Manor Lodge
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5 The Manor
Blacks Road
Dunmurry
BT10 0NB

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Unannounced Medicines Management Inspection of Manor Lodge

28 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 28 October 2015 from 10.05 to 14.20.

On the day of the inspection the management of medicines was generally found to be safe, effective and compassionate. However, the inspection identified the need for an improvement in the management of liquid formulation medicines in the dementia unit in order for care to be safe and effective. 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 DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008.

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 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 9 July 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	2

The details of the QIP within this report were discussed with the acting manager, Ms Judy Brown, as part of the inspection process. The issue identified regarding the management of liquid formulation medicines in the dementia unit was also discussed with Lorraine Kirkpatrick, one of the Four Seasons Health Care regional managers, via telephone on 29 October 2015. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care/ Dr Maureen Claire Royston	**Registered Manager:** Ms Judy Brown (Acting Manager)
Person in Charge of the Home at the Time of Inspection: Ms Judy Brown (Acting Manager)	**Date Manager Registered:** Application not yet submitted
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE, RC-I	**Number of Registered Places:** 39
Number of Patients Accommodated on Day of Inspection: 29	**Weekly Tariff at Time of Inspection:** £593 - £608 per week, nursing care £593 - £604 per week, dementia care £470 per week, residential care

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.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the acting manager and registered nurses on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicine administration records	Care plans
Medicines disposed of or transferred	Training records.
Controlled drug record book	Medicines storage records

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 30 September 2015. The completed QIP is due to be returned to RQIA by 24 November 2015. Once submitted, the completed QIP will be assessed by the care inspector.

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:** First time	The manager must closely monitor the administrations of carbomer eye drops, prescribed for patient A, in order to ensure compliance with the prescriber's instructions.	**Met**
	Action taken as confirmed during the inspection: The registered person confirmed, in the response to the Quality Improvement Plan, that the medicine had been closely monitored to ensure compliance with the prescriber's instructions. Audits performed on eye-treatment medicines during the inspection produced satisfactory outcomes.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The manager must closely monitor the administrations of asthma-treatment nebules, in order to ensure compliance with the prescribers' instructions.	**Met**
	Action taken as confirmed during the inspection: One patient was prescribed asthma-treatment nebules; they had been administered in accordance with the prescribed dosage directions.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The manager should review the arrangements for the recording of the use of food thickeners by the care staff.	**Met**
	Action taken as confirmed during the inspection: The administration of thickening agents was recorded by care staff on the patient's daily food and drinks intake chart.	
Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Written Standard Operating Procedures were available for the management of controlled drugs.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

In the general nursing unit, the audits which were carried out on a range of randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed. However, in the dementia unit, several audits on liquid formulation medicines indicated discrepancies. In addition to this, some liquid formulation medicines in the dementia unit could not be audited due to the non-recording of the dates of opening of the containers. The acting manager agreed that the management of liquid formulation medicines in the dementia unit needed to be closely monitored in order to ensure compliance with the prescribed dosage directions.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All of the medicines examined were available for administration and were labelled appropriately. The acting manager confirmed that prescriptions were received into the home and checked before being delivered to the pharmacy for dispensing.

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

There was evidence that medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a broadly satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. However, records of the receipt of two patients' medicines on admission to the facility had not been maintained. Where transcribing of medicine details had occurred, this process involved two registered nurses; this is good practice. The acting manager was reminded that the route of administration of each medicine, including eye-treatment medicines, should be recorded on the personal medication records. Some personal medication records in the dementia unit were untidy and needed to be re-written; the acting manager gave an assurance that this matter would be addressed without delay.

In each unit, records of the receipt, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balances of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements were reconciled on each occasion when the responsibility for safe custody was transferred. Stock reconciliation checks had also been performed on the Schedule 4 (Part 1) controlled drug diazepam, which is good practice. Quantities of controlled drugs in the home matched the balances recorded in the record books.

