Unannounced Medicines Management Inspection Report
14 December 2016

Lakeview

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

1.0 Summary

An unannounced inspection of Lakeview took place on 14 December 2016 from 10.25 to 15.45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A number of areas for improvement were identified and must be addressed to ensure that medicines management supports the delivery of safe care and positive outcomes for patients. These improvements relate to controlled drugs, administration of medicines and storage of medicines and fire precautions. To ensure that the management of medicines is in compliance with legislative requirements and standards, four requirements and three recommendations were made. One of the requirements was stated for a second time.

Is care effective?

Areas for improvement were identified and must be addressed to ensure that the management of medicines in this home supports the delivery of effective care. Improvement is required in the medicines information in the patient's care files and the records for external preparations and thickening agents. To ensure that the management of medicines is in compliance with legislative requirements and standards, one requirement and two recommendations have been made. One of the recommendations was stated for a second time.

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. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

Is the service well led?

There was some evidence to indicate that this service was well led. Written policies and procedures were in place. There were largely satisfactory systems in place to enable management to identify and cascade learning from any medicine related incidents. However, in relation to governance arrangements, there was no effective auditing system to ensure that robust systems were in place for the management of medicines. One requirement was stated for a second time and one recommendation was made. In considering the findings from this inspection and as requirements have also been made within the domains of safe and effective care, some of which were stated for a second time, this would indicate the need for more robust management and leadership in the home.

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.

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 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	6

As part of the inspection process, details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Dorothy Stafford, Registered Manager and the registered nurses on duty at the inspection and also with Mr Christopher Arnold, Registered Provider, by telephone on 15 December 2016. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. However, the outcomes of the inspection resulted in a discussion with the senior pharmacist inspector in RQIA. It was agreed that the registered provider would be contacted and advised of the concerns raised. A further inspection will be undertaken to ensure compliance with legislative requirements and professional standards.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection was a care inspection on 20 October 2016. Any areas for improvement will be followed up the care inspector.

2.0 Service details

Registered organisation/registered person: Spa Nursing Homes Ltd/ Mr Christopher Phillip Arnold	**Registered manager:** Mrs Dorothy Stafford
Person in charge of the home at the time of inspection: Ms Lorraine Donaghy	**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 the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two patients, two care staff, two registered nurses, one patient's representative, the maintenance man and the registered 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.

Twenty-five questionnaires were issued to patients, relatives/patient representatives and staff, with a request that these were returned within one week of the inspection.

A sample of the following records 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 dated 20 October 2016

The most recent inspection of the home was an unannounced care inspection. Any areas for improvement will be followed up by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection 7 January 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must develop an audit process which covers all aspects of medicines management and records of the audit outcomes must be maintained.	**Not Met**
	Action taken as confirmed during the inspection: Although the completed QIP from the last medicines management inspection stated that this requirement had been addressed, there was no evidence of a robust auditing process which covered all aspects of medicines management. This requirement has not been met and is stated for a second time.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure there are robust storage arrangements in place for medicines.	**Not Met**
	Action taken as confirmed during the inspection: There was limited evidence that robust arrangements were in place for the storage of medicines. Several expired medicines and discontinued medicines were removed from the medicine refrigerator and one medicine trolley. Some medicines were not labelled. There was evidence of unattended medicines; and there continued to be issues regarding the storage temperature of the medicine refrigerator and ice had formed in this refrigerator. Some of the medicines boxes were wet. The maintenance man addressed the medicines refrigerator issues during the inspection. Issues regarding cleanliness and infection control of medicine containers, the medicine refrigerator and the medicine trolley were also noted and reported to the registered manager and staff; a requirement is made within the report. (See Section 4.3) This requirement has not been met and is stated for a second time.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 29 **Stated:** First 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.	**Not Met**
	Action taken as confirmed during the inspection: Although the completed QIP from the last medicines management inspection stated that this recommendation had been addressed, there was no evidence that this had been embedded into routine practice. The need to ensure that this occurs was discussed in relation to the safe administration of medicines. This recommendation has not been met and is stated for a second time.	

Recommendation 2 **Ref**: Standard 28 **Stated:** First time	The management of warfarin should be reviewed to ensure that a daily stock balance is recorded for warfarin.	**Met**
	Action taken as confirmed during the inspection: A daily stock balance for warfarin was recorded.	
Recommendation 3 **Ref**: Standard 30 **Stated:** First time	The date of opening should be recorded on every medicine container to facilitate the audit process.	**Met**
	Action taken as confirmed during the inspection: The majority of medicines were marked with the date of opening. The good practice of maintaining a permanent record of the date of opening on the administration records was acknowledged.	
Recommendation 4 **Ref**: Standard 28 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: This had been addressed. Staff advised of the action taken at that time. As a result, the formulation of the medicine had been changed.	
Recommendation 5 **Ref**: Standard 18 **Stated:** First 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.	**Not Met**
	Action taken as confirmed during the inspection: There was limited evidence to indicate that the relevant records were maintained. A care plan was not maintained and for one patient the prescribed dose could not be clarified; it was agreed that this would be referred to the prescriber. This recommendation has not been met and is stated for second time.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments had been completed earlier this month. Refresher training in the management of enteral feeding, distressed reactions, dysphagia and external preparations was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

The systems in place to ensure the safe management of medicines changes require review. It was found that personal medication records were not updated in a timely manner and any changes were not checked by two staff to verify the accuracy of the transcribing. This was discussed and the recommendation made at the last medicines management inspection was stated for a second time.

