Maine Nursing Home
RQIA ID: 1383
50a Ahoghill Road
Randalstown
BT41 3DG

Inspector: Rachel Lloyd
Inspection ID: IN022405

Tel: 028 9447 9955
Email: mainenursing@btconnect.com

Unannounced Medicines Management Inspection of Maine Nursing Home

23 July 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 23 July 2015 from 10:35 to 14:20.

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 some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

This inspection was underpinned by 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 the 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 sections 5.2 and 6.2 of this report.

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 12 November 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	2	3

The details of the QIP within this report were discussed with the nurse in charge, Ms Gemma McPherson, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Adarra Developments Ltd Mr Ian McGoldrick	**Registered Manager:** Miss Colleen McWilliams - registration pending
Person in Charge of the Home at the Time of Inspection: Ms Gemma McPherson	**Date Manager Registered:** Registration pending
Categories of Care: NH-LD, NH-LD(E)	**Number of Registered Places:** 25
Number of Patients Accommodated on Day of Inspection: 18	**Weekly Tariff at Time of Inspection:** £637- £914

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 incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the nurse in charge and other members of staff 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 refrigerator temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced finance inspection dated 20 July 2015. The report from this inspection is pending. The care and finance inspectors confirmed that there were no issues to be followed up at this inspection.

5.2 Review of Recommendations from the Last Medicines Management Inspection

Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** Twice	The registered manager should further develop the policies and procedures to include the areas detailed in the report.	**Met**
	Action taken as confirmed during the inspection: Up to date policy and procedure documents were in place which included Standard Operating Procedures (SOPs) for controlled drugs.	
Recommendation 2 **Ref**: Standard 37 **Stated:** Once	One patient's epilepsy management plan should be updated regarding recent changes to medication prescribed for emergency use during a seizure.	**Met**
	Action taken as confirmed during the inspection: Up to date epilepsy management plans were observed to be in place for the relevant resident's records examined.	

Recommendation 3 **Ref**: Standard 38 **Stated:** Once	A review should be undertaken to ensure that entries on personal medication records and printed medication administration sheets correlate and reflect the prescriber's most recent instructions.	**Met**
	Action taken as confirmed during the inspection: Personal medication records and printed medication administration sheets examined correlated satisfactorily with one exception for one "when required" medicine not in current use which was corrected at the time of the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on a range of randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines were available for administration on the day of the inspection. 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.

Epilepsy management plans for designated patients were available.

Medicine records had largely been maintained in a satisfactory manner. A few examples of missing signatures were observed on medicines administration records, most of these had already been highlighted for attention.

Records of the administration of external preparations by care staff were observed. These had not been completed regularly and did not fully reflect the administration of these preparations.

Records showed that discontinued and expired medicines had been returned to a waste management company. Two 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 for Schedule 3 controlled drugs were well-maintained.

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 in the treatment room.

There was evidence that medicines were being managed by registered nurses who had been trained and previously deemed competent to do so. Annual update training on the management of medicines had been completed online and/or at training sessions provided by the supplying pharmacy. Registered nurses have recently requested training on the management of enteral feeding tubes. Patient specific epilepsy awareness training, including the use of buccal midazolam and rectal diazepam, has been provided by the epilepsy specialist nurse from the Trust. Competency assessments for registered nurses and for those care assistants responsible for delegated medicines tasks were not available for examination.

Care staff were responsible for the administration of thickening agents and external preparations. No evidence of training for these staff to undertake these delegated tasks was available during the inspection. A list of names, sample signatures and initials was not available for care staff authorised to undertake these delegated tasks.

There were satisfactory auditing systems in place for medicines. Running stock balances were maintained for a number of medicines which were not contained within the monitored dosage system. In addition the previous manager had overseen a regular audit on all aspects of the management of medicines. The nurse in charge stated that the new manager had stated the intention to continue with these audit procedures. Audit was facilitated by the routine practice of recording the date of opening on medicine containers.

