



The Regulation and
Quality Improvement
Authority

Tamlaght
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34 Larne Road
Carrickfergus
BT38 7DY

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Unannounced Medicines Management Inspection of Tamlaght

15 June 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 15 June 2015 from 10:30 to 13:45.

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 discussed with staff. 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) 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 5.2 of this report.

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

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 19 September 2012.

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

Service Details

Registered Organisation/Registered Person: Tamlaght Private Nursing Home Ltd Miss Laura Elizabeth Wheeler	Registered Manager: Mrs Fiona Gray
Person in Charge of the Home at the Time of Inspection: Ms Pamela McDermott	Date Manager Registered: 5 May 2015
Categories of Care: RC-I, NH-I	Number of Registered Places: 45
Number of Patients Accommodated on Day of Inspection: 43	Weekly Tariff at Time of Inspection: £593

2. 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.

3. 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 previous medicines management inspection.

During the inspection the inspector met with the registered nurses and staff on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicines administration records	Care plans
Medicines disposed of or transferred	Controlled drug record book

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 9 January 2015. The completed QIP was returned and approved by the care inspector.

4.2 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 once	The registered manager must investigate the ongoing non-administration of three medicines prescribed for one patient; a written report of the findings and action taken must be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: This was completed following the last medicines management inspection.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 13(4) Stated once	The registered manager must put robust systems in place to manage any shortfalls in medicines supplies; all medicines must be available in the home for administration as prescribed.	Met
	Action taken as confirmed during the inspection: All medicines audited during the inspection were available for administration.	
Requirement 3 Ref: Regulation 13(4) Stated once	The registered manager must ensure all medicine related incidents are reported to RQIA.	Met
	Action taken as confirmed during the inspection: Medication incidents have been managed and reported appropriately.	
Requirement 4 Ref: Regulation 13(4) Stated once	The registered manager must ensure that personal medication records are fully and accurately maintained at all times.	Met
	Action taken as confirmed during the inspection: Personal medication records were satisfactorily maintained.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 37 Stated once	An up to date medicine reference source should be obtained.	Met
	Action taken as confirmed during the inspection: Staff have access to up to date medicines information.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 Ref: Standard 37 Stated once	A list of the names, signatures and sample initials of care staff authorised to administer medicines should be maintained.	Met
	Action taken as confirmed during the inspection: The deputy manager advised by telephone on 22 June 2015 that this list was in place.	
Recommendation 3 Ref: Standard 38 Stated once	Two nurses should be routinely involved in transcribing medicine details onto personal medication records and records for the disposal of medicines.	Met
	Action taken as confirmed during the inspection: This was observed during the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. Medication details were confirmed with the prescriber and personal medication record sheets were completed and checked by two registered nurses.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, the process involved two registered nurses to ensure the accuracy of the record; this is good practice. Other good practice acknowledged included the additional records for analgesics, opioid transdermal patches and warfarin.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility.

Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which are uplifted by a waste disposal contractor. Controlled drugs were being denatured by two registered nurses prior to disposal.

Is Care Effective? (Quality of Management)

Medicines were being managed by staff who have been trained and deemed competent to do so. An induction process is in place. The impact of training is monitored through supervision and appraisal. Training in medicines management is provided through training sessions and completion of e-learning modules. Competency assessments are completed annually.

There were robust arrangements in place to audit practices for the management of medicines. The registered manager performs a monthly medication audit. A checklist is completed and an associated action plan prepared, which is followed up at the next audit. The community pharmacist complements this audit activity by performing quarterly medicine audits and by providing a written report of the outcome. A review of the audit records indicated that largely 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.

There were procedures in place to report and learn from any medicine related incidents that have occurred in the home. The medicine incidents reported to RQIA since the previous medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records relating to a small number of patients who are prescribed medicines for the management of distressed reactions were observed at the inspection. In most instances the care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions. The reason for and the outcome of administration had been recorded.

The records relating to a small number of patients who were prescribed medicines for the management of pain were reviewed. Medicines which were prescribed to treat or prevent pain were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and other analgesics which are prescribed for administration on either a regular or "when required" basis. In each instance there was a care plan in place which detailed the management of the patient's pain. The care plans were evaluated monthly. A pain assessment had recently been completed for each patient. From discussion with staff, it was evident they were aware of the signs, symptoms and triggers of pain in patients and that ongoing monitoring is necessary to ensure the pain is well controlled and the patient was comfortable.

Areas for Improvement

A small number of personal medication records required minor adjustments; medicines added or discontinued. These individual records were discussed with the deputy manager who advised that she was in the process of reviewing all of the personal medication records and agreed that these updates would be made without delay.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. Satisfactory arrangements were in place for the security of medicine keys.

Medical oxygen cylinders were not chained to the wall. The deputy manager agreed to ensure that this matter was addressed without delay.

The temperature of the medicines refrigerator is monitored however there were several days each month where the temperature had not been recorded. This was discussed with the deputy manager who agreed that this would be included in the monthly audit. The temperature had been maintained within the required range on the days that it was recorded.

The storage arrangements for AeroChambers should be reviewed. These devices were observed stored together in a box in the medicine trolley. They were unlabelled and required washing. This was discussed with the deputy manager and advice was given.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Fiona Gray	Date Completed	27/07/15
Registered Person	Laura Wheeler	Date Approved	30/07/15
RQIA Inspector Assessing Response	Cathy Wilkinson	Date Approved	30/07/2015

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

Please complete in full and returned 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 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.