There were largely satisfactory procedures in place to ensure that written confirmation of patients' medicine regimes were obtained for a patient's admission to the home and were provided on discharge from the home. However, the dosage directions for one inhaled medicine could not be clarified. It was agreed that the registered manager would contact the prescriber immediately after the inspection.

At the time of the inspection, it was noted that some patients' medicines were in medicine cups and a small piece of paper with the patients' name was inside the cup. These were later put on a tray and taken to the patients. This is unsafe and is not in accordance with the safe handling of medicines and professional standards for the safe administration of medicines. Medicines must be prepared at the time of administration to each patient. Whilst most of the medicines were stored safely and securely, during the medicine round, some medicines were left unattended as the registered nurse was requested to take a telephone call. This was discussed with staff. They advised that this rarely occurred, as the registered manager would usually take these calls. A system should be developed to ensure that registered nurses are not distracted during the medicines round. A requirement was made. See also Section 4.4.

The management of controlled drugs was examined. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. There were recording errors in this book and these were highlighted at the inspection. The registered manager confirmed by email that this had been addressed immediately after the inspection. Checks were performed on controlled drugs which require safe custody, and also night sedation benzodiazepines at the end of each shift. However, it was noted that controlled drugs which were awaiting disposal, were not checked each day. This should be reviewed. A recommendation was made.

There may be occasions when medicines are administered with food to aid swallowing or on occasion to disguise administration. A care plan was not maintained. A recommendation was made.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

The storage of medicines was examined. A number of expired medicines were removed from stock for disposal. An eye preparation was still in use although it had passed the expiry date. A number of unlabelled inhalers were also noted. There were issues with the medicines refrigerator as discussed in Section 4.2. The requirement regarding storage is stated for a second time.

There was no evidence of a regular cleaning schedule for medicines storage areas. The surfaces on the medicine trolleys, medicines refrigerator and controlled drug cabinet required cleaning. There was old and dirty sticky tape on cupboards, on the medicine trolley and also on the medicine drawers in the medicine trolley. A number of these drawers were dirty and medicine containers were also sticky. One of the medicine trolleys was scraped and there was some rust. This was discussed in relation to general cleanliness and infection control. A requirement was made. The registered manager advised by email on 14 December 2016 that one of the medicine trolleys was to be replaced.

It was noted that one bedroom door was wedged open. The propping open of fire doors is a management issue and is contrary to NI HTM 84 fire safety precautions. The registered nurse advised that this would be addressed immediately. A requirement was made. This issue was shared with the estates inspector.

Areas for improvement

To ensure accuracy in transcribing, two staff should be involved in recording medicine changes on patients' personal medication records. A recommendation was stated for a second time.

The procedures for the administration of medicines must be revised to ensure the safe administration of medicines. A requirement was made.

The management of controlled drugs should be reviewed 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. A recommendation was made.

The administration of medicines should be reviewed in relation to adding medicines to food. A recommendation was made.

Robust arrangements must be put in place for the storage of medicines. A requirement was stated for a second time.

A system must be developed to ensure that medicine storage areas are clean at all times. A requirement was made.

In relation to propping open fire doors, precautions must be in place to protect patients, staff and visitors in the event of a fire. A requirement was made.

Number of requirements	4	Number of recommendations	3

4.4 Is care effective?

Most of the medicines examined had been administered in accordance with the prescriber's instructions. However, some discrepancies were observed and discussed with staff and management. It was agreed that these would be monitored within the audit process. A requirement regarding audit is made in Section 4.6.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how 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. The reason for and the outcome of administration were not routinely recorded. The registered manager provided a sample format of the organisation's record sheet for distressed reactions and advised that this would be brought into use. A care plan was not maintained. The recommendation made at the last medicines management inspection was stated for a second time.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record. Details of the fluid consistency were not routinely recorded on the personal medication records or administration records. A recommendation was made. Care plans and speech and language assessment reports were in place.

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

Some of the medicine records were well maintained and facilitated the audit process. In relation to personal medication records, the patient's photograph was missing from several records; these should be in place to assist with the safe administration of medicines. A requirement regarding the safe administration of medicines was made in Section 4.3.

The management of external preparations must be reviewed. The dosage directions must be clearly stated on the medicines container and the medicine records. A number of external preparations were administered by care staff; however, there was no system in place to enable the care staff to record the administration and there was no evidence of a system to oversee that these medicines had been administered as prescribed. A record of all administered medicines must be maintained. A requirement was made.

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to issues or concerns regarding medicines management.

Areas for improvement

The management of medicines prescribed for distressed reactions should be reviewed. A recommendation was stated for a second time.

The consistency level of thickening agents should be recorded on personal medication records and records of administration. A recommendation was made.

Robust arrangements must be implemented for the management of external preparations. A requirement was made.