There were procedures in place to report and learn from medicine related incidents that had 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)

The records for a number of patients who were prescribed anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were examined. Care plans were mostly in place and there was evidence that those in place were being reviewed monthly. Records of prescribing and administration were in place. The reason for and outcome of administrations had been recorded in the daily care notes on most occasions.

The nurse in charge confirmed that all patients have pain reviewed as part of the admission assessment. The records for several patients who were prescribed medicines for the management of pain on a “when required” basis were reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication records. Care plans for the management of pain were not in place for those patient’s records examined to provide staff with guidance on when these medicines should be administered. Pain assessment tools were not being used.

Areas for Improvement

Records of the administration of external preparations by designated care staff must be accurately maintained. A requirement was made.

Training in delegated medicines tasks such as the administration of external preparations and thickening agents must be provided for designated care staff and records maintained. A requirement was made.

Update training should be provided for relevant staff on the management of enteral feeding tubes including the administration of medicines via this route. A recommendation was made.

Records of competency assessments for registered nurses and for those care assistants responsible for delegated medicines tasks should be in place. A recommendation was made.

Care plans for the management of pain should be in place and reviewed regularly where analgesia is prescribed, to include guidance for staff on how pain may be expressed by individual patients. A recommendation was made.

Registered nurses were reminded to ensure that medicine administration records are signed immediately following administration on every occasion.

It was advised that a sample list of the names, sample signatures and initials of care staff authorised to undertake delegated tasks should be maintained.

Registered nurses were reminded that the reason for and the outcome of administration of medicines prescribed for use "when required" in the management of distressed reactions should be recorded on every occasion.

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

5.4 Additional Areas Examined

Medicines were stored safely and securely. Satisfactory arrangements were in place for the management of medicines keys.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Gemma McPherson 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 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** **23 August 2015**	The registered person must ensure that records of the administration of external preparations by designated care staff are accurately maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Audits have been carried out on documentation. All nurses are to code any delegated external treatments on the MARR. Training dates have been set regarding the correct documentation within daily care sheets that clearly shows any external treatments that have been applied. the dates are as follows 9th the 11th and the 15th of september. Boots MDS training has also been requested and i am currently awaiting a date for this.
Requirement 2 **Ref:** Regulation 20(1) **Stated:** First time **To be Completed by:** **23 August 2015**	The registered person must ensure that training in delegated medicines tasks, such as the administration of external preparations and thickening agents, is provided for designated care staff and that records are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: I have spoken with nurtricia representative to arrange in house training on the use of thickening agents and have yet to be given a date for same but am closesly following this up. Training dates to cover this are as listed above.

Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **23 October 2015**	It is recommended that update training is provided for relevant staff on the management of enteral feeding tubes including the administration of medicines via this route. **Response by Registered Person(s) Detailing the Actions Taken:** Three staff members are attending enteral feeding master class on the 22/09/15 and other staff members names have been put forward for a followinbg date which is to be arranged for october/november.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **23 October 2015**	It is recommended that records of competency assessments for registered nurses and for those care assistants responsible for delegated medicines tasks are maintained. **Response by Registered Person(s) Detailing the Actions Taken:** All registered nurses have received full supervision and competency assesments within the last two months. Nursing staff then have their own team of care assistants which they complete compentcy assesments for. These are ongoing at present and will be clearly documented within the staff competency matrix.
Recommendation 3 **Ref**: Standard 4 **Stated:** First time **To be Completed by:** **23 August 2015**	It is recommended that care plans for the management of pain should be in place and reviewed regularly where analgesia is prescribed, to include guidance for staff on how pain may be expressed by individual patients. **Response by Registered Person(s) Detailing the Actions Taken:** All nursing staff have been made aware of this and this is currently ongoing, regular audits of the care files will closely monitor the process of this.

Registered Manager Completing QIP	Colleen Mcwilliams	**Date Completed**	3/9/2015
Registered Person Approving QIP	Ian McGoldrick	**Date Approved**	3/09/2015
RQIA Inspector Assessing Response	**R Lloyd**	**Date Approved**	**8/9/15**

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