Mullaghboy
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Donaghadee
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Inspector: Paul Nixon
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Unannounced Medicines Management Inspection of Mullaghboy

7 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 7 September 2015 from 10.00 to 13.10.

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 DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (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 inspection, dated 4 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	0	3

The details of the QIP within this report were discussed with the Mrs Anne Dugan, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mullaghboy Limited / Mr Robert Maxwell Duncan	**Registered Manager:** Mrs Anne Dugan
Person in Charge of the Home at the Time of Inspection: Mrs Anne Dugan	**Date Manager Registered:** 1 April 2005.
Categories of Care: NH-I ,NH-PH ,NH-PH(E) ,NH-TI	**Number of Registered Places:** 32
Number of Patients Accommodated on Day of Inspection: 29	**Weekly Tariff at Time of Inspection:** £633 - £653

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

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 registered manager, Mrs Anne Dugan.

The following records were 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

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 21 July 2015. The completed QIP was returned and approved 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 once**	The administrations of the following two medicines must be closely monitored in order to ensure compliance with the prescribers' instructions: • Ebixa 5mg/pump actuation oral solution, prescribed for patient A; and, • Spiriva Resp Sol-inh 60 Puff Solution, prescribed for patient B.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that the use of medicines not contained in the monitored dosage system blister packs were monitored on an ongoing basis. During this inspection, the audits which were performed on medicines not contained in the monitored dosage system blister packs produced satisfactory outcomes.	
Requirement 2 **Ref**: Regulation **13(4)** **Stated once**	The registered manager must review the arrangement for the recording of the use of food thickeners in order to ensure compliance with legislative requirements.	**Met**
	Action taken as confirmed during the inspection: Thickening agents were appropriately recorded on the personal medication record sheets and medication administration record sheets. The consistencies were recorded on the daily fluid intake charts.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard **37** **Stated once**	The registered 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 observed to be available for the management of controlled drugs.	
Recommendation 2 **Ref**: Standard **38** **Stated once**	In the absence of the prescriber's signature, two nurses should initial or sign handwritten entries on the medication record sheets.	**Met**
	Action taken as confirmed during the inspection: This practice was observed during the inspection.	
Recommendation 3 **Ref**: Standard **39** **Stated once**	The controlled drugs cabinet should be reserved solely for the storage of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The controlled drugs cabinet only contained controlled drugs.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. Medication details were confirmed with the prescriber and personal medication record sheets were completed and checked by two registered nurses.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

The medicine records had been maintained in a broadly satisfactory manner. Records of the ordering, receipt, administration, and disposal of medicines were maintained. Where

transcribing of medicine details occurs, this process involves two registered nurses to ensure the accuracy of the record; this is good practice. The majority of patients did not have their medicine allergy status declared on their personal medication record sheet. Running stock balances were not maintained for warfarin preparations.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility.

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 being denatured by two registered nurses prior to disposal.

Is Care Effective? (Quality of Management)

Medicines were being managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through supervision and appraisal. Competencies were reviewed annually. The competency assessments checked were up to date.

There were arrangements in place to audit practices for the management of medicines. The use of medicines not contained in the monitored dosage system blister packs was being closely monitored. The community pharmacist complements the audit activity by performing a medicines audit every couple of months and provides a written report of the outcome. The audit process was facilitated by the good practice of recording the date and time of opening on the medicine container. The need for the registered manager to ensure that the medicines management audit outcomes are fully recorded was discussed.

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

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 were observed at the inspection. For only two of the four patients selected, the care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions; for some patients these medicines had been administered infrequently. A record of each administration had been maintained; however, the reason for and outcome of administration was mostly not recorded.

The records pertaining to a small number of patients who were prescribed medicines for the management of pain were reviewed. Medicines which were prescribed to treat or prevent pain were recorded on the 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. In each instance, there was a care plan in place which detailed the management of the patient's pain. The care plans were evaluated monthly. The registered manager stated that each patient selected was able to report pain and that a pain assessment tool was only used whenever a patient is unable to report pain.

Areas for Improvement

The patient's medicine allergy status should be routinely declared on their personal medication record sheet. A recommendation was made.

Running stock balances should be maintained for warfarin preparations. A recommendation was made.

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

Number of Requirements:	**0**	**Number of Recommendations**:	**3**

5.4 Additional Areas Examined

Medicines were being 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 Mrs Anne Dugan, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/registered 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 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	
Recommendations	
Recommendation 1 **Ref**: Standard 31 **Stated: First time** **To be Completed by:** **7 October 2015**	It is recommended that the patient's medicine allergy status should be routinely declared on their personal medication record sheet.
	Response by Registered Person(s) Detailing the Actions Taken: All Updated.
Recommendation 2 **Ref**: Standard 31 **Stated: First time** **To be Completed by:** **7 October 2015**	It is recommended that running stock balances should be maintained for warfarin preparations. A recommendation was made.
	Response by Registered Person(s) Detailing the Actions Taken: Commenced and ongoing.
Recommendation 3 **Ref**: Standard 18 **Stated: First time** **To be Completed by:** **7 October 2015**	It is recommended that, if medication is prescribed on a "when required" basis for the management of distressed reactions, the care plan should identify the parameters for its administration and the reasons for administration and the outcome should be recorded.
	Response by Registered Person(s) Detailing the Actions Taken: All care plans completed and updated.

Registered Manager Completing QIP	Anne Dugan	**Date Completed**	15.09.15
Registered Person Approving QIP	Robert Duncan	**Date Approved**	15.09.15
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**28.09.15**

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