Richmond
RQIA ID: 1288
19 Seafront Road
Cultra
BT18 0BB

Inspector: Paul Nixon
Inspection ID: IN022501

Tel: 02890426558
Email: office@richmondnursinghome.co.uk

Unannounced Medicines Management Inspection of Richmond

19 November 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 19 November 2015 from 10.00 to 13.40.

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 one area for improvement was identified and is 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.

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 last inspection on 7 February 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	1

The details of the QIP within this report were discussed with the registered manager, Mrs Sharon Ruth Radcliff-Bryans as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Richmond Nursing Home Ltd Mrs Sharon Ruth Radcliff-Bryans	**Registered Manager:** Mrs Sharon Ruth Radcliff-Bryans
Person in Charge of the Home at the Time of Inspection: Mrs Sharon Ruth Radcliff-Bryans	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-I ,NH-PH ,NH-PH(E) ,NH-TI	**Number of Registered Places:** 35
Number of Patients Accommodated on Day of Inspection: 32	**Weekly Tariff at Time of Inspection:** £650 - £810

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.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the management of incidents reported to RQIA since the previous medicines management inspection was reviewed.

During the inspection we met with the registered manager, Mrs Sharon Ruth Radcliff-Bryans and registered nurses on duty.

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 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 5 May 2015. The completed QIP was 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:** Second time	The arrangements for the recording of thickening agents must be reviewed 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 and fluid intake sheets.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must review the arrangements for the management of new patients' medicines in order to ensure that they are robust.	**Met**
	Action taken as confirmed during the inspection: The records relating to two new recently admitted patients were reviewed. In each instance, the hospital discharge letter matched the details on the personal medication record and medicine labels. The personal medication record entries had been initialled by two registered nurses.	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The temperature range of each medicine refrigerator must be maintained within the recommended limits of +2°C and +8°C.	**Met**
	Action taken as confirmed during the inspection: The medicine refrigerators were observed to be within the recommended limits of +2°C and +8°C.	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The nursing staff must be provided with further training in relation to the management of the medicine refrigerators.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that the nursing staff had been provided with further training in relation to the management of the medicine refrigerators.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	Running stock balances should be maintained for warfarin preparations.	**Met**
	Action taken as confirmed during the inspection: Running stock balances had been maintained for warfarin preparations.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	A policy and procedures should be written detailing the arrangements for the management of dysphagia.	**Met**
	Action taken as confirmed during the inspection: This policy and procedures had been written.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The Standard Operating Procedures for the management of controlled drugs should be further developed.	**Met**
	Action taken as confirmed during the inspection: The Standard Operating Procedures for the management of controlled drugs had been further developed.	
Recommendation 4 **Ref**: Standard 37 **Stated:** First time	Solid dose formulation controlled drugs should be denatured before their disposal, using commercially available denaturing kits.	**Met**
	Action taken as confirmed during the inspection: The registered nurse confirmed that solid dose formulation controlled drugs were denatured before their disposal, using commercially available denaturing kits. Examination of the controlled drugs record book provided evidence that two registered nurses had denatured controlled drugs.	

Recommendation 5 **Ref**: Standard 40 **Stated:** First time	Where a patient self-administers medication, recorded evidence should be maintained to indicate that the risks have been assessed and the competence confirmed.	**Met**
	Action taken as confirmed during the inspection: Although no patients self-administered medicines, the registered nurse confirmed that, where a patient self-administered medication, recorded evidence was maintained to indicate that the risks had been assessed and their competence confirmed, as per the home policy.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The vast majority of the audits which were carried out on several randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed. However, a small number of audit discrepancies were observed; these were discussed with the registered manager.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There was no evidence to indicate that medicine doses were omitted due to being out of stock. 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 two recently admitted patients. Their medicine regimes had been confirmed in writing. Two nurses had verified and signed the personal medication records.

The management of warfarin was reviewed and found to be satisfactory.

Medicine records had been maintained in a satisfactory manner. Entries on the personal medication records had been verified and signed by two registered nurses.

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.

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. Additional monitoring arrangements were also in place for controlled drugs in Schedule 4 (Part 1). Controlled drugs were denatured prior to their 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.

There was evidence that medicines were being managed by registered nurses who had been trained and deemed competent to do so. Annual update training on the management of medicines had been completed. Competency assessments were completed annually. Registered nurses had also received training on the management of syringe drivers provided by the trust.

Care staff were responsible for the administration of thickening agents and emollient preparations, under the supervision of the registered nurses. The registered manager advised that care staff received training on the management of thickening agents and emollient preparations as part of their induction.

There were robust internal auditing systems. Monthly audits were completed by either the assistant manager or a designated registered nurse. The registered manager stated that the audit outcomes had been broadly satisfactory and that any issues were either discussed individually with the registered nurse or at nursing staff meetings. Running stock balances were maintained for most psychoactive medicines and warfarin.

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 patients had difficulty swallowing tablets or capsules.

The records for several patients who were prescribed anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were examined. Detailed care plans were not in place for these patients. Records of prescribing and administration were in place. The medicines had been infrequently administered. A recommendation was made.

The records for several patients who are prescribed medicines for the management of pain were reviewed. The registered nurses confirmed that patients had pain reviewed as part of the admission assessment. Care plans for the management of pain were in place and there was evidence that they were being regularly reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication records. Pain assessment tools were being used where a patient was unable to verbalise pain. Pain evaluations were completed following the administration of analgesia and recorded on the medicine administration records.

Areas for Improvement

The registered person should ensure that, when medication is prescribed to be administered “when required” for the management of distressed reactions, a care plan directing its use is in place. A recommendation was made.

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

5.4 Additional Areas Examined

Two metal cupboards containing medicines were not attached to the wall. The registered manager gave an assurance that this matter would be rectified without delay.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sharon Ruth Radcliff-Bryans, 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.

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 recommendation 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 18 **Stated:** First time **To be Completed by:** 19 December 2015	When medication is prescribed to be administered “when required” for the management of distressed reactions, a care plan directing its use should be in place.
	Response by Registered Person(s) Detailing the Actions Taken: Detailed Care Plans now in place.

Registered Manager Completing QIP	Sharon Bryans	**Date Completed**	17/12/15
Registered Person Approving QIP	Sharon Bryans	**Date Approved**	17/12/15
RQIA Inspector Assessing Response	Paul W. Nixon	**Date Approved**	05/01/16

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