Broadways Private Nursing Home
RQIA ID: 1397
Broadway
Main Street
Larne
BT40 1LT

Inspector: Rachel Lloyd
Inspection ID: IN022404

Tel: 028 2827 3464
Email: barbara@broadwayspnh.com

Unannounced Medicines Management Inspection of Broadways Private Nursing Home

25 June 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 25 June 2015 from 11:00 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.

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 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.

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 16 May 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	0	2

The details of the QIP within this report were discussed with the registered nurse in charge, SN Michelle McIlwaine, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Barbara Sloan	**Registered Manager:** Mrs Jacqueline Davey
Person in Charge of the Home at the Time of Inspection: SN Michelle McIlwaine	**Date Manager Registered:** 7 March 2012
Categories of Care: NH-PH, NH-I	**Number of Registered Places:** 33
Number of Patients Accommodated on Day of Inspection: 27	**Weekly Tariff at Time of Inspection:** £593

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 an "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 medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered nurses 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 announced finance inspection dated 23 February 2015. The completed QIP was assessed and approved by the finance inspector on 31 March 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 twice	The registered manager must ensure that the non-administration of medicines due to insufficient stock is reported to RQIA in accordance with statutory requirements.	**Met**
	Action taken as confirmed during the inspection: No further instances of non-administration of medicines due to insufficient stock have been reported since the last medicines management inspection. Staff stated that there have been no recent out of stock medicines. All medicines were available for administration as prescribed at the time of the inspection and there was no evidence on the records of administration examined that medicines had been out of stock.	
Requirement 2 **Ref**: Regulation 13(4) Stated once	The registered manager must confirm that the system for recording the application of external medicines by delegated care assistants has been implemented.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed following the last inspection that the system had been implemented on the 18 May 2013. This was observed to be in use during the inspection.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 13(4) Stated once	The registered manager must ensure that corrective action is taken when deviation, from the accepted range of +2°C to +8°C, takes place in the medicines refrigerator temperature.	**Met**
	Action taken as confirmed during the inspection: Medicines refrigerator temperature records examined were within the accepted range. Staff confirmed that any deviation would be reported to the registered manager. Staff were advised to use the internal refrigerator thermometer as the external thermometer in place was providing inaccurate temperatures at the time of the inspection.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 Stated once	The registered manager should ensure that training in relation to the management of the medicines refrigerator temperature is reinforced to ensure awareness of the appropriate use of the refrigerator thermometer.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed following the last inspection that this training would be included in annual update training on the administration and storage of medicines. This training most recently took place for all registered nurses on 13 August and 24 September 2014. Records of this training were available for examination.	
Recommendation 2 **Ref**: Standard 37 Stated once	The registered manager should expand audit procedures in the home to include the audit of medicine records, refrigerator temperature records and records of administration of external medicines by delegated staff, to monitor their accuracy.	**Met**
	Action taken as confirmed during the inspection: A new audit system was implemented following the last inspection including these areas of medicines management. Records were available for examination.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 3 **Ref**: Standard 38 Stated once	The registered manager should ensure that two nurses check and sign all rewritten personal medication records and updates to personal medication records to ensure accuracy in transcription.	**Met**
	Action taken as confirmed during the inspection: This was evidenced on personal medication records examined during the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of audit trails performed on a variety of randomly selected medicines at the inspection produced satisfactory outcomes.

Robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home and on their discharge from the home. Written confirmation of medicine regimes is obtained for all new patients admitted or readmitted to the home. Two registered nurses record and verify the medicines on the patient's personal medication record.

The process for the ordering and receipt of medicines was reviewed and found to be satisfactory.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed. With the exception of one inhaler and one insulin pen device, all of the medicines examined at the inspection were labelled appropriately.

Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained in a satisfactory manner. The majority of these had been completed so as to ensure a clear audit trail. Where transcribing of medicine details occurred, this process involved two registered nurses to ensure the accuracy of the record.

Satisfactory arrangements were in place for the management of controlled drugs. Stock reconciliation checks are performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also include Schedule 4 (Part 1) controlled drugs which is good practice.

There were procedures in place to ensure that written confirmation of medicine regimes is obtained for high risk medicines such as insulin and warfarin. Separate administration records are maintained.

Any medicines which were discontinued or were unsuitable for use had been disposed of and witnessed by two trained staff. The medicines were uplifted by a person holding a clinical waste licence. Controlled drugs had been denatured prior to disposal using denaturing kits.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines including Standard Operating Procedures for controlled drugs were in place. Standard Operating Procedures did not reflect the current procedures for denaturing controlled drugs prior to disposal.

