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Unannounced Medicines Management Inspection of Craigdun

2 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 2 September 2015 from 10.00 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 DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to The DHSSPS Nursing Homes Minimum Standards, February 2008.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (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, dated 20 November 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	1	2

The details of the QIP within this report were discussed with the registered manager, Mrs Shirley Marshall as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care / Dr Maureen Claire Royston	**Registered Manager:** Mrs Shirley Ann Marshall
Person in Charge of the Home at the Time of Inspection: Mrs Shirley Ann Marshall	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-DE, NH-TI, RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 35
Number of Patients Accommodated on Day of Inspection: 25	**Weekly Tariff at Time of Inspection:** £470 - £637

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 in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the registered manager, Mrs Shirley Marshall and the registered nurses on duty.

The following records were examined during the inspection:

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 27 May 2015. The completed QIP was returned and approved by the care 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)	The registered manager must put robust arrangements in place for the management of warfarin.	**Met**
Stated twice	**Action taken as confirmed during the inspection**: Robust arrangements were observed to be in place for the management of warfarin. Two audits on warfarin preparations produced satisfactory outcomes. Records had been appropriately maintained.	
Requirement 2 **Ref**: Regulation 13(4)	The registered manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal.	**Met**
Stated once	**Action taken as confirmed during the inspection**: Schedule 4 (Part 1) controlled drugs had been denatured before disposal. Records showed that two registered nurses had denatured controlled drugs.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 38 **Stated three times**	The registered manager should closely monitor the process for the disposal/transfer of controlled drugs to ensure records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The records of the disposals/transfers of controlled drugs had been appropriately maintained.	
Recommendation 2 **Ref**: Standard 39 **Stated three times**	The registered manager should make the necessary arrangements to ensure that the treatment room temperature does not exceed +25^{o}C.	**Met**
	Action taken as confirmed during the inspection: The treatment room temperature was below 25°C. An air conditioning unit had been installed in the treatment room.	
Recommendation 3 **Ref**: Standard 37 **Stated once**	The registered manager should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic or antipsychotic medicines, in the management of distressed reactions, are recorded on every occasion.	**Not Met**
	Action taken as confirmed during the inspection: The reason and the outcome for administration had not been recorded on every occasion. **This recommendation is restated.**	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A randomly selected sample of medicines was audited during the inspection. These audits produced satisfactory results, indicating that the medicines had been administered as prescribed. The registered manager confirmed that she would have the prescribing status of one identified medicine clarified.

Satisfactory systems were not in place to manage the ordering of prescribed medicines to ensure adequate supplies are available. Although all of the medicines examined at the inspection were available for administration, since the commencement of the current four-week medicine cycle, 17 medicines were observed to have been out-of-stock for four patients, ranging from one day to eight days. This is not acceptable. The out-of-stock medicines had not been reported as incidents to RQIA; the registered manager gave an assurance that any further incidents regarding out-of-stock medicines would be reported to RQIA.

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

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

Medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details occurs, this process involves two registered nurses to ensure the accuracy of the record; this is good practice. Other good practice acknowledged included the additional records for opioid transdermal patches and warfarin. The need to ensure that the times of administration of bisphosphonates are accurately recorded was discussed. The registered manager was advised that the use of Roman numerals to record the medicine dose on personal medication record sheets should be avoided.

The receipt, storage, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included Schedule 4 (Part 1) controlled drugs, which is good practice.

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. The competency assessments checked were up to date.

Arrangements were in place to audit practices for the management of medicines. The registered nurses perform weekly audits on a small sample of randomly selected 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 a medicines audit every couple of months and provides 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. The registered manager gave an assurance that she would closely monitor the process for the ordering of prescribed medicines to ensure adequate supplies are available.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of patients who were prescribed medicines for the management of distressed reactions were observed at the inspection. 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; for some patients these medicines had been administered infrequently. A record of each administration had been maintained; however, the reasons for and outcomes of administration were often not recorded.

The records pertaining to a small number of patients who were prescribed medicines for the management of pain were reviewed. The medicines 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 were prescribed for administration on either a regular or "when required" basis. Care plans which detailed the management of the patients' pain were not in place. Pain assessment tools had not been completed for those patients who were unable to verbalise pain.

Suitable arrangements were in place for the administration of licensed medicines outside of the terms of the product licence. Two patients had written authorisation from their general medical practitioner for the crushing of medication in order to facilitate administration.

Areas for Improvement

Systems must be in place to manage the ordering of prescribed medicines to ensure adequate supplies are available. A requirement was made.

The reason for and the outcome of the administration of 'when required' anxiolytic or antipsychotic medicines, in the management of distressed reactions, should be recorded on every occasion. A recommendation is stated for the second time.

Pain management care plans should be in place and pain assessment tools should be used where appropriate. A recommendation was made.

Number of Requirements:	**1**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

6. 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 Shirley Marshall 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/registered 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, April 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 Person/Registered Manager

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

Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated: First time** **To be Completed by:** **2 October 2015**	The registered person must ensure that systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available. **Response by Registered Person(s) Detailing the Actions Taken:** Registered Manager has discussed recent identified issues with the Heath Centres and is assured that no further problems should arise thus ensuring adequate supplies of medictions are available. Registered Nurses have received recorded supervision for ensuring the system for ordering of all medications is complied with and too report any non compliance to manager. This will be closely monitored by registered manager with the use of Qol and daily communication with Registered Staff
Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated: Second time** **To be Completed by:** **2 October 2015**	It is recommended that the registered manager should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic or antipsychotic medicines, in the management of distressed reactions, are recorded on every occasion. **Response by Registered Person(s) Detailing the Actions Taken:** This will be closely monitored by Registered manager through daily communication with Registered Staff and internal auditing. Registered Manager has discussed this with all Registerd Nurses under recorded supervision and staff meeting
Recommendation 2 **Ref**: Standard 4 **Stated: First time** **To be Completed by:** **2 October 2015**	It is recommended that pain management care plans should be in place and that pain assessment tools should be used where appropriate. **Response by Registered Person(s) Detailing the Actions Taken:** All residents who are prescribed medication for pain relief have a Care Plan and where appropiate a pain assessment tool is used. Registered Manager will continue to monitor this through internal auditing

Registered Manager Completing QIP	Shirley Marshall	**Date Completed**	02.10.2015
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	05.10.15
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**06.10.2015**

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