Ladyhill Lodge
RQIA ID: 1385
40 Creevery Road
Antrim
BT41 2LQ

Inspector: Judith Taylor
Inspection ID: IN022566

Tel: 028 9446 6905
Email: ladyhillmanager@supanet.com

Unannounced Medicines Management Inspection of Ladyhill Lodge

4 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 4 November 2015 from 10:30 to 15:25

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. Areas of good practice were acknowledged.

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 27 November 2014.

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 nurse in charge, Ms Bindu Matthew, 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 Mrs Mary McGoldrick	**Registered Manager:** Not applicable
Person in Charge of the Home at the Time of Inspection: Ms Bindu Matthew	**Date Manager Registered:** Not applicable
Categories of Care: NH-LD, NH-LD(E)	**Number of Registered Places:** 31
Number of Patients Accommodated on Day of Inspection: 23	**Weekly Tariff at Time of Inspection:** £539 - £1211

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 other staff on duty.

The following records were examined:

- Medicines requested and received
- Personal medication records
- Medicines administration records
- Medicines disposed of
- Controlled drug record books
- 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 12 August 2015. The completed QIP was assessed and approved by the care inspector on 28 September 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 manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal.	**Met**
	Action taken as confirmed during the inspection: There was recorded evidence that Schedule 4 (Part 1) controlled drugs had been denatured prior to disposal. A specific book to record the denaturing of controlled drugs had been implemented. A list of the recent changes to the controlled drug schedules was displayed for staff reference.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 39 **Stated:** First time (carried forward)	The registered manager should closely monitor the storage arrangements for in-use insulin pens.	**Not applicable**
	Action taken as confirmed during the inspection: Insulin was not prescribed or held in stock. Staff confirmed that insulin had not been prescribed since the last medicines management inspection. As this recommendation had been carried forward and no insulin had been prescribed for a few years, this recommendation was not carried forward for a second time.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref**: Standard 37 **Stated:** Second time	The registered manager should develop and implement written Standard Operating Procedures for controlled drugs.	**Met**
	Action taken as confirmed during the inspection: A folder detailing the Standard Operating Procedures for controlled drugs in Ladyhill Lodge was available in the treatment room. This had been implemented on 16 January 2015.	
Recommendation 3 **Ref**: Standard 37 **Stated**: Second time	The registered manager should ensure that two nurses are involved in the disposal of medicines, with each nurse's signature recorded on the disposal record.	**Met**
	Action taken as confirmed during the inspection: Examination of the disposal of medicines records indicated that two trained staff were involved in the disposal of medicines.	
Recommendation 4 **Ref**: Standard 37 **Stated:** First time	The manager should ensure that the reason for and effect of the administration of ''when required'' medicines, prescribed for distressed reactions, are recorded on every occasion.	**Met**
	Action taken as confirmed during the inspection: The reason for and outcome of the administration of medicines prescribed for distressed reactions were recorded in the daily notes.	
Recommendation 5 **Ref**: Standard 37 **Stated:** First time	The manager should ensure that care assistants undertaking delegated tasks receive training and a competency assessment.	**Met**
	Action taken as confirmed during the inspection: The care assistants had received training in the management of dysphagia in July 2014, and external preparations in January 2015. Records of competency were maintained.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 6 **Ref**: Standard 38 **Stated:** First time	The manager should ensure that when entries on medication administration sheets are handwritten, these are checked and signed by two designated members of staff to ensure accuracy in transcription.	**Met**
	Action taken as confirmed during the inspection: The sample of records examined indicated that two registered nurses had initialled all handwritten entries on the medication administration records.	

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 that 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 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 largely satisfactory arrangements in place to manage medicine changes; all changes were confirmed in writing and records were updated by two registered nurses. This is safe practice. However, it was noted that one discontinued medicine remained on the medicine trolley and in overstock. This was discussed and addressed by the registered nurse.

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 by the registered nurse. Several obsolete records were kept in the current folders; these should be discontinued and securely archived.

The management of injectable medicines was reviewed. There was evidence that an injection prescribed every three months had been recently administered; however, this dose and previous doses had not been recorded on the medication administration records. Cross reference with the diary indicated the injection had been administered as prescribed.

Some patients require the administration of medicines via enteral feeding tubes. The personal medication records included the relevant information. Staff had received training. A care plan and fluid balance records were maintained.

The receipt, storage, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility. A new controlled drug book had been commenced in August 2015. Some of the stock balances in the obsolete book had not been marked with the transfer to the new book. No discrepancies in stock balances were found.

Discontinued or expired medicines were discarded into pharmaceutical clinical waste bins by two registered nurses. These waste bins were uplifted by a contracted waste disposal company and the waste transfer note was attached to the disposal record, which is good practice.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record. There were arrangements in place to ensure that staff were aware of each patient's prescribed fluid consistency. Each administration was recorded and a care plan and speech and language assessment report was in place.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs in Ladyhill Lodge were available.

Medicines were managed by staff who have been trained and deemed competent to do so. The registered nurse advised that the impact of training was monitored through quarterly supervision and annual appraisal. Staff competency in medicines management was reviewed annually. General medicines management training was provided through the completion of e-learning modules. Additional training in the management of enteral feeding and epileptic seizures was also completed.

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, including nutritional supplements; this is good practice. A review of the audit records indicated that 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 recording the quantity of medicine carried forward from the previous medicine cycle. It was advised this quantity should also include the overstock in the cupboard.

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.

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

Is Care Compassionate? (Quality of Care)

The registered nurse confirmed there was written evidence of authorisation from a health care professional regarding medicines which were required to be crushed prior to administration and/or administered in disguised form. A care plan was maintained.

The records pertaining to a small number of patients who were prescribed medicines for the management of distressed reactions, on a "when required" basis, were observed at the inspection. The name of the medicine and the frequency of dosing were recorded on the personal medication record. A care plan was maintained and evaluated monthly. A record of each administration was maintained. The reason for and outcome of the administration was recorded in the patient's daily notes. Staff were familiar with circumstances when to administer anxiolytic/antipsychotic medicines and had the knowledge 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.

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. 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, these were evaluated monthly.

Areas for Improvement

It was agreed that the relevant pages in the obsolete controlled drug record book would be marked with details of the transfer to the new book and the remainder of the pages would be cancelled.

Several obsolete personal medication records and speech and language assessment reports remained in the current folder. These records must be removed to reduce the risk of referring to the incorrect information. The registered person should ensure that only the most up to date records are kept in the current medicine folder. A recommendation was made.

Staff were reminded that each dose of injection should be recorded on the administration records.

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. Storage areas were tidy and organised.

Satisfactory arrangements were in place to monitor the temperature of storage areas and the management of medicine keys.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Bindu Matthew, Nurse in Charge, 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 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

No requirements were made following this inspection

Recommendations

Recommendation 1 **Ref**: Standard 29 **Stated: First time** **To be Completed by:** **5 December 2015**	It is recommended that all obsolete records are removed from the current medicine folders, discontinued and securely archived.
	Response by Registered Person(s) Detailing the Actions Taken: Following the inspection, all obsolete records were removed from the medicine folders, discontinued and archived accordingly. The medication records were tidied and checked.

Registered Manager Completing QIP	Lisa Davison	**Date Completed**	20.11.2015
Registered Person Approving QIP	Mary McGoldrick	**Date Approved**	20.11.2015
RQIA Inspector Assessing Response	**Judith Taylor**	**Date Approved**	**25.11.15**

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