Unannounced Medicines Management Inspection Report
2 August 2016

Seaview House

Type of Service: Nursing Home
Address: 276 Seacliff Road, Ballyholme, Bangor, BT20 5HS
Tel No: 028 9146 0833
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Seaview House took place on 2 August 2016 from 10.15 to 13.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. There were no areas of improvement identified.

Is care effective?

The management of medicines generally supported the delivery of effective care. Systems were in place to ensure patients were receiving their medicines as prescribed. There were no areas of improvement identified.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

Is the service well led?

Written policies and procedures for the management of medicines were in place. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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.

For the purposes of this report, the term ‘patients’ will be used to described those living in Seaview House which provides both nursing and residential care.

1.1 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 were discussed with Ms Clair O'Connor, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

As a result of the care inspection on 13 April 2016, RQIA were concerned with the arrangements in place to confirm, and regularly monitor, the registration status of registered nurses with the Nursing and Midwifery Council (NMC). A decision was taken to hold a meeting with the registered person, Ms Fiona Gilmore and the registered manager, Ms Clair O'Connor. The purpose of the meeting was to seek assurances that the systems in place were robust. The meeting took place at the RQIA office on 21 April 2016. Any issues arising from that inspection and the meeting will be followed up by the care inspector.

2.0 Service details

Registered organisation/registered provider: Ms Fiona Gilmore	**Registered manager:** Ms Clair O'Connor
Person in charge of the home at the time of inspection: Ms Jill Cardwell, Nurse in Charge	**Date manager registered:** 21 April 2015
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 22

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. No-one availed of this opportunity.

We met with two residents, the nurse in charge and the registered manager.

A sample of the following records was examined:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 April 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 11 February 2014

Last medicines management inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person must ensure that oxygen cylinders are securely chained to the wall.	**Met**
	Action taken as confirmed during the inspection: Oxygen cylinders were observed to be chained to the wall.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time	The manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The Standard Operating Procedures for the management of controlled drugs were sent to RQIA by email on 4 August 2016.	

Recommendation 2 **Ref**: Standard 37 **Stated:** Second time	The disposal of medicines procedure should be updated in order to reflect current practice.	**Met**
	Action taken as confirmed during the inspection: The policy for the disposal of medicines was sent to RQIA by email on 4 August 2016.	
Recommendation 3 **Ref**: Standard 38 **Stated:** Second time	Two nurses should be responsible for discarding medication into the pharmaceutical waste bins and recording this action.	**Met**
	Action taken as confirmed during the inspection: Two nurses were involved in the disposal of medicines and had signed the disposal record.	
Recommendation 4 **Ref**: Standard 40 **Stated:** First time	The registered person should ensure that home remedies are regularly audited to ensure that they are being appropriately managed.	**Met**
	Action taken as confirmed during the inspection: The registered person reviewed the need to keep home remedies and the decision was taken to no longer use them.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings and annual appraisal. Refresher training in medicines management was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time; there were extra monitoring sheets for recording the precise time of administration of Parkinson's medicines. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. A care plan was maintained for distressed reactions, however the prescribed medication was not recorded. It was discussed and the registered manager agreed that this would be rectified following the inspection. The reason for and the outcome of administration were recorded in the daily notes. These medicines were used very infrequently in the home.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain tool was used as needed. Pain charts were observed on the medicines file and were completed regularly. A care plan was maintained.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Good practice included recording the reason for the administration of analgesia, extra records for recording the site of application of transdermal patches and extra records for medicines prescribed on a "when required" basis.

Practices for the management of medicines were audited by the staff and management. This included running stock balances for medicines not contained in the blister pack system. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that staff have good working relationships with other healthcare workers, including the community pharmacist and prescribers.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. The nurse administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of their medicines. The nurse was familiar with the preferences of patients with regards to their medicines e.g. that one patient preferred grapefruit juice rather than water to take their tablets. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to advised that they had no concerns in relation to the management of their medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place.

Staff confirmed that they knew how to identify and report incidents. There were no medicine related incidents reported since the last medicines management inspection.

The registered manager advised that largely satisfactory outcomes had been achieved in any medicine audits that had been completed. Where a discrepancy or an improvement had been identified, it was discussed with nurses.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.

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