Unannounced Medicines Management Inspection Report
2 June 2016

Burleigh Hill House

Type of Service: Nursing Home
Address: 79 North Road, Carrickfergus, BT38 7QZ
Tel No: 028 9336 5652
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Burleigh Hill House took place on 2 June 2016 from 10.00 to 15.20.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?

One recommendation has been made in relation to the storage temperature of medicines in the residential unit.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been made.

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 Burleigh Hill House which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**0**	**1**

Details of the QIP within this report were discussed with Mrs Emeliza Insauriga, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 April 2016.

2.0 Service details

Registered organisation/registered provider: MD Healthcare Ltd/ Mrs Leslie Catherine Megarity	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Mrs Emeliza Insauriga	**Date manager registered:** Mrs Emeliza Insauriga Acting manager - no application required
Categories of care: RC-A, NH-I, NH-PH, RC-I, NH-LD, RC-MP(E), RC-PH(E)	**Number of registered places:** 56

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

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

We met with the acting manager, two registered nurses, one senior care assistant, three patients and one relative.

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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 April 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP will be assessed by the care inspector upon return. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 10 September 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time (carried forward)	The registered person must ensure that robust arrangements are in place for the management of self-administered medicines.	**Met**
	Action taken as confirmed during the inspection: No patients were responsible for the self-administration of medicines. However, systems were reviewed following the last inspection and a policy and procedure was in place dated November 2015. It was evident during discussions with staff that they were aware of the revised system. Due to the evidence in place and the assurances provided by the manager this requirement was not stated for a second time.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 28 **Stated:** First time	The registered person should review the management of medicines prescribed for use "when required" for distressed reactions to ensure that a care plan is in place and that the reason for and outcome of administration is recorded on every occasion.	**Met**
	Action taken as confirmed during the inspection: This was evidenced during the inspection in the sample of records examined.	

Recommendation 2 **Ref**: Standard 4 **Stated:** First time	The registered person should ensure that care plans for the management of pain are further developed and reviewed regularly where analgesia is prescribed, to include guidance for staff on how pain may be expressed by individual patients.	**Met**
	Action taken as confirmed during the inspection: This was evidenced during the inspection in the sample of records examined.	

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, senior care staff and care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. A training matrix was in place detailing the dates on which medicines management had taken place or was due. Refresher training for care staff on delegated tasks was planned for later this 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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

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

Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and organised. However, the storage of medicines in the residential unit should be reviewed as the room temperature had been in excess of the maximum storage temperature for most medicines of 25°C for significant periods. A fan was in place but with little effect. A recommendation was made. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

The storage of medicines in the residential unit should be reviewed to ensure that temperatures do not exceed 25°C. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were robust 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, 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. A care plan was maintained. The reason for and the outcome of any administration were recorded.

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 where patients could not verbalise any pain a pain assessment tool was used. 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 and included details of the prescribed fluid consistency. Care plans and speech and language therapy 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.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the use of additional administration records for several medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included the use of running stock balances for medicines and nutritional supplements not included in the monitored dosage system. In addition, a quarterly audit was completed by the community pharmacist. The acting manager stated that further improvements in the auditing system were in the process of being introduced by the provider.

It was evident that when applicable, other healthcare professionals were contacted regarding the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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.

Two patients and one relative advised that they were satisfied with the manner in which medicines were managed and administered and were complimentary about the care received.

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?

Written policies and procedures for the management of medicines were in place. These had been reviewed and revised in November 2015 and shared with relevant staff. The procedures for self-administration and warfarin management had been updated.

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.

A review of the home's audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

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

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting manager, Mrs Emeliza Insauriga, 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 the 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 taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for review 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

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 3 July 2016	The registered person should review the storage of medicines in the residential unit to ensure that temperatures do not exceed 25°C.
	Response by registered person detailing the actions taken: Storage temperatures have been monitored daily to ensure appropriate temperature range is not exceeded. A contractor has been commissioned to install an air-conditioning unit to further assist in maintaining appropriate temperatures in the room. The unit will be installed w/c 25 July 2016.

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

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