Parkdean
RQIA ID: 1280
44 Fortwilliam Park
Belfast
BT15 4AN

Inspector: Helen Daly
Cathy Wilkinson
Inspection ID: IN022698

Tel: 028 9037 0406
Email: parkdean-nh@hotmail.co.uk

Unannounced Medicines Management Inspection of Parkdean

16 July 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 medicine management inspection took place on 16 July 2015 from 10:25 to 14:55.

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. Several areas of good practice were identified; the acting manager and registered nurses were commended for their ongoing efforts.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards 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 inspection on 28 January 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	1	0

The details of the QIP within this report were discussed with Mrs Emer Bevan, Registered Person, Ms Margaretha Erasmus, Acting Manager, and two of the registered nurses, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Parkdean Mrs Emer Bevan	**Registered Manager:** Ms Margaretha Erasmus (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Margaretha Erasmus	**Date Manager Registered:** Registration Pending
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 64
Number of Residents Accommodated on Day of Inspection: 63	**Weekly Tariff at Time of Inspection:** £593 - £637

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: Medicines prescribed on an “as required” basis for the management of distressed reactions are administered and managed appropriately

Theme: 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 inspectors reviewed the management of medication related incidents reported to RQIA, since the last medicines management inspection.

During the inspection the inspectors met with the registered person, the acting manager and the registered nurses on duty.

The following records were examined:

- Medicines requested and received
- Personal medication records
- Medicines administration records
- Medicines disposed of or transferred
- Controlled drug record book
- Medicine audits
- 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 unannounced care inspection dated 12 May 2015. The completed QIP was approved by the care inspector on 25 June 2015.

5.2 Review of Requirements and Recommendations from the Last Medicine Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	Records of administration must be completed by the member of staff who administers the medication.	**Met**
	Action taken as confirmed during the inspection: This requirement related to the administration of thickening agents and external preparations by care staff. Care staff were recording the administration of thickening agents on daily intake charts and the administration of emollient preparations on separate external medicines charts.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The home manager must review and revise the systems in place for the management of thickening agents.	**Met**
	Action taken as confirmed during the inspection: The areas identified for improvement had been addressed. SALT assessments and care plans were in place. The required consistency level had been recorded on relevant records and care staff had recorded administration on the daily intake charts.	
Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	Medicines must not be administered after their expiry date has been reached.	**Met**
	Action taken as confirmed during the inspection: No out of date medicines were observed at this inspection.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	Obsolete warfarin dosage directions should be cancelled and archived.	**Met**
	Action taken as confirmed during the inspection: Obsolete warfarin dosage directions had been cancelled and archived.	
Recommendation 2 **Ref**: Standard 37 and 38 **Stated:** First time	Two nurses should be involved in the disposal of all medicines and both nurses should sign the record of disposal.	**Met**
	Action taken as confirmed during the inspection: A review of the disposal book indicated that two nurses had been involved in the disposal of medicines and both nurses had signed the records.	
Recommendation 3 **Ref**: Standard 37 and 38 **Stated:** First time	The signature of the recipient and date of collection should be recorded in the disposal record book when waste medicines are transferred out of the home.	**Met**
	Action taken as confirmed during the inspection: The signature of the recipient and date of collection had been recorded.	
Recommendation 4 **Ref**: Standard 38 **Stated:** First time	Two nurses should be involved in the denaturing and disposal of controlled drugs. The record of denaturing and disposal should be signed and dated by both nurses.	**Partially Met**
	Action taken as confirmed during the inspection: A review of the controlled drug denaturing book indicated that two nurses had been involved in the denaturing and disposal of controlled drugs. The records had been signed by both nurses however recent entries had not been dated and this was discussed for corrective action. It was agreed that this would be recommenced with immediate effect and therefore this recommendation has not been restated.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed. Minor discrepancies in the administration of one inhaler and one supply of a liquid medicine were observed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines were available for administration on the day of the inspection. Medicines were observed to be labelled appropriately.

Arrangements were 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 in writing. Two nurses had verified and signed entries on the personal medication record and medication administration record.

The management of insulin, warfarin and thickening agents was reviewed and found to be satisfactory.

Medicine records had been maintained in an exemplary manner.

Controlled drugs were being managed in a mostly satisfactory manner. Stock balances had been reconciled at each shift change. However, it was noted that where full packs of controlled drugs including morphine sulphate ampoules were no longer required these were not being denatured prior to 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 acting manager advised that she was currently reviewing the policies and procedures.

There was evidence that medicines were being managed by registered nurses who had been trained and deemed competent to do so. Update training on the management of medicines had been provided by the community pharmacist in March 2015. Registered nurses had also received training on syringe drivers and enteral feeding. Ongoing guidance on the management of diabetes was being provided by the specialist diabetes nurses.

Care staff were responsible for the administration of thickening agents and emollient preparations. The acting manager advised that in-house training and competency assessments had been completed.

There were robust internal auditing systems. Accurate daily running stock balances were being maintained for medicines which were not contained within the blister pack system. In addition monthly audits were completed on medicine records and a random selection of medicines; satisfactory outcomes were observed.

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)

The records for two patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. Care plans and records of prescribing and administration were in place. The reason for and outcome of administrations had been recorded in the daily care notes on most occasions.

The records for several patients who were prescribed medicines for the management of pain were reviewed. The acting manager confirmed that all patients have pain reviewed as part of their admission assessment. Care plans for the management of pain were in place. The names of the medicines and the parameters for administration had been recorded on the personal medication records. Pain assessment tools were being used. The reason for and outcome of administration was being recorded.

Areas for Improvement

The registered person must ensure that all controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured in the home prior to disposal. A requirement was made.

Staff were reminded that the date of denaturing of controlled drugs should be recorded in the disposal book.

The acting manager and registered manager agreed to continue to closely monitor the administration of the two medicines which showed audit discrepancies during the inspection as part of the home's ongoing audit activity.

Number of Requirements:	**1**	**Number of Recommendations**:	**0**

5.4 Additional Areas Examined

Storage was observed to be tidy and organised. The acting manager and staff are commended for their ongoing efforts.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Emer Bevan, Registered Person, and Ms Margaretha Erasmus, Acting Manager, as part of the inspection process. The timescales for completion 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:** **16 August 2015**	The registered person must ensure that all controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured in the home prior to disposal. **Response by Registered Person(s) Detailing the Actions Taken:** Denaturing kits have been obtained and 2 staff nurses will denature all controlled drugs in Nursing Home before disposal. Once controlled drugs are discontinued in the nursing home, it is the nursing staffs responsibility to denature controlled drugs prior to disposal.

Registered Manager Completing QIP	Retha Erasmus	**Date Completed**	02/09/15
Registered Person Approving QIP	Emer Bevan	**Date Approved**	02/09/15
RQIA Inspector Assessing Response	**Helen Daly**	**Date Approved**	**07/09/15**

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