



The Regulation and
Quality Improvement
Authority

Strangford Court - Millar Suite
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BT30 6SL

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**Unannounced Medicines Management Inspection
of
Strangford Court – Millar Suite**

24 April 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 medicine management inspection took place on 24 April 2015 from 10:45 to 12:35. Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the medicines management inspection found no areas of concern. A quality improvement plan (QIP) has not been included in this report.

Recommendations made as a result of current inspections 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 section 5.2 of this report.

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 medicines management inspection on 20 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	Registered Manager Ms Claire Quail
Person in Charge of the Home at the Time of Inspection: Ms Claire Quail	Date Manager Registered: 10 March 2011
Categories of Care: NH-DE	Number of Registered Places: 22
Number of Patients Accommodated on Day of Inspection: 19	Weekly Tariff at Time of Inspection: £598

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

During the inspection, the inspector met with the registered manager and staff on duty.

The following records were examined during the inspection:

Medicines requested and received

Personal medication records

Medicine administration records (MARs)

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 unannounced care inspection dated 17 February 2015. As no requirements or recommendations were made, a QIP was not issued following this inspection.

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

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 are now in place and have been recently updated.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are being administered in accordance with the prescribers' instructions. The majority of audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes. Discrepancies were noted in the audits of some food supplements. The registered manager advised that supplements would be closely monitored.

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

There are robust incident reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products.

Medicine records were legible and accurately maintained to ensure that there is a clear audit trail. The good practice of two registered nurses initialling handwritten entries on personal medication records, in the absence of the prescriber's signature, was acknowledged.

Disposal of medicines no longer required is undertaken by trained and competent staff. Any discontinued or expired medicines are discarded by two registered nurses into the pharmaceutical clinical waste bin. The registered manager advised that controlled drugs are denatured prior to disposal and this was evidenced in the controlled drug record book.

The receipt, administration and disposal of all controlled drugs subject to record keeping requirements are maintained in a controlled drug record book.

Stock balances of controlled drugs which are subject to safe custody requirements are reconciled on each occasion when the responsibility for safe custody is transferred.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place. There are up to date Standard Operating Procedures for the management of controlled drugs.

Suitable arrangements are in place to ensure that the management of medicines is undertaken by qualified, trained and competent staff and systems are in place to review staff competency in the management of medicines. A record is maintained of staff medicines management training and development activities. An annual capability and competency assessment is carried out on each registered nurse. A sample of records was provided for inspection.

There are arrangements in place to audit all aspects of the management of medicines. A medicines audit is carried out by the registered manager on a monthly basis and she advised that the findings, along with any actions required, are communicated to staff. Copies of these audits were available for inspection. There are also daily audits and running stock balances completed by the registered nurses.

Is Care Compassionate? (Quality of Care)

The records of one patient who was prescribed an anxiolytic medicine for administration on a “when required” basis in the management of distressed reactions was examined. The medicine records were legibly and accurately maintained to ensure a clear audit trail. The parameters for administration were recorded on the personal medication record. A record of administration had been maintained on the MARs. A care plan was in place for the management of distressed reactions and there was evidence that it was regularly reviewed. The reason for and outcome of administering the medicine was recorded in the daily progress notes indicating that the nurses were ensuring that the medicine was effective.

Pain management medicines are prescribed as necessary and when administered their effect is monitored to ensure that they provide relief and that the patient is comfortable. The records of one patient who was 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 record. The administration had been recorded on the MARs. A care plan was in place which detailed the management of the patient’s pain. The registered manager stated that the care plan is evaluated monthly. The registered manager advised that a pain assessment is completed at least monthly or more often if necessary.

Body maps indicating the site of application of transdermal patches were held on file for the relevant patients.

Areas for Improvement

None identified

Number of Requirements	0	Number of Recommendations	0
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5.4 Additional Areas Examined

Medicines were safely and securely stored in accordance with the manufacturers’ instructions.

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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Claire Quail	Date Completed	23.07.15
Registered Person	Dr Claire Royston	Date Approved	23.07.15
RQIA Inspector Assessing Response	Cathy Wilkinson	Date Approved	23/07/2015

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to RQIA pharmacists@rqia.org.uk from the authorised email address