Mount Lens
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Belfast
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Unannounced Medicines Management Inspection of Mount Lens

24 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 24 April 2015 from 10:00 to 14:30.

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.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015).

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 DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the medicines management monitoring inspection on 28 February 2013.

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	2	2

The details of the QIP within this report were discussed with Mr Paulo Leitaos, Registered Manager, and Ms Janice Brown, Regional Manager, as part of the inspection process. 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:** Mr Paulo Leitaos
Person in Charge of the Home at the Time of Inspection: Mr Paulo Leitaos	**Date Manager Registered:** 10 December 2014
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 34
Number of Patients Accommodated on Day of Inspection: 30	**Weekly Tariff at Time of Inspection:** £593 - £670

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management monitoring 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

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

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

During the inspection the inspector met with the registered manager, the regional manager and two of the registered nurses.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 10 February 2015. The completed QIP was returned and approved by the estates inspector on 16 April 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Monitoring Inspection on 28 February 2013

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated once**	The registered manager must be made aware of all potential out of stocks to ensure that appropriate corrective and preventative action is taken.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that stock control issues are highlighted to the nursing sisters for resolution when necessary. Stock control issues are also discussed at the daily reports. Stock levels of medicines which are not contained within the blister pack system are checked weekly to ensure that supplies do not run out. There was no evidence at this inspection to indicate that medicines were being omitted due to being out of stock.	
Requirement 2 **Ref**: Regulation 13(4) **Stated once**	The reason for the non-administration of medicines must be accurately recorded on all occasions.	**Met**
	Action taken as confirmed during the inspection: The reason for the non-administration of medicines had been clearly recorded.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 13(4) **Stated once**	The registered manager must closely monitor the administration of Cipramil 40mg/ml liquid and inhaled medicines.	**Met**
	Action taken as confirmed during the inspection: These medicines are included in the home's auditing system. Satisfactory audit outcomes were observed at this inspection.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 38 **Stated twice**	In the interests of safe practice two nurses should verify and sign all hand-written entries on the medication administration records.	**Met**
	Action taken as confirmed during the inspection: Two nurses had verified and signed the majority of hand-written entries on the medication administration records.	
Recommendation 2 **Ref**: Standard 38 **Stated once**	Care staff should sign for the administration of barrier/emollient preparations which they have applied.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that barrier/emollient preparations are administered under the direct supervision of the nursing staff. A separate recording sheet is used to record the administration of these medicines. A sample was reviewed at the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on several randomly selected medicines produced satisfactory outcomes. A small number of discrepancies were noted in the administration of lactulose and nutritional supplements and these were discussed with the registered manager for close monitoring.

The stock ordering system was reviewed. Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage. As detailed above, any stock control issues are escalated to the nursing sisters and registered manager when necessary.

Arrangements are in place to ensure the safe management of medicines during a patient's admission to the home. The admission process was reviewed for one recently admitted patient. Their medicine regime had been confirmed with the prescriber in writing; a hospital discharge letter was in place.

The management of insulin was reviewed. The dosage directions on the personal medication record had not been updated correctly; however, the actual dose administered had been clearly recorded. The date of opening had been recorded on the insulin pen, in use, and it was stored at room temperature. The audit which was carried out on the administration of insulin produced a satisfactory outcome. Control checks are carried out on blood glucometers at weekly intervals; the date of opening had been recorded on the glucose control solution in order to facilitate disposal at expiry.

The management of thickening agents was reviewed for one patient. A speech and language assessment and care plan were in place. The thickening agent had been recorded on the personal medication record. Records of administration were recorded on the medication administration records and daily nutritional intake booklets. The registered manager agreed to ensure that the required consistency level is recorded on all records of administration.

The majority of medicine records were legible and accurately maintained so as to ensure that there is a clear audit trail.

Updates on the personal medication records had been verified and signed by two members of staff. A small number of entries on the personal medication records, including insulin dosage directions, had not been updated. Some obsolete personal medication records had not been cancelled and archived. These findings were discussed with the registered manager for corrective action.

Updates on the medication administration records had been verified and signed by two members of staff. Where medicines are prescribed at a variable dose, the actual dose administered must be recorded.

Medicine receipt records were observed to be satisfactory. Discontinued and refused medicines are collected by a waste management company. Two members of trained staff should be involved in the disposal of medicines and both should sign the records of disposal.

Controlled drugs were observed to be managed in a mostly satisfactory manner. However, it was noted that supplies of lorazepam, zopiclone and zolpidem had not been denatured prior to disposal. The registered person must ensure that controlled drugs in Schedule 4 (Part 1) are denatured prior to their disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were in place.

The registered manager advised that a record of the training and development activities completed by the registered nurses in relation to the management of medicines is maintained. A sample of training records and competency assessments was provided for inspection and found to be satisfactory.

