraisal in recent months. The acting manager advised of the ongoing difficulties in the recruitment and retention of registered nurses and advised of the clinical support provided by a team of senior staff brought in to assist.

The process for annual appraisal, assessment of competency and ongoing supervision had been reviewed in recent months. An action plan regarding the necessary improvements already identified was provided.

Although there were systems to manage the ordering of prescribed medicines to ensure adequate supplies were available, it was noted that registered nurses spent considerable time following up medicine orders. They occasionally started using the supply intended for the next medicines cycle, to prevent medicines being omitted due to being out of stock. The acting manager advised of the difficulties in ordering and receiving medicines in a timely manner and assured that this was currently being addressed in consultation with the community pharmacist and the prescriber. All prescribed medicines examined were available for administration.

The procedures in place to manage changes to prescribed medicines were examined. Two designated staff should be involved in transcribing of medicines information on to personal medication records and handwritten medication administration records. The start date should also be recorded on handwritten medicine administration records. These procedures should be reviewed. A recommendation was made.

The procedures in place to ensure the safe management of medicines during a patient's admission to the home must be reviewed. For one patient, no record of the receipt or confirmation of prescribed medicines was in place. A requirement was made.

Arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts and two staff signing records of administration was acknowledged. However, on two days recently, records indicate that the incorrect dose of warfarin was administered to one patient. This must be investigated and systems reviewed to ensure that the management of warfarin is robust. A requirement was made.

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.

Medicines were mostly stored safely and securely and in accordance with the manufacturer's instructions. Registered nurses were reminded of the storage instructions for Lidocaine patches. Medicine storage areas were clean and tidy. It was noted that the controlled drug cabinet in the dementia unit was not large enough for the quantity of medicines in stock and some medicines were stored in the locked outer cupboard. This must be reviewed. A requirement was made. Staff were reminded that the all medicine cupboards and the treatment room door should be locked at all times when a registered nurse is not in attendance.

The date of opening should be recorded on all medicines to facilitate audit and to alert staff of the expiry dates of medicines with a limited shelf life, once opened. This was not recorded on some medicines examined. A recommendation was made. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

The procedures in place to ensure the safe management of medicines during a patient's admission to the home must be reviewed. A requirement was made.

The discrepancies in the dose of warfarin administered must be investigated and systems reviewed to ensure that the management of warfarin is robust. A requirement was made.

The storage of controlled drugs in the dementia unit must be reviewed to ensure that those medicines requiring safe custody are stored appropriately. A requirement was made.

The procedures in place to manage changes to prescribed medicines should be reviewed. A recommendation was made.

The date of opening should be recorded on all medicines to facilitate audit and to alert staff of the expiry dates of medicines with a limited shelf life, once opened. A recommendation was made.

Number of requirements	3	**Number of recommendations**	2

4.4 Is care effective?

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due. However, on two occasions transdermal patches, due to be applied on a weekly basis, had been administered several days late. This was discussed with the acting manager who had already been made aware by staff and was in the process of reporting this to RQIA. The administration of these medicines was discussed and the acting manager agreed to discuss this with staff and review the administration of these medicines on a regular basis.

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. A care plan was maintained for four of the five records examined. 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. The reason for and the outcome of administration were not always recorded. A recommendation was made.

The sample of records examined indicated that with the exception of the transdermal patches discussed above, medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that many of the patients could verbalise any pain, and a pain 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 recorded on their personal medication record and included details of the fluid consistency. For one patient the required consistency of fluid recorded on the personal medication record and in the care plan did not correlate. This was discussed with staff and addressed immediately. Administration was recorded and care plans and speech and language assessment reports were in place.

The management of enteral feeding was examined. The administration of medicines via this route was being managed in a satisfactory manner, however the fluid intake charts did not always include the total volume of fluid intake per 24 hours and the route of administration was not recorded on the medicine administration record. This was discussed with the acting manager and registered nurse and it was agreed that this would be addressed immediately.

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.

Some of the medicine records had been maintained in a satisfactory manner. However, improvement was required in the standard of maintenance of records of prescribing and administration. Several personal medication records were not up to date. These records may be used by the general practitioner and other health care professionals and must be fully and accurately maintained at all times. A requirement was made. It was acknowledged that a number of personal medication records had been recently rewritten and that these were being reviewed. Some missing signatures were observed in medicine administration records. In addition, balances for medicines supplied separately from the monitored dosage system were not always being carried forward, rendering these medicines and nutritional supplements difficult to audit. This is best practice and should be implemented. The codes provided for the reason for omission of medicines were not always being used appropriately. Medicine administration records must be maintained accurately. A requirement was made.

