Unannounced Medicines Management Inspection Report
28 March 2017

Ladyhill Private Nursing Home

Type of Service: Nursing Home
Address: 40 Creevery Road, Antrim, BT41 2LQ
Tel no: 028 9446 6905
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Ladyhill Private Nursing Home took place on 28 March 2017 from 10:10 to 15:40.

The findings of the last medicines management inspection on 7 December 2016 indicated that robust arrangements were not in place for the management of medicines. Several areas were identified for improvement and these included governance, record keeping, the management of pain, distressed reactions, delegated tasks, storage and the administration of medicines. Some areas relating to care delivery were also identified and shared with the care inspector.

Following a discussion with the senior pharmacist inspector in RQIA, it was agreed the registered provider would be made aware of the required improvements and that a further inspection would be undertaken. The registered provider gave assurances that the issues raised would be addressed.

This inspection sought to assess progress with the issues raised during the last medicines management inspection and to determine if the service was now delivering safe, effective and compassionate care and if the service was well led.

With the exception of the completion of enteral feeding fluid intake charts, it was evidenced that the areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed the systems in place and some of these have been embedded into routine practice. Staff had received further training on the management of medicines.

The evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led.

The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Marina Lupari and the staff present at feedback, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

There were no further actions required to be taken following the most recent inspection on 19 January 2017.

2.0 Service details

Registered organisation/registered person: Town & Country Care Homes Limited/ Dr Marina Lupari	**Registered manager:** See below
Person in charge of the home at the time of inspection: Staff Nurse Lisa Craig until 10.30 and Dr Marina Lupari thereafter	**Date manager registered:** Dr Marina Lupari (Acting Manager - no application required)
Categories of care: NH-LD, NH-LD(E)	**Number of registered places:** 31

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two care staff, one registered nurse, one pre-registration nurse and the registered provider/acting manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

A sample of the following records was 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 storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 January 2017

The most recent inspection of the home was an announced premises inspection. No requirements or recommendations were made following this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection 7 December 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 19(3) **Stated:** First time	The registered provider must ensure records of training and competency are maintained and available in the home.	**Met**
	Action taken as confirmed during the inspection: A sample of training records including induction records was observed. The registered provider/acting manager advised of the organisation's processes which ensured that staff were trained in the work that they perform and the arrangements in place to assess competency.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure that records which indicate that medicines are being stored at the temperature specified by the manufacturer are maintained.	**Met**
	Action taken as confirmed during the inspection: All of the medicines examined were stored at the correct temperature.	

Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure robust arrangements are put in place for the management of thickening agents.	**Met**
	Action taken as confirmed during the inspection: The management of thickening agents had been reviewed. Training in dysphagia had been provided for staff. There were arrangements in place to ensure that all designated staff were aware of each patient's swallowing assessment and prescribed consistency of thickened fluids; this was listed in a document for staff reference and updated per change. This was also recorded on the patient's personal medication record, care plan and administration records. However, some but not all of the administration was recorded. There were two types of administration record in use, an administration record and a fluid intake record. This was further discussed in relation to ensuring that each administration of a thickened fluid was recorded and that one system may be sufficient. The registered provider/acting manager advised that this was a work in progress and it was agreed that this would be monitored through the audit process. As written this requirement has been partially met, however, due to the assurances provided by the registered provider/acting manager it was assessed as met.	
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure robust arrangements are put in place for the management of external preparations.	**Met**
	Action taken as confirmed during the inspection: This area of medicines management had been reviewed. Training had been provided for care staff. A specific folder had been implemented for care staff to complete the records of administration. This was overseen by the registered nurses. The registered provider/acting manager advised that this folder was to be included in the monthly audit process.	

Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must develop and implement a robust auditing process for medicines management.	**Met**
	Action taken as confirmed during the inspection: Improvements in the governance arrangements for medicines management was evidenced at the inspection. A variety of audits had been commenced and there were systems to identify areas which required further improvement. Running stock balances were in place for several medicines. The registered provider/acting manager advised of the future plans in relation to further development of the audit process.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 28 **Stated:** First time	The registered provider should develop a system which enables the monitoring of controlled drugs which are not subject to the safe custody legislation.	**Met**
	Action taken as confirmed during the inspection: A system had been developed to record the stock balances of overstock and current stock of Schedule 4 controlled drugs e.g. diazepam. A running stock balance was maintained. The storage location of overstock had been also been reviewed and these controlled drugs were now stored in the controlled drug cabinet.	
Recommendation 2 **Ref**: Standard 28 **Stated:** First time	The registered provider should ensure that there is evidence that pharmaceutical advice has been obtained regarding the suitability of crushing medicines or adding medicines to food or drinks to aid swallowing.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that medicines are no longer added to food or drink to aid swallowing. For those medicines which are required to be crushed, a written letter from the prescriber was in place.	

