Lakeview
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Unannounced Medicines Management Inspection of Lakeview

7 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 7 January 2016 from 10.40 to 15.30.

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.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

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

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 inspection on 31 May 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	2	5

The details of the QIP within this report were discussed with the registered manager, Mrs Dorothy Stafford, the registered nurses on duty and the operations support manager, Mrs Linda Kelly, Spa Nursing Homes Ltd, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Spa Nursing Homes Ltd / Mr Christopher Philip Arnold	**Registered Manager:** Mrs Dorothy Stafford
Person in Charge of the Home at the Time of Inspection: Mrs Dorothy Stafford	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-PH, RC-PH(E), RC-TI, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 42
Number of Patients Accommodated on Day of Inspection: 30	**Weekly Tariff at Time of Inspection:** £470 to £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 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 incidents reported to RQIA since the last medicines management inspection was reviewed.

We met with the registered manager, the registered nurses on duty and the operations support manager, who was present for feedback.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- policies and procedures
- 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 care inspection dated 26 March 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) **Stated:** Third time	The necessary arrangements must be made to ensure that the temperature of the medicine refrigerator is maintained within the recommended limits of +2ºC and +8ºC.	**Partially Met**
	Action taken as confirmed during the inspection: A new medicines refrigerator had been obtained and the temperature was recorded each day. This was usually 2.5ºC. There was no evidence that temperatures had deviated from the accepted range of 2ºC to 8ºC; however, maximum and minimum temperatures were not recorded as this was not possible with the current thermometer. The operations support manager advised that a new thermometer had been ordered during the inspection and specific refrigerator recording sheets had been sought and were to be implemented with immediate effect. This requirement has been partially met. However, due to the assurances provided by the operations support manager and following discussion with the senior pharmacy inspector, RQIA, this requirement as written has not been restated.	

Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that a system is in place to ensure a complete record of the administration of thickened fluids is maintained.	**Met**
	Action taken as confirmed during the inspection: Records of the administration of thickened fluids were fully maintained.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that all the necessary details are recorded on the personal medication records.	**Partially Met**
	Action taken as confirmed during the inspection: This requirement was made to ensure that the patient's date of birth and drug allergy status was recorded, a recent photograph was in place and two trained staff were involved in the recording of new medicine details. Of the sample of records examined, no further concerns were noted in relation to the date of birth, drug allergy status and photograph. However, two staff were not routinely involved in the updating of these records. This requirement has been partially met and a recommendation was made.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standards 37(Nursing) 30 (Residential) **Stated:** First time	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Written Standard Operating Procedures for controlled drugs had been developed and implemented. These were made available at the inspection.	

Recommendation 2 **Ref:** Standards 37(Nursing) 30 (Residential) **Stated:** First time	The registered manager should ensure that suitable arrangements are in place to manage the disposal of controlled drugs	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the disposal of controlled drugs. Records showed that all controlled drugs were denatured by the community pharmacist and a registered nurse prior to disposal. All medicines for disposal were uplifted by a contracted waste disposal company.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Several medicines and medicine records were audited at the inspection. Whilst most of the audit trails produced satisfactory outcomes, indicating that medicines were administered as prescribed, some discrepancies were observed. The need to closely monitor these medicines was discussed.

There were procedures in place to ensure the safe management of medicines during a patient's admission to and discharge from the home.

Systems to manage the ordering of prescribed medicines to ensure adequate supplies were available were reviewed. These were found to be mostly satisfactory. It was suggested that a copy of current prescriptions should be kept in the home. Some recent out of stock medicines were noted and discussed. Staff advised of the ongoing problems in obtaining some medicines in a timely manner. Advice was given. With the exception of one medicine, all of the medicines examined at the inspection were labelled appropriately.

Medicine changes were managed in a largely satisfactory manner. In accordance with safe practice, two trained staff should be involved in recording new medicine details on personal medication records; both staff should initial the entry. A recommendation was made.

The management of high risk medicines e.g. warfarin, was reviewed. Written confirmation of warfarin dosage regimes was obtained and a separate administration record was completed. A daily stock balance was not maintained, and as the date of opening was not recorded on one container, the audit trail could not be concluded. A recommendation was made. It was suggested that the recording of a daily stock balance should be extended to other anticoagulants as part of best practice, when prescribed.

The majority of medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Some omissions were noted in the administration records and these were discussed with the staff and management. It was agreed that this would be closely monitored.

The receipt, storage, 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. Additional stock reconciliation checks were also performed on other controlled drugs which is good practice.

All discontinued or expired medicines including controlled drugs were denatured prior to disposal by the community pharmacist and one registered nurse. The medicines for disposal were uplifted by a contracted waste disposal company.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for controlled drugs in Lakeview were in place.

There was evidence that the staff responsible for medicines management had been trained and deemed competent. The impact of training was evaluated through six monthly supervision, staff meetings and annual appraisal. Staff competency was assessed annually. General medicines management training was provided in the last year. Additional training in the management of enteral feeding was also provided.

The procedures in place to audit the management of medicines were examined. It was found that a robust audit process was not in place. A monthly stock balance is recorded for paracetamol tablets. However, details of the audit outcomes were not recorded for this medicine or other medicines. There is currently no process to monitor and audit all areas of medicines management. Although the date of opening of medicine supplies was noted in the comments section for some medicines, a number of the administration records had been filed away and this did not readily facilitate the audit process. It was recommended that the date of opening should be recorded on each medicine container. As audit discrepancies were noted and highlighted at the inspection and some audit trails could not be concluded, a requirement regarding improvements in the audit process was made.

The management of injectable medicines was reviewed and was found to be satisfactory.

Staff confirmed that compliance with prescribed medicines regimes was monitored and any omissions or refusals likely to have an adverse effect on the patients' health were reported to the prescriber.

There were systems in place to report and learn from any incidents that may occur in the home.

Is Care Compassionate? (Quality of Care)

Staff discussed the procedures in place to facilitate the administration of medicines for patients who may have a swallowing difficulty. It was established that one tablet may be split to aid swallowing. This was discussed in relation to pharmaceutical suitability and the unlicensed use of medicines. A recommendation was made.

The records pertaining to a small number of patients who are prescribed medicines for the management of distressed reactions on a "when required" basis were examined at the inspection. The name of the medicine and the frequency of dosing were recorded on the

personal medication record. A care plan was not in place. Each administration was recorded, however, the reason for and outcome of the administration was not detailed. For one patient, these medicines were administered every morning. Any increase in frequency of use or regular administration of a "when required" medicine should be reported to the prescriber. A recommendation was made. From discussion with staff, it was concluded that they knew when to administer anxiolytic/antipsychotic medicines and were aware of the symptoms and triggers which may cause a change in a patient's behaviour, and that this change may be associated with for example pain.

The medicine records which were examined indicated that medicines which were prescribed to treat pain were recorded on the personal medication record and had been administered as prescribed. The registered manager confirmed that all patients had their pain assessed following admission and that this was evaluated monthly or more frequently as required. A care plan was maintained for all patients prescribed pain controlling medicines and a pain tool was in use. From discussion with the staff, it was evident that staff were aware of the signs, symptoms and triggers of pain in patients.

Areas for Improvement

The management of medicine changes on personal medication records should be reviewed to ensure that in the absence of the prescriber's signature on the personal medication record, two trained staff should be involved in the recording of new medicine details and both staff should initial the entry. A recommendation was made.

The management of warfarin should be reviewed to ensure that a daily stock balance is maintained. A recommendation was made.

The date of opening should be recorded on all medicine containers to facilitate the audit process. A recommendation was made.

The arrangements to audit the practices for the management of medicines must be reviewed to ensure that these cover all aspects of medicines management and records of the audit activity are maintained. A requirement was made.

In the instances where a medicine is split to aid administration, pharmaceutical advice regarding the suitability of this action and if applicable, written consent from the prescriber, to administer the medicine outside the terms of its product licence, should be obtained. A recommendation was made.

