Hollygate
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Unannounced Medicines Management Inspection of Hollygate

8 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 8 October 2015 from 10:55 to 14:10.

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. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to Section 5.2 and 6.2 of this report.

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 29 January 2015.

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	1	1

The details of the QIP within this report were discussed with Ms Irene McBurney, Registered Manager, part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Hollygate Care Services Ltd Mr Craig Cecil Emerson	**Registered Manager:** Ms Irene Margaret McBurney
Person in Charge of the Home at the Time of Inspection: Ms Irene Margaret McBurney	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 20
Number of Patients Accommodated on Day of Inspection: 19	**Weekly Tariff at Time of Inspection:** £593 to £693

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 registered nurse on duty.

The following records were examined during the inspection:

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 unannounced care inspection dated 4 June 2015. The completed QIP was assessed and approved by the care inspector on 6 August 2015.

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:** First time	The registered manager must closely monitor the administration of Patient A's medicines; any further discrepancies must be investigated and reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: The registered manager had increased the frequency of audits on this patient's medicines.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	When care staff are responsible for the administration of external preparations, the registered manager must ensure that a record of administration is recorded on every occasion.	**Partially Met**
	Action taken as confirmed during the inspection: The care staff were responsible for the administration of barrier preparations and emollients only. Following the last inspection, separate administration records had been developed and implemented, for completion by care staff. The registered manager advised that as a result of recent audits this area had been identified for improvement, as care staff had not completed some of the records. This was further discussed regarding the planned action. A weekly audit is to commence and further training will be provided. It was noted that the registered nurses had also signed records to state that the external preparation had been administered by care staff. This requirement has been partially met however, due to the discussion and assurance provided by the registered manager, it has not been restated.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should review the records pertaining to the management of distressed reactions to ensure that the relevant records are maintained.	**Met**
	Action taken as confirmed during the inspection: A review of the prescribing records, administration records, care plans and daily notes in relation to distressed reactions, indicated that this area of medicines management was well managed.	

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.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and on their discharge from the home. Epilepsy management plans were available 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. This included high risk medicines e.g. warfarin.

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 improvement had been identified through internal audit with regard to records of the administration of external preparations.

The controlled drug record book had been maintained in a satisfactory manner. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included some controlled drugs which do not require safe custody. This is good practice.

Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which were uplifted by a waste disposal contractor. The records indicated that controlled drugs were denatured by two registered nurses prior to disposal.

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 and also on the administration records. The administration records included the total daily fluid intake. 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 Hollygate. A number of these had been recently updated.

Medicines were managed by staff who have been trained and deemed competent to do so. There was evidence of the induction process. The impact of training was monitored through supervision and appraisal. Registered nurses were provided with training in medicines management on an annual basis. Additional training in the use of syringe drivers and palliative care had also been completed. Care staff who were responsible for the administration of external preparations and thickening agents had received training. Records of training and staff competency in medicines management were provided at the inspection. Competency assessments were completed annually. A list of the names, signatures and initials of staff authorised to administer medicines was maintained.

Arrangements were in place to audit the practices for the management of medicines. A review of the audit records indicated that a variety of medicines were selected; largely 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 and also on the comments column on the administration records.

The registered manager 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.

There was a system in place to report, analyse and learn from incidents. The reported medicine related incidents were discussed at the inspection; these had been managed appropriately.

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. The parameters for administration of anxiolytic medicines were recorded on the personal medication records. A detailed care plan was maintained. There were arrangements in place to evaluate the patient's care plan. Each administration was recorded and included the reason for and the outcome of the administration. 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 controlled drug patches and analgesics which

were prescribed for administration on a "when required" basis. A pain tool was in use as needed. Each administration of analgesics was recorded on a separate pain evaluation chart and detailed the level of pain and the effect of the analgesic. 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 for some but not all of the patients.

Areas for Improvement

It was agreed that the completion of records pertaining to external preparations would continue to be closely monitored. The registered manager confirmed that all care staff would be reminded to complete the records and they which would be reviewed on at least a weekly basis.

A detailed care plan should be maintained for each patient prescribed medicine to control pain. A recommendation was made.

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

5.4 Additional Areas Examined

Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Satisfactory arrangements were in place to monitor the temperature of medicine storage areas.

Since the last medicines management inspection, a new cabinet to store controlled drugs had been brought into use. It could not be clarified if this cabinet met with the Misuse of Drugs (Safe Custody) (NI) Regulations 1973. A requirement was made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Irene McBurney, 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 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 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

Requirements	
Requirement 1 **Ref:** Regulation 13(4) **Stated: First time** **To be Completed by:** **7 November 2015**	The registered person must ensure that controlled drugs which require safe custody are stored in a cabinet which meets with the Misuse of Drugs (Safe Custody) (NI) Regulations 1973.
	Response by Registered Person(s) Detailing the Actions Taken: In line with the Misuse of Drugs (Safe Custody)(NI) Regulations 1973, all Controlled Drugs are stored in a safe with the following specifications as required: *Constructed from sheet steel *Has a clearance between door and jamb of less than 3mm *Has a six lever double bolted radial type cylinder lock (locking bolts are solid steel) *There are 10000 possible combinations *The safe is secured to a solid wall by four anchor bolts in line with manufacture guidelines *Nothing is displayed outside the safe or the cabinet it is located in to indicate that Controlled Drugs are kept inside it
Recommendations	
Recommendation 1 **Ref**: Standard 4 **Stated: First time** **To be Completed by:** **7 November 2015**	It is recommended that where pain controlling medicine is prescribed, this is referenced in the patient's care plan.
	Response by Registered Person(s) Detailing the Actions Taken: A staff meeting for Nurses was held on 29/10/15 identifying this recommendation and all residents receiving any pain relief have a plan of care and pain tool in place.

Registered Manager Completing QIP	Irene McBurney	**Date Completed**	03/11/15
Registered Person Approving QIP	Craig Emerson	**Date Approved**	03/11/15
RQIA Inspector Assessing Response	**Judith Taylor**	**Date Approved**	**4/11/15**

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