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training is monitored through team meetings, supervision and annual appraisal.

Registered nurses advised that competency assessments were completed annually. Training in medicines management for registered nurses is provided annually. Other recent training included dementia, Parkinson's, palliative care and nutrition. Care assistants who are responsible for delegated medicines related tasks were provided with training in the management of dysphagia and the application of external preparations. A list of the names of staff responsible for the administration of medicines had been maintained.

There were arrangements in place to audit practices for the management of medicines. Registered nurses complete daily stock balances for some medicines and for nutritional supplements. The registered manager usually completes audits on a monthly basis. The community pharmacist also audits the management of medicines every three months. A review of the audit records indicated that satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date and time of opening on the medicine container on most occasions. The date of opening was not recorded on the insulin pen devices in use.

Systems were in place to identify, report and learn from medicine related incidents. The reported incidents had been managed in a satisfactory manner.

There were arrangements in place to note any compliance issues with medicine regimes and these are reported to the prescriber.

Records were maintained to ensure that the next dose of an injectable medicine is clearly referenced.

Is Care Compassionate? (Quality of Care)

The records for patients prescribed medicines on a "when required" basis for the management of distressed reactions were examined. A care plan was not always in place. The parameters for the administration of these medicines were recorded on the personal medication records. For some patients these medicines had been administered infrequently. For those patients who had required more regular administration, registered nurses confirmed that this had been reported to the prescriber. A record of administration had been maintained on most occasions and the reason for and outcome of the administration of the medicine was usually recorded.

Following discussion with the registered nurses on duty, it was concluded that they were aware of how to recognise the signs, symptoms and triggers which may cause a change in a patient's behaviour and that this change may be associated with pain.

The management of pain was examined. Medicines which are prescribed to treat or prevent pain are recorded on the personal medication record. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and also analgesics which are prescribed for administration on a "when required" basis.

Care plans in relation to pain management were observed. These were in place for relevant patients and those examined had been evaluated each month. Registered nurses confirmed that a pain tool is used for patients who cannot verbally express pain. From discussion with the registered nurses on duty, it was evident that they were aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines are prescribed, they were aware that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable.

Areas for Improvement

It was discussed and agreed that the two unlabelled medicines would be removed from use and replaced following the inspection.

It was discussed and agreed that Standard Operating Procedures for controlled drugs would be updated to reflect the current procedures for denaturing controlled drugs prior to disposal.

The date of opening should be recorded on insulin pen devices to facilitate audit and prevent their use after expiry. A recommendation was made.

When medicines are prescribed for use on a "when required" basis for the management of distressed reactions a care plan should be in place and the reason for and the outcome of the administration should be recorded on every occasion. A recommendation was made.

Number of Requirements:	0	**Number of Recommendations:**	2

5.4 Additional Areas Examined

Medicines were stored safely and securely. Satisfactory arrangements were in place for the management of medicines keys. Registered nurses were reminded to ensure that the mask on the oxygen cylinder for emergency use is kept bagged for hygiene purposes.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the nurse in charge, SN Michelle McIlwaine, as part of the inspection process. The timescales commence from the date of inspection.

The registered manager/person 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 Department of Health, Social Services and Public Safety (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 Manager/Registered Person

The QIP should be completed by the registered manager/registered person 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 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

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** **25 July 2015**	It is recommended that the date of opening is recorded on insulin pen devices to facilitate audit and prevent their use after expiry.
	Response by Registered Person(s) Detailing the Actions Taken: All insulin pens have the date of opening written on the label. All Registered Nurses are aware that this must be done.
Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be Completed by:** **25 July 2015**	It is recommended that the management of medicines prescribed on a "when required" basis for the management of distressed reactions is reviewed to ensure that a care plan is in place and that the reason for administration and the outcome are recorded on each occasion.
	Response by Registered Person(s) Detailing the Actions Taken: Forms already in place have been adjusted to record the outcome following "when required" administration of medicines. Care plans are in place for all Residents who have been prescribed these medications.

Registered Manager Completing QIP	Jacqueline Davey	**Date Completed**	30.07.15
Registered Person Approving QIP	Barbara Sloan	**Date Approved**	30.07.15
RQIA Inspector Assessing Response	**Rachel Lloyd**	**Date Approved**	**30/7/2015**

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