Stewart Memorial House
RQIA ID: 1278
39 Downshire Road
Bangor
BT20 3RD

Inspector: Helen Daly
Inspection ID: IN022580

Tel: 028 9146 5211
Email: Vi.Long@niid.co.uk

Unannounced Medicines Management Inspection of Stewart Memorial House

28 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 28 September 2015 from 10:45 to 15:30.

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.

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 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 18 October 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	3	2

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

2. Service Details

Registered Organisation/Registered Person: NI Institute for the Disabled Mr Maurice Goodwin (Acting)	**Registered Manager:** Not applicable
Person in Charge of the Home at the Time of Inspection: Mrs Violet Long (Acting Manager)	**Date Manager Registered:** Not applicable
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 30
Number of Residents Accommodated on Day of Inspection: 20	**Weekly Tariff at Time of Inspection:** £609 – £1150

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 medication related incidents reported to RQIA, since the last medicines management inspection.

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

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

Some estates issues were highlighted at the unannounced care inspection on 15 July 2015 and a follow up estates inspection took place on 4 September 2015. The acting manager confirmed that some of the issues raised during the estates inspection had not been fully addressed. The estates inspector was informed and will follow this up.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Monitoring Inspection dated 18 October 2012

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager (acting) must ensure that quality control checks are performed on blood glucometers on a regular basis.	**Not applicable**
	Action taken as confirmed during the inspection: The acting manager advised that staff were no longer responsible for carrying out control checks on blood glucometers as residents were responsible for managing their blood glucose monitoring under the supervision of the community diabetic nurse. **This requirement has been carried forward to the next inspection.**	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager (acting) must investigate the apparent discrepancies in the administration of three medicines for one recently admitted patient; refer to the prescriber for guidance and inform the appropriate persons. A copy of the outcome of the investigation must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: The investigation was completed and a copy of the outcome was forwarded to RQIA.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** Twice	The registered manager (acting) should develop and implement Standard Operating Procedures for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures for the management of controlled drugs were available in the home.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits which were carried out on several randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed.

All medicines were available for administration on the day of the inspection. However, a review of the previous medication administration records indicated that medicines doses had been omitted in August 2015 due to stock being unavailable in the home. The registered nurses had recently been provided with training on managing potential out of stocks and their accountability to ensure that all residents have a continuous supply of their medicines. The acting manager confirmed that revised systems were now in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. Medicines were observed to be labelled appropriately.

Arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. The admission process was reviewed for one recently admitted resident. Their medicine regimes had been confirmed in writing. The general practitioner had also signed the personal medication record.

Epilepsy management plans for designated residents were available in the medicines file.

Care plans and speech and language assessments were in place for residents who were prescribed thickening agents.

Medicine records had been maintained in a mostly satisfactory manner. Some of the personal medication records had been signed by the prescribers. Where personal medication records had not been signed by the prescribers, two registered nurses had verified and signed the records at the time of writing and at each update. This is good practice. A small number of missed signatures for administration were observed on the medication administration records. Records of receipt had been maintained in a satisfactory manner. Records showed that discontinued and expired medicines had been returned to a waste management company. Two registered nurses were involved in the disposal of medicines and both had signed the records of disposal.

Care staff maintained computer based records for the administration of emollient preparations. Care staff advised that they did not record the administration of thickening agents. Registered nurses recorded the administration of thickening agents on the medication administration records.

Controlled drugs were being managed appropriately. The controlled drug record books and records of stock reconciliation checks of Schedule 2 and Schedule 3 controlled drugs were well-maintained. There was evidence to indicate that controlled drugs were denatured prior to disposal.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were available. The review date for some of the policies and procedures had passed.

Registered nurses had attended update training on the management of medicines which was provided by the community pharmacist in August 2015. The acting manager advised that she planned to complete competency assessments with all registered nurses in the next few weeks.

The acting manager provided evidence to indicate that registered nurses had attended training on diabetes, enteral feeding, syringe drivers, epilepsy awareness, palliative care, Huntington's Disease and Parkinson's within the last two years. However, records of training had not been maintained in a readily retrievable format.

Care staff advised that they administered thickening agents and emollient preparations. They confirmed that they had received training on dysphagia but not on the administration of external preparations.