Recommendation 3 **Ref**: Standard 30 **Stated:** First time	The registered provider should review the storage of medicines are detailed in the report.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the storage of medicines. The temperature of the treatment room was recorded each day and the temperature of the medicines refrigerator was recorded twice daily. Oxygen signage was displayed. The date of opening was recorded on medicines with a limited shelf-life once opened.	
Recommendation 4 **Ref**: Standard 18 **Stated:** First time	The registered provider should further develop the care plans regarding medicines prescribed for distressed reactions.	**Met**
	Action taken as confirmed during the inspection: These care plans had been developed. Some information was also recorded in behaviour support plans and a specific assessment tool.	
Recommendation 5 **Ref**: Standard 4 **Stated:** First time	The registered provider should ensure that where pain controlling medicines are prescribed, this is referenced in a care plan.	**Met**
	Action taken as confirmed during the inspection: There was evidence that pain management care plans were in place. Pain was assessed through the use of assessment tools which were also located with the patient's care plan. The care plans were assessed on a monthly basis.	
Recommendation 6 **Ref**: Standard 29 **Stated:** First time	The registered provider should review the format of fluid intake charts pertaining to enteral feeding.	**Partially Met**
	Action taken as confirmed during the inspection: Following examination of these fluid intake charts, it was evidenced that these were not fully completed. Whilst it was acknowledged that some of these had been totalled per 24 hours to ensure the target volume had been achieved, this was not routine practice. These charts must include full details of the feed administered, the amount of fluid administered and the total volume of fluid per 24 hours. This recommendation is stated for a second time.	

4.3 Inspection findings

Is care safe?

The areas previously identified for improvement had been addressed in a satisfactory manner. There was evidence that the management of medicines generally supported the delivery of safe care and positive outcomes for patients. The progress made was acknowledged.

Refresher training in medicines management had been completed by registered nurses and care staff who were responsible for the administration of external preparations and thickening agents. Training records were provided at the inspection. There were arrangements in place to assess staff competency through team meetings, operational/individual supervision and annual appraisal. Further training is planned.

Robust arrangements were in place to manage the storage of medicines and controlled drugs.

No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. With the exception of fluid intake charts, the areas previously identified for improvement had been addressed in a satisfactory manner. The progress made was acknowledged.

There were systems in place to ensure patients were receiving their medicines as prescribed.

In relation to pain management and distressed reactions, care plans had been developed. Assessment tools were in use. The reason for and outcome of pain controlling medicines were recorded. This is best practice. This was not always recorded for medicines administered to treat distressed reactions. The registered provider/acting manager advised that staff would be reminded and a specific chart put in place to facilitate this.

The management of “when required” medicines, external preparations and thickening agents had been reviewed and revised. New systems to record administration had been developed.

Some improvement is necessary in the completion of enteral feeding fluid intake charts as detailed in Section 4.2. A recommendation was stated for a second time.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients.

Following discussion with staff and observation of practice, it was evident that staff administered medicines in accordance with the patient’s preferences. There was evidence of good relationships with staff and patients.

No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. The area previously identified for improvement had been addressed in a satisfactory manner.

Policies and procedures had been reviewed. There was evidence that some staff had read and signed these. It was expected that all staff would have this completed as soon as possible.

The auditing processes had been further developed. This included an increase in the frequency of audits on a variety of medicines, including nutritional supplements and the maintenance of a running stock balance for some medicines. The registered provider/acting manager advised of the ongoing improvements being made to the governance processes.

The management of incidents was discussed. Staff were aware of the procedures to report and escalate incidents. The registered provider/acting manager confirmed that a specific folder for incidents was in place and that she was made aware of all incidents.

Following the last medicines management inspection, a 'nursing handbook' had been developed for staff reference.

No requirements or recommendations were made.

Areas for improvement

The completion of fluid intake charts pertaining to enteral feeding should be reviewed. A recommendation was stated for a second time

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Marina Lupari, Registered Provider/Acting Manager, and staff present for feedback, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the nursing home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA web portal for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** Second time **To be completed by:** 28 April 2017	The registered provider should review the format of fluid intake charts pertaining to enteral feeding. **Response by registered provider detailing the actions taken:** 1. All fluid intake forms have been further amended to include daily total, type of enteral feed and opportunity to record variations to prescribed regime 2. All staff have been made aware of their requirements regarding fluid balance recording and reporting 3. An audit of completed fluid balance charts will be undertaken in forthcoming months

Please ensure this document is completed in full and returned to RQIA web portal

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