Phoenix Clinic & Resource Centre
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Newtownards
BT23 4NT

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# Unannounced Medicines Management Inspection of Phoenix Clinic & Resource Centre

## 24 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 24 September 2015 from 09.45 to 13.35.

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 22 April 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** | 0 | 3 |

The details of the QIP within this report were discussed with the Karen Edwards, 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:**<br>Phoenix Healthcare (N.I.) Ltd<br>Mr Iain McCartney | **Registered Manager:**<br>Mrs Karen Lynda Edwards |
| **Person in Charge of the Home at the Time of Inspection:**<br>Mrs Karen Edwards | **Date Manager Registered:**<br>7 December 2012 |
| **Categories of Care:**<br>NH-PH, NH-PH(E) | **Number of Registered Places:**<br>36 |
| **Number of Patients Accommodated on Day of Inspection:**<br>29 | **Weekly Tariff at Time of Inspection:**<br>£663.35 |

## 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, Karen Edwards and the senior staff nurse.

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 8 September 2015. The completed Quality Improvement Plan will be assessed 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**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated twice** | The registered manager must ensure that the administrations of topical medicines by the members of care staff are recorded. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The inspector confirmed that the administrations of topical medicines by the members of care staff were recorded on the repositioning schedule sheets. | |
| **Requirement 2**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated once** | The members of care staff must sign the entries on the fluid recording charts. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The inspector confirmed that the members of care staff had signed the entries on the fluid recording charts. | |
| **Requirement 3**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated once** | The registered manager must closely monitor the administrations of amlodipine oral solution, prescribed for one patient, in order to ensure that it is being administered in accordance with the prescriber's instructions. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The registered manager confirmed that she had closely monitored the administrations this medicine in order to ensure that it was being administered in accordance with the prescriber's instructions. The medicine is no longer prescribed for any patient. | |

## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on a range of randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed. However several discrepancies were observed for liquid formulation medicines.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All of the medicines examined at the inspection were available for administration and were labelled appropriately.

Arrangements were in place to ensure the safe management of medicines during a patient's admission or readmission to the home

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a largely satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, this process had not always involved two registered nurses; the registered manager agreed to address the issue.

The receipt, storage, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balances of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements were reconciled on each occasion when the responsibility for safe custody had been transferred. Quantities of controlled drugs matched the balances recorded in the record book.

The destruction or disposal of medicines no longer required was undertaken by trained and competent staff. Discontinued or expired medicines were discarded by a registered nurse and a pharmacist into pharmaceutical clinical waste bins, which were uplifted by a company holding a clinical waste licence.

### Is Care Effective? (Quality of Management)

There was evidence that medicines were being managed by staff that had been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training records and competency assessments was provided. Competency assessments were completed annually. The competency assessments checked were up to date.

There were arrangements in place to audit practices for the management of medicines. A monthly medication audit had been completed, mainly focusing on those solid dose medicines which had not been dispensed in the monitored dosage system blister packs. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the dates and times of opening on the medicine containers. The need to increase the number of audits on liquid formulation medicines was discussed with the registered manager. The registered manager was advised to ensure that staff record the date of opening on all boxes of Scopaderm patches.

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

**Is Care Compassionate? (Quality of Care)**

The records for a number of patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. The care plans did not detail the circumstances under which the medicines were to be administered. The parameters for administration were recorded on the personal medication records. Records of administration were in place, however the reason for and outcome of administration had not always been recorded. 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.

The records for a number of patients who were prescribed medicines for the management of pain were reviewed. The registered nurses on duty confirmed that all patients have pain reviewed as part of the admission assessment. The medicines were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and other analgesics which were prescribed for administration on either a regular or "when required" basis. Care plans which detailed the management of the patients' pain were not in place. Pain assessment tools had not always been completed for those patients who were unable to report pain.

Suitable arrangements were in place for the administration of licensed medicines outside of the terms of their product licence. Patients had written authorisation from their general medical practitioner for the administration of medication via the enteral feeding route.

Several patients were prescribed rectal diazepam. Two patients' records were examined and, in each instance, there was an epilepsy care plan in place.

**Areas for Improvement**

The audit system should be further developed to allow closer monitoring of liquid formulation medicines. 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 reason for and outcome of administration should be routinely recorded. A recommendation was made.

Pain management care plans should be in place and pain assessment tools should be used where appropriate. A recommendation was made.

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

### 5.4 Additional Areas Examined

Medicines were stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

Only the current temperature of the medicines refrigerator had been monitored. The need to monitor the temperature range of the medicines refrigerator each day was discussed with the registered manager, who agreed to address the issue immediately following the inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Karen Edwards, Registered 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 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.

## Quality Improvement Plan

| Recommendations | |
|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 29<br><br>**Stated: First time**<br><br>**To be Completed by: 24 October 2015** | It is recommended that the audit system should be further developed to allow closer monitoring of liquid formulation medicines.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>Weekly Drug Audits now closely monitor liquid formulation medicines. |
| **Recommendation 2**<br><br>**Ref**: Standard 18<br><br>**Stated: First time**<br><br>**To be Completed by: 24 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 reason for and outcome of administration should be routinely recorded.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>All Nurses have been advised that when medication is prescribed on a when required basis for management of distressed reactions the care plan will identify the parameters for its administration. The reason for and outcome of administration will be routinely recorded. |
| **Recommendation 3**<br><br>**Ref**: Standard 4<br><br>**Stated: First time**<br><br>**To be Completed by: 24 October 2015** | It is recommended that pain management care plans should be in place and that pain assessment tools should be used where appropriate.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>Pain Management Care Plans and Pain Assessment tools will be used for all those on regular and PRN analgesia. Auditing will now check that these are in place. |

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|---|---|---|---|
| **Registered Manager Completing QIP** | Karen Edwards | **Date Completed** | 21/10/2015 |
| **Registered Person Approving QIP** | Iain McCartney | **Date Approved** | 21/10/2015 |
| **RQIA Inspector Assessing Response** | **Paul W. Nixon** | **Date Approved** | **23/10/2015** |

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