There were robust internal auditing systems. Accurate daily running stock balances were maintained for several medicines. In addition night staff completed an audit on the records and medicines prescribed for one resident each evening. There was evidence that appropriate corrective action had been taken when discrepancies had been identified. Registered nurses had been made aware that medicines must be available for administration at all times and that the management team must be made aware of any potential out of stocks.

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

Is Care Compassionate? (Quality of Care)

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

The records for a number of residents who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. Records of prescribing and administration were maintained. Care plans were in place for some of these residents only. The reason for and outcome of administrations had been not been recorded. Although these medicines were prescribed to be administered "when required" they were being administered regularly to some residents.

The acting manager confirmed that residents have pain reviewed as part of the admission assessment. The records for several residents who were 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 and records of administration had been maintained. However, care plans for the management of pain were not in place. The acting manager confirmed that pain assessment tools were used if residents could not verbalise their pain and that staff were familiar with how all residents expressed their pain.

Areas for Improvement

The registered manager (acting) must ensure that quality control checks are performed on blood glucometers on a regular basis. A requirement has been carried forward as it could not be examined at the inspection.

The registered person must ensure that complete records for the administration of thickening agents are maintained. A requirement was made.

The registered person must ensure that care staff receive training on the administration of external preparations. A requirement was made.

The registered person should review the management of medicines which are prescribed to be administered "when required" for the management of distressed reactions. Detailed care plans directing the use of these medicines should be in place. The reason for and outcome of each administration should be recorded. A review by the general practitioner should be requested if these medicines are required regularly. A recommendation was made.

The registered person should ensure that care plans for the management of pain are in place when necessary. A recommendation was made.

The acting manager confirmed that she would continue to closely monitor the stock ordering system to ensure that medicine doses were not omitted due to stock control issues.

The acting manager agreed to closely monitor the records of administration to ensure that signatures are not missed.

The acting manager agreed to review and update (if necessary) the home's policy and procedures for the management of medicines.

The acting manager confirmed that competency assessments on the management of medicines would be completed with all registered nurses and that a comprehensive training matrix would be maintained.

Number of Requirements:	**3**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Storage was observed to be tidy and organised.

The maximum, minimum and current refrigerator temperatures were being monitored each day in both the clinical and nutritional supplements refrigerators. However some temperatures outside the accepted range were observed and it was apparent that staff were not resetting the thermometer after the temperatures were recorded. Guidance on using the thermometer was provided and the acting manager advised that she would discuss the issue with staff for corrective action.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Violet Long, Acting Manager, and 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time (carried forward) **To be Completed by:** Ongoing	The registered manager (acting) must ensure that quality control checks are performed on blood glucometers on a regular basis.
	Response by Registered Person(s) Detailing the Actions Taken: Monthly control checks are being carried out for the blood glucometer by the home's diabetic link nurse
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** 28 October 2015	The registered person must ensure that complete records for the administration of thickening agents are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Carers are recording the use of thickening agents used in food preparation in a separate MAR. Nurses record thickening agents used for preparation of medicines in the original MAR
Requirement 3 **Ref:** Regulation 20(1) **Stated:** First time **To be Completed by:** 28 October 2015	The registered person must ensure that care staff receive training on the administration of external preparations.
	Response by Registered Person(s) Detailing the Actions Taken: Training has commenced and will be completed for all staff who are responsible for the application of external preparations by 6th November 2015.
Recommendations	
Recommendation 1 **Ref:** Standard 18 **Stated:** First time **To be Completed by:** 28 October 2015	The registered person should review the management of medicines which are prescribed to be administered “when required” for the management of distressed reactions.
	Response by Registered Person(s) Detailing the Actions Taken: GPs have reviewed all prn analgesia and made relevant adjustments to the prescription for themanagement of distressed reactions.

Recommendation 2 **Ref:** Standard 4 **Stated:** First time **To be Completed by:** 28 October 2015	The registered person should ensure that care plans for the management of pain are in place when necessary.
	Response by Registered Person(s) Detailing the Actions Taken: Care plans are in place for all residents requiring pain management

Registered Manager Completing QIP	V. I Long	**Date Completed**	03/11/15
Registered Person Approving QIP	Sam Humphries	**Date Approved**	3/12/15
RQIA Inspector Assessing Response	**Helen Daly**	**Date Approved**	**7/12/2015**

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