The Regulation and Quality Improvement Authority

The Model Care Centre
RQIA ID: 1429
1 Portrush Road
Ballymoney
BT53 6BX

Inspector: Judith Taylor
Inspection ID: IN022570

Tel: 028 2766 4502
Email: the.model@fshc.co.uk

Unannounced Medicines Management Inspection of The Model Care Centre

23 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 23 November 2015 from 10.40 to 14.30.

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. Areas of good practice were acknowledged.

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

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 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 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to described those living in The Model Care Centre 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 6 January 2015.

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	2

The details of the QIP within this report were discussed with Mr Vasco Alves, Acting Manager, 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 (No8) Limited Dr Maureen Claire Royston	**Registered Manager:** Mrs Bernadette Kelly
Person in Charge of the Home at the Time of Inspection: Mr Vasco Alves (Acting Manager)	**Date Manager Registered:** 8 November 2010
Categories of Care: NH-LD (E), NH-I, RC-I, RC-PH	**Number of Registered Places:** 36
Number of Patients Accommodated on Day of Inspection: 27	**Weekly Tariff at Time of Inspection:** £470 - £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:

We met with the acting manager and staff on duty. The regional manager was present at the start of the inspection.

The following records were examined:

- medicines requested and received
- personal medication records
- medicines administration records
- medicines disposed of
- medicines transferred
- controlled drug record books
- medicine audits
- policies and procedures
- care plans
- training records
- medicine 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 27 October 2015. No requirements of recommendations resulted from the inspection.

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 once	The registered manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal.	**Met**
	Action taken as confirmed during the inspection: All controlled drugs in Schedules 2 to 4 (Part 1) were denatured prior to disposal.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 Stated once	The registered manager should ensure that the destruction of controlled drugs is clearly recorded in the record of disposal.	**Met**
	Action taken as confirmed during the inspection: A record of the destruction of controlled drugs was documented in the disposal of medicines record book and controlled drugs record book.	
Recommendation 2 **Ref**: Standard 37 Stated once	The registered manager should ensure that when a medicine is administered 'when required' for the management of distressed reactions, the reason for the administration and the outcome are recorded on every occasion.	**Not examined**
	Action taken as confirmed during the inspection: A review of records indicated that these medicines had not been required for some time and therefore the recommendation could not be examined. **This recommendation was carried forward for examination at the next medicines management inspection.**	

Recommendation 3 **Ref**: Standard 38 Stated once	The registered manager should ensure that when care assistants administer topical medicines, that there are arrangements in place to oversee the completion of records; and evidence of this review.	**Not Met**
	Action taken as confirmed during the inspection: Although a system to oversee the completion of records in relation to topical medicines administered by care assistants had been implemented, this had not been sustained. For the current medicine cycle, records of administration of topical medicines by care assistants had not been maintained. **This recommendation was not met and is stated for a second time.**	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audit trails performed on a variety of medicines produced largely satisfactory outcomes; thereby indicating medicines had been administered as prescribed. The need to closely monitor liquid medicines was discussed. There was evidence that bisphosphonate medicines were administered in accordance with the specified instructions as stated by the manufacturers.

Confirmation of medicines regimes was obtained for all new patients and for any medicine changes. Two registered nurses had verified the instructions; this included high risk medicines such as warfarin.

The procedures to order and receive medicines were reviewed. Most prescriptions were checked prior to being sent to the community pharmacy or at the time of receipt of the medicines. Although no shortfalls in the medicine supplies were noted, there was excess stock of some medicines and this was discussed. It was agreed that this would be reviewed in consultation with the prescriber.

The majority of the medicine records examined were legible, accurately maintained and auditable. Areas of good practice were acknowledged. Some small improvements were identified in the record keeping of personal medication records and the manager confirmed that these would be addressed with immediate effect. In relation to the administration records for topical medicines, these records had not been fully and accurately maintained. See Section 5.2 for more details. The recommendation made at the last medicines management inspection is stated for the second time.

Robust arrangements were in place for the management of controlled drugs.

Discontinued or expired medicines were discarded into pharmaceutical clinical waste bins by two registered nurses. These waste bins were uplifted by a contracted waste disposal company. The waste transfer notes were attached to the disposal record which is best practice. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal using denaturing kits.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

Is Care Effective? (Quality of Management)

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

The training and competency of staff was reviewed. The records indicated that the registered nurses had completed refresher training in medicines management through the completion of e-learning modules and additional training in the management of enteral feeding had been provided. The impact of training was assessed through regular supervision, annual appraisal and annual competency assessment.

There was evidence that care assistants had been provided with training in dysphagia; however, records of the training in the management of topical medicines could not be located. It was agreed that this would be followed up after the inspection.

Practices for the management of medicines were audited throughout the month by the staff and management. The community pharmacist had also completed a quarterly audit. A running stock balance was maintained for most medicines which were not supplied in the 28 day blister packs; this is good practice. Staff had recorded the date of opening on the medicine container and had also recorded the stock balance of medicines carried forward to the next medicine cycle; this practice readily facilitated the audit process. However, as improvements were required in the record-keeping in relation to topical medicines, this area should be audited.

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. There had been no reported medicine related incidents since the last medicines management inspection.

Is Care Compassionate? (Quality of Care)

There was written evidence of authorisation from a health care professional regarding medicines, which were required to be crushed prior to administration and/or administered in disguised form. A care plan was maintained.

The systems in place to manage the administration of medicines prescribed on a "when required" basis for the management distressed reactions was examined. The name of the medicine was documented on the personal medication record and the frequency of dosing was recorded. There was evidence that these medicines had been recently reviewed with the prescriber. There had been no administration required for some time. A care plan could not be located for one patient and it was agreed that this would be addressed with immediate effect. The manager confirmed that staff were familiar with circumstances when to administer anxiolytic/antipsychotic medicines and had the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and that this change may be associated with 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. A separate sheet to record the administration of controlled drug patches was in use. This is good practice. The 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 related tasks should be reviewed to ensure that where care assistants are responsible for the administration of topical medicines, the records of administration are fully and accurately maintained at all times. A system should be in place to monitor these records. The recommendation made at the last medicines management inspection was stated for a second time.

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

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Vasco Alves, Acting Manager, as part of the inspection process. The timescales for completion 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 DHSSPS Care Standards for Nursing Homes (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	
Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated:** First time **To be Completed by:** 23 December 2015	The registered manager should ensure that when a medicine is administered ‘‘when required’’ for the management of distressed reactions, the reason for the administration and the outcome are recorded on every occasion.
	Response by Registered Person(s) Detailing the Actions Taken: All nursing staff are aware that the reason for administration of medication and the outcome are recorded on the back of the MARR's and this is completed for every occasion.
Recommendation 2 **Ref**: Standard 38 **Stated:** Second time **To be Completed by:** 23 December 2015	The registered manager should ensure that when care assistants administer topical medicines, that there are arrangements in place to oversee the completion of records; and evidence of this review.
	Response by Registered Person(s) Detailing the Actions Taken: Allocated one qualified staff responsible to put all new tmar's in place along with the Marr's. Qualified staff and myself to perform checks during the day to ensure completion. Matter being discussed in staff meeting. Organized training provided by BOOTS on administration of topical medication.

Registered Manager Completing QIP	Vasco Alves	**Date Completed**	05/01/2016
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	05.01.16
RQIA Inspector Assessing Response	Judith Taylor	**Date Approved**	06.01.16

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