The destruction or disposal of medicines no longer required was undertaken by registered nurses. Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins, which were uplifted by a company holding a clinical waste licence. The acting manager and registered nurses stated that controlled drugs were denatured by two registered nurses prior to disposal.

Is Care Effective? (Quality of Management)

There was recorded evidence that medicines were being managed by staff who had been trained and deemed competent to do so. The impact of training was monitored through supervision and annual appraisal. A sample of training records and competency assessments were provided. Competency assessments were completed annually. The competency assessments checked were up to date.

There were arrangements in place to audit practices for the management of medicines. The acting manager stated that the registered nurses audit a different patient's medicines each day and record the outcome. Running stock balances were in place for some solid dose formulation medicines which were not dispensed in the monitored dosage system cassettes; this is good practice. Management perform a monthly medication audit using an organisational checklist, which includes an action plan for addressing any discrepancies and/or areas for improvement. The last audit took place on 1 October 2015. Several minor issues were identified in this audit which were discussed with registered nurses at the team meeting and/or individually. However, the outcome of this inspection indicated that there was a need to closely monitor the administration of liquid formulation medicines in the dementia unit in order to ensure compliance with the prescribed dosage directions. The acting manager was advised that dates and times of opening of medicine containers should be routinely recorded in order to facilitate audit activity.

There were procedures in place to report and learn from any medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the previous medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records for a number of patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. Two of the four care plans examined did not detail the circumstances under which the medicines were to be administered. The parameters for administration were recorded on the personal medication records. Records of administration were in place; however, the reason for and outcome of administration had not been consistently recorded. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions.

The records for a number of patients who were prescribed medicines for the management of pain were reviewed. The acting manager and registered nurses confirmed that all patients had pain reviewed as part of the admission assessment. Care plans which detailed the management of the patients' pain were place. Records showed that the management of pain is evaluated on a regular basis. Medicines prescribed for the management of pain were recorded on the patients' personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on either a regular or "when required" basis.

Areas for Improvement

The administration of liquid formulation medicines in the dementia unit must be closely monitored in order to ensure compliance with the prescribed dosage directions. A requirement was made.

Records of all medicines received on admission should be maintained. A recommendation was made.

Where medication is prescribed on a "when required" basis for the management of distressed reactions, the care plan should identify the parameters for administration and the reason for and outcome of each administration should be recorded. A recommendation was made.

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

5.4 Additional Areas Examined

Medicines were observed to be stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting manager, Ms Judy Brown 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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 requirement 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 **To be Completed by:** 27 November 2015	The registered person must ensure that the administrations of liquid formulation medicines in the dementia unit are closely monitored in order to ensure compliance with the prescribed dosage directions.
	Response by Registered Person(s) Detailing the Actions Taken: record maintained stating date of opening and expected date of completion for each liquid medication also daily monitoring sheets inplace. The Home manager will audit these weekly and the Regional manager will audit monthly during Reg 29 visit
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** First time **To be Completed by:** 27 November 2015	Records of all medicines received on admission should be maintained.
	Response by Registered Person(s) Detailing the Actions Taken: all medication received from pharmacy to be signed on accompaning MAR sheet. medication received from hospital/home to be listed in appropraite book as well as on hand written MAR sheets. Nursing staff have had supervisions on medication management and also attended training by Boots Pharmacy
Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be Completed by:** 27 November 2015	Where medication is prescribed on a “when required” basis for the management of distressed reactions, the care plan should identify the parameters for administration and the reason for and outcome of each administration should be recorded.
	Response by Registered Person(s) Detailing the Actions Taken: Care plans have been put in place identifying the parameters for administration, reason and outcome, the reason and outcome is also recorded on the reverse of MAR sheets

Registered Manager Completing QIP	Judy Brown	**Date Completed**	26/11/15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	26.11.15
RQIA Inspector Assessing Response	Paul W. Nixon	**Date Approved**	04.12.15

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