Ben Madigan Care Home
RQIA ID: 1398
36 Mill Road
Newtownabbey
BT36 7BH

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Unannounced Medicines Management Inspection of Ben Madigan Care Home

12 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 12 November 2015 from 10:30 to 14:30.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report.

This inspection was underpinned by 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 the DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Actions/Enforcement Taken Following the Last Medicines Management 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 March 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	0

The details of the QIP within this report were discussed with Mrs Jillian Campbell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Priory Care Homes Number 2 Ltd/ Mrs Caroline Denny	**Registered Manager:** Mrs Jillian Campbell
Person in Charge of the Home at the Time of Inspection: Mrs Jillian Campbell	**Date Manager Registered:** Registration pending
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE	**Number of Registered Places:** 64
Number of Patients Accommodated on Day of Inspection: 61	**Weekly Tariff at Time of Inspection:** £623 - £750

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 included the following:

The management of medicine related incidents reported to RQIA since the previous medicines management inspection, was reviewed.

We met with the registered nurses and staff on duty on each unit.

The following records were examined:

Medicines requested and received
Personal medication records
Medicine administration records
Medicines disposed of or transferred
Controlled drug record book
Medicine audits
Care plans
Training records
Medicines 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 finance inspection dated 21 October 2015. The completed QIP is due to be returned to RQIA by 23 November 2015. Once submitted, the completed QIP will be assessed by the finance inspector.

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 robust systems for the audit of liquid medicines, medicines separate from the monitored dosage system, and nutritional supplements are developed.	**Met**
	Action taken as confirmed during the inspection: Robust audit systems were in place. Audits of these medicines produced satisfactory outcomes.	
Requirement 2 **Ref: Regulation 13(4)** **Stated twice**	The registered manager must ensure that expired medicines are promptly removed from use.	**Met**
	Action taken as confirmed during the inspection: Expired medicines were removed from use.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref: Standard 37** **Stated once**	The registered manager should ensure that where stock balance sheets are used that they are completed accurately.	**Met**
	Action taken as confirmed during the inspection: The stock balance sheets that were examined had been completed accurately.	
Recommendation 2 **Ref: Standard 38** **Stated once**	The registered manager should closely monitor the records for the receipt of medicines.	**Met**
	Action taken as confirmed during the inspection: The receipt of medicines had been accurately recorded.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were administered in accordance with the prescriber's instructions. The audit trails performed on a variety of randomly selected medicines provided satisfactory outcomes. One discrepancy in a liquid medicine was noted. This was investigated by the manager following the inspection and brought to a satisfactory conclusion. Details of the investigation were emailed to RQIA on 13 November 2015. No further action was required.

Arrangements were in place to ensure the safe management of medicines during a patient's admission to the home and discharge or transfer from the home. The registered nurses in one unit were in the process of clarifying the prescribing details of one medicine for a recently admitted patient. No further action was required.

The process for the ordering and receipt of medicines was reviewed. Prescriptions were received into the home and checked for accuracy with the monthly drug order. Medicines were only ordered as needed and there were systems in place to ensure that there was a continuous supply of medicines.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed. All of the medicines examined at the inspection were labelled appropriately.

Medicine records were generally well maintained so as to ensure that there was a clear audit trail. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. All of the personal medication records examined were written and signed by two registered nurses, this is safe practice.

Areas of good practice included protocols for "when required" medicines, application charts for transdermal patches and the routine recording of the date of opening of medicines, which facilitated the audit process.

The receipt, 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. Following a recent incident, procedures had been amended to ensure these checks also included some Schedule 4 (Part 1) controlled drugs, which is good practice.

There were suitable systems in place to manage the administration of warfarin.

There were arrangements in place for the disposal of medicines which were discontinued or were unsuitable for use. There was evidence that controlled drugs were 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. These were not examined in detail.

Medicines were managed by staff who had been trained and deemed competent to do so, following a period of induction. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of records was provided. General medicines management training was completed regularly. A list of the names, signatures and initials of registered nurses was maintained.

Practices for the management of medicines were audited on a regular basis. Running stock balances were maintained for medicines which were not included in the 28 day blister packs. The community pharmacist had also completed audits. Satisfactory outcomes had been achieved.

There were procedures in place to report and learn from any medicine related incidents that had occurred in the home. The reported incidents had been managed satisfactorily.

Is Care Compassionate? (Quality of Care)

The records relating to a number of patients who were prescribed medicines on a "when required" basis for the management of distressed reactions were observed. The parameters for administration were recorded on the personal medication records. Care plans were maintained and evaluated monthly. The audits indicated that most of these medicines were administered infrequently. A reason for the administration and the outcome of the administration was recorded on each occasion that medicines were administered. From discussion with the staff, it was concluded that staff were familiar with the circumstances to administer anxiolytic medicines. Staff 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.

Medicines which were prescribed to manage pain were recorded on the patient's personal medication record. Examination of the medicine administration records indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drug patches and analgesics which were prescribed for administration on a "when required" basis. From discussion with the registered nurses, it was evident that staff were aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines were prescribed, staff were aware that ongoing monitoring is necessary to ensure the pain was well controlled and the patient was comfortable. Care plans and pain assessment tools were maintained and evaluated each month.

Areas for Improvement

None identified.

Number of Requirements	**0**	**Number of Recommendations**	**0**

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Jill Campbell	**Date Completed**	26.11.15
Registered Person	Caroline Denny	**Date Approved**	26.11.15
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	02/12/2015

Please provide any additional comments or observations you may wish to make below:

Please complete in full and return to pharmacists@rqia.org.uk from the authorised email address

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 service. 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.