Unannounced Medicines Management Inspection Report
9 May 2016

Mount Lens

Address: 166 Kings Road, Belfast, BT5 7EL
Tel No: 028 9048 5483
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Mount Lens took place on 9 May 2016 from 09:30 to 13:10.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?
No requirements or recommendations were made.

Is care effective?
One recommendation regarding the management of distressed reactions was made.

Is care compassionate?
No requirements or recommendations were made.

Is the service well led?
No requirements or recommendations were 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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Mrs Joly Shibu, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the inspection on 11 April 2016.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Mrs Joly Shibu	**Date manager registered:** Mrs Joly Shibu – registration pending.
Categories of care: NH-DE, NH-I	**Number of registered places:** 31

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

We met with the manager, two registered nurses and one care assistant.

The following records were 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 11 April 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 24 April 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that where medicines are prescribed at a variable dose, the actual dose administered is recorded.	**Met**
	Action taken as confirmed during the inspection: Where medicines had been prescribed at a variable dose, the actual dose administered had been recorded.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that controlled drugs in Schedule 4 (Part 1) are denatured prior to their disposal.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs in Schedule 4 (Part 1) were being denatured prior to their disposal.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 29 **Stated:** First time	It is recommended that the registered person ensures that two members of trained staff are involved in the disposal of medicines and both sign the records of disposal.	**Met**
	Action taken as confirmed during the inspection: Two members of trained staff were involved in the disposal of medicines and both had signed the records of disposal.	

Recommendation 2 **Ref:** Standard 29 **Stated:** First time	It is recommended that the registered person reviews the management of medicines which are prescribed to be administered on a "when required" basis for the management of distressed reactions as detailed in the report.	**Partially Met**
	Action taken as confirmed during the inspection: This recommendation had three action points; two had been actioned. Care plans for distressed reactions were in place and regular administration had been referred to the prescriber for review. However, the reason for and outcome of each administration had not been recorded. A revised recommendation has been stated.	

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. Update training had been requested from the community pharmacist. The two registered nurses on duty confirmed that they had received training and competency assessment on the management of nutrition and the administration of medication via the enteral route.

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 and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and medicines to be administered via the enteral route. The use of separate administration charts was acknowledged.

Appropriate arrangements were in place for administering medicines in disguised form.

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. Additional checks were also performed on other controlled drugs which is good practice.

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

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals. The manager and registered nurses were reminded that the refrigerator temperature must be maintained between 2^{o}C and 8^{o}C and that the thermometer must be reset after the readings have been recorded; a small number of recordings outside the accepted range were observed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. 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. Care plans were in place. The reason for each administration and subsequent outcome had not been recorded. A recommendation has been made.

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 the pain was well controlled and the patient was comfortable. Staff advised that pain assessment tools were used as needed. Care plans were in place. 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 prescribed fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

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 well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines which were not

contained within the blister pack system. Registered nurses also completed weekly audits on the records of administration of thickening agents and emollient preparations which were maintained by care staff. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered nurses, it was evident that when applicable, healthcare professionals were contacted in response to patient need with regards to medicines management.

Areas for improvement

The reason for each administration and subsequent outcome should be recorded, when a patient is prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. A recommendation has been made.

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.

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.

There were robust 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. There was evidence of the action taken and learning implemented following these incidents.

A review of the home's audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

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

With the exception of part of one recommendation, the requirements and recommendations made at the last medicines management inspection had been addressed. The manager was

reminded that the QIP can be used as part of the home's audit process to ensure that all actions have been sustained.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated to all staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Joly Shibu, Manager, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered person to 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 by the registered manager. 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 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 person/manager 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 person/manager 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:** First time **To be completed by:** 8 June 2016	The reason for each administration and subsequent outcome should be recorded, when a patient is prescribed a medicine for administration on a “when required” basis for the management of distressed reactions.
	Response by registered person detailing the actions taken: The reason and subsequent outcome of a 'when required' medication is recorded when administered to manage distressed reactions more effectively.

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

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