Wheatfield House
RQIA ID: 1307
20 Wheatfield Gardens
Belfast
BT14 7HU

Inspector: Judith Taylor
Inspection ID: IN022512

Tel:028 9039 1555
Email: wheathouse1@tiscali.co.uk

Unannounced Medicines Management Inspection of Wheatfield House

16 October 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 16 October 2015 from 10:50 to 13:50.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

This inspection was underpinned by the 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 9 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

Following the inspection, the staffing arrangements were discussed with the care inspector. The registered manager was requested to forward further information. This will be followed up by the care inspector.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	2

The details of the QIP within this report were discussed with Ms Elena Javier, a registered nurse who came on duty to facilitate the inspection; and Mr Edward McLoughlin, Registered Manager, by telephone on 22 October 2015, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Edward John McLoughlin	**Registered Manager:** Mr Edward John McLoughlin
Person in Charge of the Home at the Time of Inspection: Ms Alma Iran	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-LD, NH-LD(E)	**Number of Registered Places:** 22
Number of Patients Accommodated on Day of Inspection: 18	**Weekly Tariff at Time of Inspection:** £637 - £1083

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:

We met with the nurse in charge and one registered nurse who was off duty, but attended the home to facilitate the inspection.

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
- Policies and procedures
- Care plans
- Training records
- Medicine storage temperatures.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced finance inspection dated 27 August 2015. The completed QIP will be assessed by the finance 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 registered manager must put robust arrangements in place for the management of the cold storage of medicines.	**Partially Met**
	Action taken as confirmed during the inspection: An improvement in the management of medicines which require cold storage was evidenced. A new medicines refrigerator had been brought into use. Maximum and minimum temperatures were recorded on a daily basis. It was noted that the maximum temperature had been frequently recorded as 9^{o}C; the accepted upper limit is 8^{o}C and the consistent temperatures indicated that the refrigerator thermometer was not reset each day. This was further discussed and advice given. The thermometer was reset during the inspection and the maximum temperature was 7^{o}C. This requirement has been partially met, however, due to the discussion and assurance provided by the registered nurse, this has not been restated.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured prior to disposal.	**Not Met**
	Action taken as confirmed during the inspection: The completed QIP had stated that denaturing kits had been obtained to facilitate the denaturing of controlled drugs. There was no evidence that controlled drugs were denatured prior to disposal. **This requirement was stated for the second time**	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time	The registered manager should update the policies and procedures for medicines management to include the disposal of medicines and standard operating procedures for controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Written policies and procedures for the disposal of medicines and standard operating procedures for controlled drugs were in place.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Several medicines and medicine records were audited at the inspection. The audits produced satisfactory outcomes indicating medicines were administered as prescribed. Bisphosphonate medicines had been administered in accordance with the manufacturers' instructions.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Care plans/protocols for the management of hypoglycaemia and epileptic seizures were in place for the relevant patients.

Systems to manage the ordering of prescribed medicines to ensure adequate supplies were available were reviewed. These were found to be satisfactory. All of the medicines examined at the inspection were labelled appropriately.

There were robust arrangements for managing medicine changes; all changes were confirmed in writing and records were updated by two registered nurses. This is safe practice.

Most of the medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Records of the prescribing, ordering, receipt, administration, non-administration and disposal of medicines were maintained. Some areas for improvement were identified on the personal medication records and were being addressed during the inspection. Where care staff were responsible for the administration of external preparations and thickening agents, there was no system in place to enable the care staff to record the administration. Each administration of a medicine must be recorded. On several occasions, the registered nurses had recorded this administration. This was discussed and it was advised that the staff member administering the medicine should also make the record of administration.

Controlled drugs which are subject to the safe custody regulations were not prescribed or held in stock. Schedule 4 (Part 1) controlled drugs were stored in the controlled drug cabinet and stock reconciliation checks were performed on these controlled drugs, at each transfer of responsibility. This is good practice.

Discontinued or expired medicines were uplifted by a waste disposal contractor. The disposal of medicines was further discussed in relation to the waste regulations. It was noted that Schedule 4 (Part 1) controlled drugs had been disposed. These had not been denatured prior to disposal. The registered manager agreed to review the management of the disposal of medicines to ensure that procedures meet with the clinical waste regulations. He confirmed that clinical waste bins had been requested.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, the prescribed consistency level was clearly referenced on the personal medication record. A care plan and speech and language assessment report was in place.

Is Care Effective? (Quality of Management)

There were written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs in Wheatfield House.

The registered nurse, who facilitated the inspection, advised that all registered nurses and bank nurses had received training in medicines management. The registered nurse stated that care staff who were responsible for the administration of external preparations and thickening agents had received training, and that registered nurses were provided with additional training in the use of buccal midazolam. A sample of e-learning training records in relation to general medicine management was made available; however, records of the other medicine related training and staff competency in medicines management were not available. The registered nurse advised that staff competency assessments were completed annually. A list of the names, signatures and initials of registered nurses authorised to administer medicines was maintained.

Arrangements were in place to audit the practices for the management of medicines. A running stock balance was maintained for most medicines which were not supplied in the 28 day blister packs, and included nutritional supplements; this is good practice. A review of the audit records indicated that satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the date and time of opening on the medicine container.

Staff confirmed that compliance with prescribed medicines regimes was monitored and any omissions or refusals likely to have an adverse effect on the patients' health were reported to the prescriber. A care plan was maintained.