Some areas of good practice were acknowledged. They included transdermal patch application records, however these were not being used consistently and this was discussed with staff.

Areas for improvement

Personal medication records must be fully and accurately maintained at all times. A requirement was made.

Medicine administration records must be maintained accurately. A requirement was made.

The reason for and the outcome of administration of medicines prescribed for use on a "when required" for distressed reactions should be recorded on every occasion. A recommendation was made.

Number of requirements	2	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.

It was not possible to ascertain the views and opinions of patients. However, patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 updated and shared with staff in June 2016.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed.

Practices for the management of medicines had recently been audited by the staff and management team. A quarterly audit was completed by the community pharmacist. The acting manager stated that changes in management and staff may have resulted in the lack of a robust auditing system in recent months and advised that an action plan was in place. However, due to the issues highlighted for attention during the inspection, the auditing process should be reviewed, to ensure that it covers all aspects of medicines management and that there is a robust system in place to follow up all areas identified for improvement. A recommendation was made.

Following discussion with the acting manager and registered nurses, 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 with at handover and at team meetings.

Areas for improvement

The auditing process should be reviewed, to ensure that it covers all aspects of medicines management and that there is a robust system in place to follow up areas identified for improvement. 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 Mrs Shily Paul, Acting Manager and Ms Ailish Devlin, incoming Acting Manager undergoing induction, 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	
Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 15 October 2016	The registered provider must ensure that the procedures in place to ensure the safe management of medicines during a patient's admission to the home are reviewed.
	Response by registered provider detailing the actions taken: All staff are aware of the concern, nurses are advised to get non blistered medication prior to admission especially respite admission directly from own house.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 15 October 2016	The registered provider must ensure that the discrepancies in the dose of warfarin administered are investigated and that systems are reviewed to ensure that the management of warfarin is robust.
	Response by registered provider detailing the actions taken: The concerned staff member has completed/undertaken a supervision session on administration of medicinesand all staff have been made aware of the issue raised. The day and date is now mentioned in warfarin form to avoid confusion.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 15 October 2016	The registered provider must ensure that the storage of controlled drugs in the dementia unit is reviewed to ensure that those medicines requiring safe custody are stored appropriately.
	Response by registered provider detailing the actions taken: The controlled drug cupboard is not sufficient to store all the mdications due to a large storage needed for Diazepam. By consulting with Boots Pharmacy it was advised that the diazepam can be stored outside the controlled cupboard but in a locked cabinet and managed as per FSHC policy. This is now carried out, a count will be taken daily and each shift, diazepam is kept locked but not in a controlled drug cabinet.

Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 15 October 2016	The registered provider must ensure that personal medication records are maintained accurately at all times.
	Response by registered provider detailing the actions taken: All KARDEX have been reviewed and staff are updating accordingly This will be monitored weekly when compoleting the weekly medication auidt via QOL
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 15 October 2016	The registered provider must ensure that medicine administration records are maintained accurately at all times.
	Response by registered provider detailing the actions taken: Staff are signing all administration of medication. This is monitored by Home Manager via audit. Sister in charge is responsible for order, return and carry forward of medication to ensure best practice and safe management of medicne.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 15 October 2016	The registered provider should ensure that the procedures in place to manage changes to prescribed medicines are reviewed.
	Response by registered provider detailing the actions taken: Two staff are signing on hand written MARS and date of opening is present on all non blistered medications including liquid medicines. This will be monitored through audit.
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 15 October 2016	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit and to alert staff of the expiry dates of medicines with a limited shelf life, once opened.
	Response by registered provider detailing the actions taken: A Date of opening is present on all non blistered medication including liquid medicines. This will be monitored by HM through audit.
Recommendation 3 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 15 October 2016	The registered provider should ensure that the reason for and the outcome of the administration of medicines prescribed for use on a "when required" for distressed reactions is recorded on every occasion.
	Response by registered provider detailing the actions taken: Staff are advised to record at the back of MARS and daily notes when a PRN medication is administered for distress reaction. The report and QIP is readily available for agency staff to review.

Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 15 October 2016	The registered provider should ensure that the auditing process is reviewed, to ensure that it covers all aspects of medicines management and that there is a robust system in place to follow up areas identified for improvement.
	Response by registered provider detailing the actions taken: The auditing process has been reviewed. Daily and weekly medication audits are being completed via QOL and any actions identified will be addressed. Audits and actions are discussed with staff at meetings and during supervisons and the report is available for staff for the reference

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