Number of requirements	1	Number of recommendations	2

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

The patients spoken to advised that they were happy with their care in the home and the management of their medicines. They were complimentary about the staff and their comments included:

"I love it here."
"The staff are very good to me, they look after me."
"The food is nice."

One patient's representative was spoken to and had no concerns regarding care of the patient.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. There was evidence of good relationships between the staff and the patients.

Patients were observed to be enjoying the musical activities which were provided during the inspection.

As part of the inspection process, questionnaires were issued to patients, relatives/patient representative and staff. Two patients, one relative/patient's representative and four staff completed and returned questionnaires. The responses were recorded as 'very satisfied' or 'satisfied' with the management of medicines in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

The inspection findings in relation to the domains of safe and effective care, evidence that the management of medicines has not been well led. Initial details of the actions taken by the registered manager after the inspection were provided by email to us on 14 December 2016.

There was no evidence of a robust auditing system which covered all areas of medicines management. Whilst there was some evidence of audit activity completed by the registered nurses, there were no records of audits completed by management and the current process was not effective in sustaining improvement. As there were areas for improvement identified in the domains of safe and effective care; the requirement in relation to the audit process was stated for a second time. The need to ensure that an effective auditing system is developed and implemented was reiterated.

Written policies and procedures for the management of medicines were in place. These were not examined in detail at the inspection. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Two requirements and two recommendations made at the last medicines management inspection had not been addressed effectively and have been stated again. To ensure that these are fully addressed and the improvement sustained, it was recommended that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

A robust auditing system for medicines management must be put in place. A requirement is stated for a second time.

The QIP should be included in the audit process to ensure sustained improvement. A recommendation was made.

Number of requirements	1	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Dorothy Stafford, Registered Manager, the registered nurses on duty and Mr Christopher Arnold, Registered Provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the nursing home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the RQIA web portal for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 14 January 2017	The registered person must ensure there are robust storage arrangements in place for medicines.
	Response by registered provider detailing the actions taken: Increased storage space for all medications has been made available. This will be monitored to ensure robust arrangements remain in place for future management of all medication.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 14 January 2017	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 provider detailing the actions taken: A new audit process has been implemented to cover all aspects of medicines management. Recorded outcomes will be maintained and documented.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 14 January 2017	The registered provider must implement safe systems for the administration of medicines.
	Response by registered provider detailing the actions taken: Further medicines management training for nurses has been completed, including safe systems for the administration of medications. Nurses have also undergone additional competencies for medicines management.
Requirement 4 **Ref:** Regulation 27(2) **Stated:** First time **To be completed by:** 14 January 2017	The registered provider must develop a system which ensures that medicine storage areas are clean at all times.
	Response by registered provider detailing the actions taken: All medicine storage areas are now clean and audits have been implemented to ensure cleanliness is maintained and monitored.
Requirement 5 **Ref:** Regulation 27(4) **Stated:** First time **To be completed by:** 14 January 2017	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.
	Response by registered provider detailing the actions taken: Automatic door closures are now in place for identified fire doors. Monitoring for fire precautions, policies and procedures are in place by the Manager.

Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 14 January 2017	The registered provider must develop and implement robust arrangements for the management of external preparations.
	Response by registered provider detailing the actions taken: The management of external prepartions has been reviewed by professional audits.. Increased storage for external prepartions in now in place. All audits on external prepartions are documented and included in individual care plans.
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** Second time **To be completed by:** 14 January 2017	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 provider detailing the actions taken: Nurses continue to request the GP to sign on the personal medication records, however if this is not possible two trained staff will sign appropriatley. Medicines management training has taken place to reinforce this practice. Audits are in place to monitor this.
Recommendation 2 **Ref**: Standard 18 **Stated:** Second time **To be completed by:** 14 January 2017	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 provider detailing the actions taken: A new form has been implemented to record and monitor medicines prescribed on a 'when required' basis for the management of distressed reactions. Details are evident in individual care plans with audits of outcomes and systems in place for future management.
Recommendation 3 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 14 January 2017	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.
	Response by registered provider detailing the actions taken: Medicine management training has been completed for all nurses which included the management and disposal of controlled drugs. All controlled drugs are counted and documented at each shift change. Audits will be completed to monitor this.
Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 14 January 2017	The registered provider should review the administration of medicines with regard to adding medicines to food/drink.
	Response by registered provider detailing the actions taken: This has been reviewed and any medications requiring to be added to food/drink is considered following discussion and agreement with the resident's GP and is documentation clearly with GP input in individual care plans.

Recommendation 5 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 14 January 2017	The registered provider should ensure that the consistency level of thickening agents is recorded on personal medication records and records of administration.
	Response by registered provider detailing the actions taken: Training for thickening agents are in place. Speech and language records re consistency in files. Consistency levels of thickening agents written into medicine kardex.
Recommendation 6 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 14 January 2017	The registered provider should include the QIP within the audit process.
	Response by registered provider detailing the actions taken: All staff nurses received a copy of RQIA quip as a training process and continuning audit process for medication management in place.

Please ensure this document is completed in full and returned to the RQIA web portal

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews