

Unannounced Medicines Management Inspection Report 9 March 2017



Lakeview

Type of service: Nursing Home
Address: 1c Orchard Road, Crumlin, BT29 4SD
Tel no: 028 9442 2733
Inspector: Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lakeview took place on 9 March 2017 from 10.20 to 14.00.

The findings of the last medicines management inspection on 14 December 2016 indicated that robust arrangements were not in place for the management of medicines. Following a discussion with the senior pharmacist inspector in RQIA, it was agreed that the registered provider would be made aware of the required improvements and that a further inspection would be undertaken. The registered provider gave assurances that the issues raised would be addressed.

Therefore, this inspection sought to assess progress with the issues raised during the last medicines management inspection and to determine if the service was now delivering safe, effective and compassionate care and if the service was well led.

It was evidenced that the areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed the systems in place and a number of new records had been developed and implemented. Staff had received further training in the management of medicines and their competency in this aspect of care had been reassessed.

The evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led.

The improvements and progress made were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

1.1 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 were discussed with Mrs Heather Murray, Regional Manager, Spa Nursing Homes Ltd and Ms Jessie Antony, Nurse-in-Charge, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP and the discussion with the senior pharmacist inspector, there were no further actions required to be taken following the most recent inspection on 14 December 2016.

2.0 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: Ms Jessie Antony (Staff Nurse)	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

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the incidents register – it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

We met with two registered nurses and the regional manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

A sample of the following record was 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
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection on 14 December 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 14 December 2016

Last medicines management inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p>	<p>The registered person must ensure there are robust storage arrangements in place for medicines.</p> <p>Action taken as confirmed during the inspection: A full review of medicine storage areas had been completed. This included the rearrangement of medicines in overstock and in the medicines trolleys, the replacement of one medicine trolley and close monitoring of the medicines refrigerator temperatures and stock held within it.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p>	<p>The registered person must develop an audit process which covers all aspects of medicines management and records of the audit outcomes must be maintained.</p> <p>Action taken as confirmed during the inspection: Significant improvements in the auditing process for medicines management were evidenced. A variety of medicines were audited each month and an overarching audit of medicines records, care plans, medicines storage and controlled drugs had been implemented. The outcomes of the audits were examined at the inspection and where areas of improvement were identified, a system was in place to follow these up. The regional manager confirmed that medicines management was included as part of the Regulation 29 monitoring visits.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered provider must implement safe systems for the administration of medicines.</p> <p>Action taken as confirmed during the inspection: There was no evidence of any 'tubbing' of medicines at the time of the inspection. Staff advised that only one patient's medicines were dispensed at a time and the practice of preparing several patients' medicines in tubs had ceased immediately after the last medicines management inspection.</p>	Met

<p>Requirement 4</p> <p>Ref: Regulation 27(2)</p> <p>Stated: First time</p>	<p>The registered provider must develop a system which ensures that medicine storage areas are clean at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: A system had been developed to ensure that staff monitored the cleanliness of medicines storage areas. A review of the medicine trolleys and treatment room showed good improvement.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27(4)</p> <p>Stated: First time</p>	<p>In relation to propping open fire doors, the registered provider must ensure that precautions are in place to protect patients, staff and visitors in the event of a fire.</p> <hr/> <p>Action taken as confirmed during the inspection: The regional manager advised that this had been reviewed; door closers had been put in place and there was ongoing monitoring by the registered manager. There was no evidence of any doors being propped open during the inspection.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered provider must develop and implement robust arrangements for the management of external preparations.</p> <hr/> <p>Action taken as confirmed during the inspection: Improvements were noted in the management of external preparations. Storage had been reviewed. The role and responsibilities of registered nurses and care staff in the administration of these medicines had been discussed with staff. New systems for recording externals administered by care staff have been developed and are awaiting implementation. Training is planned and is expected to take place in the near future.</p> <p>Given the proposed plans this requirement has been assessed as met</p>	<p>Met</p>

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 29 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The maintenance of personal medication records had been reviewed and a new format had been introduced. All of the personal medication records had been rewritten in the last two weeks. These were signed by two registered nurses. Staff confirmed that they knew that two staff must initial any updates on these records to ensure accuracy.	
Recommendation 2 Ref: Standard 18 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was evidence of improvements in the management of medicines prescribed for distressed reactions. Care plans were in place, records of administration including the reason for and outcome of the administration were maintained. Where a patient may require regular administration, this had been reported to the prescriber and recorded in the care plan.	
Recommendation 3 Ref: Standard 31 Stated: First time	The registered provider should review the management of controlled drugs to ensure that the record is accurately maintained and there are systems to ensure that controlled drugs awaiting disposal are monitored at each shift change.	Met
	Action taken as confirmed during the inspection: Examination of the management of controlled drugs indicated that records were well maintained; controlled drugs which were awaiting disposal were included in the daily shift checks.	

<p>Recommendation 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered provider should review the administration of medicines with regard to adding medicines to food/drink.</p>	<p style="text-align: center;">Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Staff advised that this had been addressed with the prescriber and pharmacist after the last medicines management inspection. Written consent had been obtained and the formulation of the medicines had also been reviewed.</p> <p>Action taken as confirmed during the inspection: Examination of personal medication records indicated that the consistency level was clearly recorded for the relevant patients. New food intake charts had been developed to include the consistency level; however, this was not highlighted on the charts examined. The regional manager advised that she would raise this with staff and ensure that this was addressed.</p> <p>As written this recommendation has been partially met; however, due to the assurances provided by the regional manager, it was assessed as met.</p>	
<p>Recommendation 6</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered provider should include the QIP within the audit process.</p> <p>Action taken as confirmed during the inspection: Following discussion with staff and the regional manager it was clear that the QIP now forms an integral part of the auditing process. They confirmed that the QIP had been shared with all relevant staff. A copy of the QIP was available in the treatment room.</p>	<p style="text-align: center;">Met</p>

4.3 Inspection findings

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. The areas identified for improvement had been addressed in a satisfactory manner.

Refresher training in medicines management including the management of dysphagia had been completed by registered nurses and care staff. Staff competencies had been reviewed. Update training in external preparations is planned.

Medicines were being stored safely and securely and in accordance with the manufacturers' instructions. Medicines areas were clean, tidy and well organised.

The management of controlled drugs had been reviewed and revised.

There were systems in place to ensure that the management of medicines was in compliance with legislative requirements and standards.

No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. The areas identified for improvement had been addressed in a satisfactory manner.

There were systems in place to ensure patients were receiving their medicines as prescribed.

The management of "when required" medicines, external preparations and thickening agents had been reviewed and revised. Care plans were maintained.

There were improvements in the standard of record keeping, in particular personal medication records and records of administered medicines. New records had been developed and implemented.

No requirements or recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients.

No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. The areas identified for improvement had been addressed in a satisfactory manner.

Following the last medicines management inspection, a staff meeting was held and the inspection findings discussed. A copy of the QIP was issued to staff and was also used as part of the auditing processes in the home.

An improvement in the governance arrangements for medicines management was evidenced. Procedures had been reviewed. This included an increase in the frequency of audits by the registered manager and regional manager.

No requirements or recommendations were made.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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