There was a system in place to report, analyse and learn from incidents. There had been no reported medicine related incidents since the last medicines management inspection.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of patients who were prescribed medicines on a "when required basis" for the management of distressed reactions were examined at the inspection. There was evidence that the relevant details were recorded on the personal medication record and care plan; for one patient the medicine had been administered infrequently.

It was noted that there was inconsistency with regard to the record keeping for one patient. The name of the medicine and the parameters for administration were not recorded on the personal medication record. This was addressed during the inspection. Although a care plan was in place, this did not include the medicine. This medicine was being administered on a daily basis. This was discussed and should be reported to the prescriber. The reason for the administration was usually recorded; however, there was no record stating the outcome of the administration. There were arrangements in place to evaluate the patient's care plan.

From discussion with the staff, it was concluded that staff were familiar with circumstances when to administer these medicines and were aware that a change in a patient's behaviour may be associated with pain.

The sample of records examined indicated that medicines which were prescribed to manage pain were recorded on the patient's personal medication record and had been administered as prescribed. This included regularly prescribed opioid transdermal patches and analgesics which were prescribed for administration on a "when required" basis. A pain tool was in use as needed. Each administration of an analgesic was recorded on a separate pain evaluation chart and detailed the level of pain. This is good practice. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Care plans in relation to pain management were in place.

It was noted that medicines had been occasionally omitted when the patient attended a day care setting.

Areas for Improvement

The disposal arrangements for controlled drugs must be reviewed, to ensure that Schedule 4 (Part 1) controlled drugs are denatured and rendered irretrievable prior to disposal and two registered nurses/designated persons are involved in this process. The requirement made at the last medicines management inspection was stated for the second time. It was suggested that the registered nurses should be updated in relation to the standard operating procedures for controlled drugs.

Records of staff training and competency must be available for inspection at all times.
A requirement was made.

Where care staff are responsible for the administration of external preparations and thickening agents, accurate records of administration must be maintained. A requirement was made.

In relation to the management of distressed reactions, any increased frequency of use or regular administration should be reported to the prescriber, the outcome of the administration should be clearly recorded on each occasion, and the care plan should include reference to the medicine prescribed. A recommendation was made.

The management of medicines for patients who attend day care settings should be reviewed, to ensure the specific arrangements are clearly recorded in their care plan and medicines are administered as prescribed. A recommendation was made.

Number of Requirements	**3**	**Number of Recommendations**	**2**

5.4 Additional Areas Examined

Storage

Medicines were stored safely and securely. Areas were tidy and organised. Dates of opening were recorded on medicines with a limited shelf-life once opened.

Blood glucose meters had been managed in accordance with the manufacturers' instructions.

Largely satisfactory arrangements were in place for the cold storage of medicines. Although the records indicated that the medicines refrigerator temperatures were usually between 4^{o}C to 9^{o}C, the need to ensure the maximum temperature did not exceed 8^{o}C was reiterated. (See Section 5.2)

The temperature of the treatment room had been recorded on a daily basis; however, this practice had ceased following redecoration. Although there were no concerns regarding low or raised temperatures, it was agreed that this practice would be recommenced.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Elena Javier, Registered Nurse and Mr Edward McLoughlin, 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 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 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:** Second time **To be Completed by:** 16 November 2015	The registered manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured prior to disposal.
	Response by Registered Person(s) Detailing the Actions Taken: The registered person has taken action to ensure that all schedule 4 (Part 1) controlled drugs are denatured prior to disposal. This has been arranged with the homes dispensing pharmacy.
Requirement 2 **Ref:** Regulation 19(3) **Stated:** First time **To be Completed by:** 16 November 2015	The registered person must ensure that records of staff training and competency are readily available for inspection at all times.
	Response by Registered Person(s) Detailing the Actions Taken: This is being addressed and records of staff training and competency will be readily available for inspection at all times.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 16 November 2015	The registered person must ensure that where care staff are responsible for the administration of external preparations and thickening agents, accurate records of administration are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Accurate records are maintained of care staff responsible for the administration of thickning agents and external preparations.

Recommendations	
Recommendation 1 **Ref:** Standard 18 **Stated:** First time **To be Completed by:** 16 November 2015	It is recommended that the management of medicines in relation to distressed reactions is reviewed to ensure that the increased frequency in use is reported to the prescriber, the outcome of each administration is recorded and the relevant care plan includes reference to the medicine. **Response by Registered Person(s) Detailing the Actions Taken:** The management of medicines in relation to distressed reactions is being reviewed to ensure the increased frequency in use is reported to the prescriber, the outcome of each administration is recorded and the relevant care plan includes reference to the medicine.
Recommendation 2 **Ref:** Standard 4 **Stated:** First time **To be Completed by:** 16 November 2015	It is recommended that the management of medicines for patients who attend day care settings should be reviewed, to ensure the specific arrangements are clearly recorded in their care plan and medicines are administered as prescribed. **Response by Registered Person(s) Detailing the Actions Taken:** Arrangements are being made to ensure specific arrangements are clearly recorded in patients care plans, that medicines are administered as prescribed for those who attend day care settings.

Registered Manager Completing QIP	Edward McLoughlin	**Date Completed**	09/11/2015
Registered Person Approving QIP	Edward McLoughlin	**Date Approved**	09/11/2015
RQIA Inspector Assessing Response	Judith Taylor	**Date Approved**	04/01/16

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