There was recorded evidence to indicate that care staff had received training on the use of thickening agents in May 2014; further update training is planned for May 2015. Care staff have received supervisions on the administration of emollient and barrier preparations.

Daily running stock balances are maintained for the majority of medicines which are not supplied in the monitored dosage system. The nursing sisters complete audit trails on the administration of non-blistered medicines, external medicines and thickening agents at weekly intervals. These audits are reviewed by the registered manager. The registered manager completes an audit at monthly intervals. Samples of these audits and those completed by the community pharmacist were provided for inspection.

Five medication related incidents had been reported to RQIA since the last medicines management monitoring inspection. They had been addressed in a satisfactory manner.

Is Care Compassionate? (Quality of Care)

There was evidence that registered nurses have requested alternative formulations to assist administration when patients have had difficulty swallowing tablets.

The records for three patients who are prescribed anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were examined. Parameters for the medicines use were clearly defined in the patients’ personal medication records. The medicine records were legibly and accurately maintained to ensure that there is a clear audit trail. However, the care plans examined did not detail the circumstances under which these medicines can be administered in the management of distressed reactions. For one patient the medicine was being administered every night. For a second patient there had been one administration in the last three weeks; the reason for the administration had been recorded, but not the outcome. For the third patient the medication had not been required recently.

The records for three patients who are prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication records. The administration had been recorded on the medication administration records and on the home's "ongoing pain assessment tool". Care plans were in place and there was evidence that these had been reviewed. Pain assessments are completed as part of the pre-admission assessments. Where patients are unable to verbalise that they are in pain, a pain assessment tool is used. The pain scores before and after each administration of analgesic medication is recorded. There was evidence that the pain assessment tools are reviewed monthly.

Areas for Improvement

The registered person must ensure that where medicines are prescribed at a variable dose, the actual dose administered is recorded. A requirement was made.

The registered person must ensure that controlled drugs in Schedule 4 (Part 1) are denatured prior to their disposal. A requirement was made.

The registered person should ensure that two members of trained staff are involved in the disposal of medicines and both should sign the records of disposal. A recommendation was made.

The registered person should ensure that:

- Detailed care plans for the management of distressed reactions are in place.
- The reason for and outcome of each administration of anxiolytic medicines which are prescribed to be administered on a "when required" basis for the management of distressed is recorded on all occasions.
- The regular administration of medicines which are prescribed to be administered "when required" is referred to the prescriber for review.

A recommendation was made.

The registered manager agreed to closely monitor the administration of lactulose and nutritional supplements.

The registered manager agreed to ensure that the required consistency level is recorded on all records of administration for thickening agents.

The registered manager was reminded that personal medication records should be updated without delay and that obsolete personal medication records should be cancelled and archived.

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

Additional Areas Examined

Two new treatment rooms have been brought into use since the previous medicines management monitoring inspection. These have facilitated greater space for the safe, secure and organised storage of medicines. The registered manager was reminded that oxygen cylinders should be secured by a chain.

5 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paulo Leitaos, Registered Manager, and Ms Janice Brown, Regional 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.

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 HPSS (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 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 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** **To be Completed by: 24 May 2015**	The registered person must ensure that where medicines are prescribed at a variable dose, the actual dose administered is recorded. **Response by Registered Person(s) Detailing the Actions Taken:** Supervision has been conducted with all RN staff to ensure they know to record the dose given where this a variable dose. This will be monitored via the Home Manager's monthly audit, pharmacist audits and through the Regional Manager's Regulation 29 visits.
Requirement 2 **Ref**: Regulation 13 (4) **Stated: First time** **To be Completed by: 24 May 2015**	The registered person must ensure that controlled drugs in Schedule 4 (Part 1) are denatured prior to their disposal. **Response by Registered Person(s) Detailing the Actions Taken:** Supervision has been conducted with the all the RN staff to ensure RN knowledge of denaturing procedureof those drugs in Schedule 4. This will be monitored through the Home Manager's monthly medication report and Regional Manager's Regulation 29 visits.
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated: First time** **To be Completed by: 24 May 2015**	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. **Response by Registered Person(s) Detailing the Actions Taken:** Supervision has been conducted to ensure that 2 staff members are invloved in the disposal of medicines and sign the records of disposal. This will be monitored through the Home Manager's monthly medication audit and Regional Manager Regulation 29 visits.
Recommendation 2 **Ref**: Standard 29 **Stated: First time** **To be Completed by: 24 May 2015**	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. **Response by Registered Person(s) Detailing the Actions Taken:** All residents who are prescribed a medication for management for distressed reactions have a careplan in place and a draft Distressed Reaction effectiveness evaluation tool to record why and if the medication achieved its outcome. The prescription of medication identified has been adminstered every night has been referred to the prescriber.

Registered Manager Completing QIP		**Date Completed**	7/7/15
Registered Person Approving QIP		**Date Approved**	9/7/15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	15/7/15

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