Where medicines are prescribed on a "when required" basis for the management of distressed reactions, a detailed care plan should be in place, a record of the reason for and outcome of administration should documented on each occasion and any increased frequency of administration or regular administration should be reported to the prescriber. A recommendation was made.

Number of Requirements	**1**	**Number of Recommendations**	**5**

5.4 Additional Areas Examined

The storage of medicines was examined. All medicines were stored safely and securely and satisfactory arrangements were in place for the management of medicine keys.

With regard to cold storage, a system must be developed to ensure that the medicines refrigerator is defrosted on a regular basis. It was agreed that maximum and minimum refrigerator temperatures would be recorded following the receipt of the new refrigerator thermometer and that this would be reset each day.

It was noted that several medicines had not been stored in accordance with the manufacturer's instructions and these were removed from the medicine refrigerator during the inspection. This was discussed with reference to the list of medicines which require cold storage that was displayed in the treatment room.

The temperature of the treatment room was raised at the time of the inspection and there was no system in place to monitor the room temperature. This should be implemented to ensure medicines are stored at the correct temperature, as stated by the manufacturer.

The storage of the supplies of sachets of laxative medicines should be reviewed to ensure that each patient's supply is clearly segregated and to facilitate the ordering and audit processes.

Several oxygen cylinders were stored in the treatment room. These were not chained to prevent falling over and a number of empty cylinders were in stock. All cylinders should be chained to the wall and empty cylinders should be returned to the supplier at the earliest opportunity.

A requirement regarding the storage of medicines was made.

Number of Requirements	**1**	**Number of Recommendations**	**0**

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 Dorothy Stafford, the registered nurses on duty and the operations support manager, Spa Nursing Homes Ltd, 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.

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 requirements 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:** 6 February 2016	The registered person must develop an audit process which covers all aspects of medicines management and records of the audit outcomes must be maintained. **Response by Registered Person(s) Detailing the Actions Taken:** An audit process is in place, with records of the audit process on file for medication management
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 6 February 2016	The registered person must ensure there are robust storage arrangements in place for medicines. **Response by Registered Person(s) Detailing the Actions Taken:** Storage arrangements in place for medications Records of fridge temperatures and room temp recordings. / as immediate. Storage as manufacturers guidelines
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** First time **To be Completed by:** 6 February 2016	In the absence of the prescriber's signature, two trained staff should be involved in recording new medicine details on personal medication records and both staff should initial the entry. **Response by Registered Person(s) Detailing the Actions Taken:** Two trained staff are recording the entries of new medications / as prescribings. Requesting prescribers signature.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 6 February 2016	The management of warfarin should be reviewed to ensure that a daily stock balance is recorded for warfarin. **Response by Registered Person(s) Detailing the Actions Taken:** A daily stock balance is on record for Warfarin management / as immediate
Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 6 February 2016	The date of opening should be recorded on every medicine container to facilitate the audit process. **Response by Registered Person(s) Detailing the Actions Taken:** A date of opening is recorded on medicine containers, to facilitate the audit process

Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 6 February 2016	The method of administration of one identified medicine in relation to pharmaceutical suitability and unlicensed administration should be reviewed; if applicable, records of written consent in relation to unlicensed use should be obtained. **Response by Registered Person(s) Detailing the Actions Taken:** Administration of medications, as prescribed, in elixir format for presenting ines of same/as req
Recommendation 5 **Ref**: Standard 18 **Stated:** First time **To be Completed by:** 6 February 2016	The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed to ensure that the relevant records are maintained and there is a system in place to report any increased frequency in administration and/or regular administration. **Response by Registered Person(s) Detailing the Actions Taken:** Assessment of 'when required' prescribing, with a care plan process in place to monitor/any increase frequency

Registered Manager Completing QIP	Duo Hyslop Interim Manager	**Date Completed**	25TH JAN 2016
Registered Person Approving QIP	by Lynda Kelly	**Date Approved**	26TH JAN 2016
RQIA Inspector Assessing Response		**Date Approved**	

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

RQIA Inspector Assessing Response	Judith Taylor	Date Approved	1 Feb 2016

Medicines management inspection to Lakeview nursing home – IN022572 7 Jan 2016