Unannounced Medicines Management Inspection Report
24 May 2016

Gillaroo Lodge

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Inspector: Frances Gault

1.0 Summary

An unannounced medicine management inspection of Gillaroo Lodge took place on 24 May 2016 from 10:15 to 13:55.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area of improvement was identified in relation to the correct storage of two medicines and a recommendation was made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. One area of improvement was identified in relation to the management of "when required" medicines and a recommendation was made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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.

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 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, 4.2 and 5.0 of this report.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Mrs Nicola McCrudden, registered manager and Mrs Elizabeth Rowan, registered provider, 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 estates inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last RQIA inspection to the home on 21 January 2016.

2.0 Service details

Registered organisation/registered provider: Gillaroo Lodge Nursing Home Ltd Mrs Margaret Boyle and Mrs Elizabeth Rowan	**Registered manager:** Mrs Nicola Susan McCrudden
Person in charge of the home at the time of inspection: Mrs Nicola Susan McCrudden	**Date manager registered:** 13 May 2013
Categories of care: NH-I, NH-PH, NH-PH(E)	**Number of registered places:** 25

3.0 Methods/processes

Prior to inspection the following records were analysed:

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

During the inspection the inspector met with two residents, two registered nurses, the registered manager and the two registered providers, one of whom was present at the feedback discussions.

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.

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 storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent Estates inspection dated 21 January 2016.

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 2 May 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second time	Personal medication records and medicine administration records must correlate. **Action taken as confirmed during the inspection**: The majority of records examined were correct. These records are usually reprinted when a new medicine is prescribed. Two anomalies were noted during the inspection. The registered manager agreed to correct these immediately. Given this action this requirement was assessed as met.	**Met**

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 38 **Stated:** Second time	Two staff members should check and sign all updates to personal medication records and any handwritten updates to the medication administration record.	**Met**
	Action taken as confirmed during the inspection: All personal medication records had been signed by two registered nurses. Staff had omitted to sign two handwritten entries on the medication administration records. The registered manager gave an assurance that the frequency of auditing would be increased to ensure that the correct process was followed. Given this assurance this recommendation was assessed as met.	
Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The auditing process for medicines should be further developed to ensure it includes the maintenance of medicine records.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that these are now included in the audit process.	
Recommendation 3 **Ref:** Standard 38 **Stated:** First time	A system should be put in place to monitor the administration records maintained by care staff completing delegated medicine tasks, for completion and accuracy.	**Met**
	Action taken as confirmed during the inspection: Separate records are now in place for the care staff to complete. These are referenced on the medication administration records and are monitored by the nurses and registered manager.	

Recommendation 4 **Ref:** Standard 38 **Stated:** First time	The required consistency level of thickened fluids should be routinely recorded on the personal medication record and on the administration record used by care staff.	**Met**
	Action taken as confirmed during the inspection: The required consistency is now detailed on the relevant records which are completed by both the care staff and nurses.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. One registered nurse advised of her induction in relation to the management of medicines. The registered manager advised that the impact of training was monitored through team meetings. Refresher training in the management of enteral feeding had been provided earlier in the year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. One patient is prescribed a medicine which is only available through a hospital. This is clearly detailed in the care plan and is reordered 10 days in advance as agreed with the hospital.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home. The management advised of the procedures followed in order to clarify the medication of one emergency admission.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged. There was evidence that professional advice had been sought when medicines had to be administered other than orally.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. Staff advised that this was undertaken by the community pharmacist and one member of staff.

Medicines were stored safely and securely. Two medicines, both of which were required to be stored in the refrigerator, were removed from the trolley. One had been in the trolley for some weeks and the manager advised that she would seek a further supply, the other had only been received a few hours previously. All medicines should be stored at the appropriate temperature. A recommendation was made.

Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

The medicine refrigerator had recently been replaced as there had been inconsistencies noted in the temperature readings. The manager was reminded of the need to ensure that the temperature was documented each day.

Areas for improvement

The registered manager should ensure that medicines are stored under conditions that conform to the manufacturers' requirements. A recommendation was made.

Number of requirements:	0	Number of recommendations:	1

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. A few discrepancies were highlighted to the manager who agreed to keep these under close scrutiny. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

A care plan was in place for a patient prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour. The reason for and the outcome of administration were not always recorded. A recommendation was made.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Medicine records were usually well maintained and facilitated the audit process (see section 4.2). Areas of good practice were acknowledged. They included the use of additional recording sheets for the management of warfarin and other high risk medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. The manager was reminded of the need to record the date of opening of supplies in order to facilitate the audit process. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted, when necessary, to meet the care needs of the patients.

Areas for improvement

The reason for and the outcome of the administration of "when required" medicines for distressed reactions should always be recorded. A recommendation was made.

Number of requirements:	0	Number of recommendations:	1

4.5 Is care compassionate?

One patient spoken to was being enabled to be actively involved in the management of their health condition. The patient spoke of their involvement in the process and knew of the importance of adhering to the dosage regime. The nurse was observed explaining each part of the process and the outcome of the pre administration monitoring.

Another patient advised that they had no concerns in relation to the management of their medicines and that any request for pain relief was met promptly.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Throughout the inspection staff were heard and seen treating patients with respect as they undertook their tasks.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Management advised that it was planned to review these later in the year. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. The medicine related near miss reported since the last medicines management inspection was discussed. This had been noted by staff on a patient's admission to the home and had been dealt with appropriately.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, the manager advised that this was discussed with staff. It was suggested that the outcome should be documented on the audit sheet.

Following discussion with the registered manager and registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The requirements and recommendations made at the last medicines management inspection had been addressed.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

5.0 Quality improvement plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Nicola McCrudden, registered manager and Mrs Elizabeth Rowan, registered provider 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 provider/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 the 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/s 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered providers may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered provider will review and approve the QIP to confirm that these actions have been completed by the registered manager. 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 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/manager 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/manager 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 30 **Stated:** First time **To be completed by:** 30 June 2016	The registered manager should ensure that medicines are stored under conditions that conform to the manufacturers' requirements.
	Response by registered provider detailing the actions taken: Staff have been informed that this medication must be stored in the fridge. New stock has been received. Pharmacy have been asked to highlight unusual situations regarding storage.
Recommendation 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 30 June 2016	The registered manager should ensure that the reason for and the outcome of the administration of "when required" medicines for distressed reaction are recorded.
	Response by registered provider detailing the actions taken: This is recorded on the computerised records for each resident.

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

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