Unannounced Medicines Management Inspection Report
17 May 2016

Leabank

1 Beechwood Avenue, Ballycastle, BT54 6BL
Tel No: 028 2076 3392
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Leabank took place on 17 May 2016 from 09.50 to 14.10.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?

Two recommendations were made in relation to handwritten additions to printed medication administration records and managing medicine refrigerator temperatures.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been made.

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.

For the purposes of this report, the term 'patients' will be used to described those living in Leabank which provides both nursing and residential care.

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 the registered manager, Mrs Jan Roble, 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the previous inspection on 25 January 2016.

2.0 Service details

Registered organisation/registered person: Leabank/ Mr Brian Macklin and Mrs Mary Macklin	**Registered manager:** Mrs Herlindina Roble
Person in charge of the home at the time of inspection: Mrs Herlindina (Jan) Roble	**Date manager registered:** 26 January 2016
Categories of care: NH-DE, RC-DE, RC-I, RC-PH, NH-I, NH-PH	**Number of registered places:** 52

3.0 Methods/processes

Prior to inspection the following records were analysed:

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

We met with the registered manager, one registered nurse, one senior care assistant and one patient and their relative.

A sample of the following records was examined:

- 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 25 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 20 August 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	Records of the administration of thickening agents by care staff must be fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: Records were maintained and included the prescribed consistency of fluids.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** Second time	The registered manager must ensure that maximum and minimum refrigerator temperatures are recorded on a daily basis.	**Met**
	Action taken as confirmed during the inspection: Records of the maximum and minimum refrigerator temperatures were recorded for each medicines refrigerator on a daily basis. This requirement as stated has been addressed. However, a recommendation regarding the management of refrigerator temperatures has been made (see section 4.1).	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	Records of the administration of external preparations by care staff must be fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A revised system for care staff to record this information had been introduced in recent months. Several examples were examined and found to be maintained in a satisfactory manner.	

Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must review the management of bisphosphonate medicines to ensure that these are administered according to the manufacturer's specific instructions for each preparation.	**Met**
	Action taken as confirmed during the inspection: This had been satisfactorily addressed in the examples of records examined.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered persons should review the role of registered nurses in the care of those persons in receipt of residential care.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that this was addressed following the last inspection and is reviewed on an ongoing basis. Registered nurses continue to administer medicines to all of those living in Leabank.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that prescriptions are received into the home and checked before dispensing.	**Met**
	Action taken as confirmed during the inspection: Prescriptions had been received into the home and checked prior to dispensing.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that the signatures and initials of designated care staff are added to the reference list.	**Partially Met**
	Action taken as confirmed during the inspection: The reference list could not be located, however the registered manager immediately established a list for circulation and signature therefore this recommendation was not restated.	

Recommendation 4 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that body maps are used with regard to the site of administration of injections and patches.	**Met**
	Action taken as confirmed during the inspection: Body maps were in place for patients prescribed transdermal patches. Injection charts, including the site of injection, were in place for injections administered on a 3 monthly basis and annual influenza vaccinations. No record of the site of administration was recorded on the separate records of insulin administration which were maintained. This was immediately rectified by the registered manager. The printed administration records sheets were amended to enable this information to be recorded; therefore this recommendation was not restated.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually for registered nurses. Update training by the community pharmacist, on the administration of medicines, was planned for 19 May 2016 for relevant staff.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged; however handwritten entries on printed medication administration records were not checked and signed by a second member of staff to avoid errors in transcription. A recommendation was made.

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.

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 by two registered nurses. 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.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. This was not always clear in records of disposal of Schedule 4 (Part 1) controlled drugs; although there was evidence that it did take place. It was discussed and agreed that this should be recorded on every occasion.

Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and 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. However, records of refrigerator temperatures indicated that thermometers were not being reset correctly on every occasion. Temperatures outside of the required range for the cold storage of medicines (2°C to 8°C) were not always reported to management and the appropriate action taken. A recommendation was made.

Areas for improvement

Handwritten entries on printed medication administration records should be checked and signed by a second member of staff to avoid errors in transcription. A recommendation was made.

The management of medicine refrigerator temperatures should be reviewed to ensure that temperatures outside of the required range (2°C to 8°C) are reported to management and the appropriate action taken. A recommendation was made.

Number of requirements	0	Number of recommendations	2

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, dosage instructions were recorded on the personal medication record. Staff knew how 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. A care plan was maintained. The reason for and the outcome of any administration were usually recorded. It was discussed and agreed that this would be recorded on every occasion.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Where patients could not verbalise any pain a pain assessment tool was used. A care plan was maintained. A pain assessment was also completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the prescribed fluid consistency. Care plans and speech and language therapy assessment reports were in place.

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 well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the use of additional administration records for transdermal patches and insulin.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for most medicines not included in the monitored dosage system. In addition, audits were completed by the community pharmacist. Staff were advised to include nutritional supplements in running balances and to carry forward balances of all medicines not in the monitored dosage system, to the next medicine cycle for audit purposes. The registered manager was advised to include the management of medicine refrigerator temperatures in the audit process.

It was evident that when applicable, other healthcare professionals were contacted regarding the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.5 Is care compassionate?

The administration of medicines to a small number of patients and was completed in a caring manner. Patients were given time to take their medicines and medicines were administered discreetly.

One patient and their relative advised that they were satisfied with the manner in which their medicines were managed and administered. The management of pain was discussed; this was shared with the registered manager for further monitoring and appropriate action.

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. These had been reviewed and revised in April 2016 and shared with relevant 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. Medicine related incidents reported since the last medicines management inspections were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the home's audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

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

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 issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Jan Roble, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 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 person/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 person/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 29 **Stated:** First time **To be completed by:** 17 June 2016	Handwritten entries on printed medication administration records should be checked and signed by a second member of staff to avoid errors in transcription. **Response by registered person detailing the actions taken:** Handwritten entries on printed medication administration records are checked and signed by a second nurse to avoid errors. Staff nurses have attended training and note was left for them to see.
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 17 June 2016	The management of medicine refrigerator temperatures should be reviewed to ensure that temperatures outside of the required range (2°C to 8°C) are reported to management and the appropriate action taken. **Response by registered person detailing the actions taken:** Temperatures on fridge are recorded everyday, staff advised to highlight it and report to the maintenance man for checking and testing on days that this is out of it recommended range. Manager does monthly fridge record checks. Staff advised to avoid recording when the door has just been opened as the temperature will alter if it opens a lot. This was included in the medicine administration training.

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

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews