Unannounced Medicines Management Inspection Report
6 January 2017

Milesian Manor

Type of Service: Nursing Home
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX
Tel no: 028 7963 1842
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Milesian Manor took place on 6 January 2017 from 10.10 to 15.30.

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?

There was evidence that most areas of the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. However, areas for improvement were identified, and must be addressed to ensure that the management of medicines is in compliance with legislative requirements and standards. A review of the stock control arrangements and storage of medicines is necessary. One requirement and one recommendation were made.

Is care effective?

The management of medicines generally supported the delivery of effective care. Specific areas of medicines management were detailed in the patients' care plans. There was evidence that most medicines had been administered as prescribed. One area for improvement was identified in relation to record keeping and a requirement was 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. The patient consulted with confirmed that they were administered their medicines appropriately. The relative spoken with was very complimentary regarding the care in the home. There were no areas of improvement identified

Is the service well led?

The service was found to be generally well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place. Whilst there were systems to enable management to identify and cascade learning from incidents and medicine audit activity, the outcome of the inspection indicates that the auditing process should be further developed. One recommendation was 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 Milesian Manor which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Martha O'Kane, Registered 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 premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 July 2016.

2.0 Service details

Registered organisation/registered person: Macklin Care Homes Ltd Mr Brian Macklin	**Registered manager:** Mrs Martha Therese O'Kane
Person in charge of the home at the time of inspection: Mrs Martha Therese O'Kane	**Date manager registered:** 1 April 2005
Categories of care: NH-I, RC-I, NH-PH, NH-PH(E)	**Number of registered places:** 34

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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 one patient, one patient's relative, three registered nurses, the registered manager and the community pharmacist.

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/patients representatives and staff, with a request that these be 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
- 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 14 July 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection 21 April 2015

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 28 **Stated:** First time	It is recommended that the registered person should review the management of distressed reactions to ensure that a care plan is developed and the reason for and outcome of the administration of the medicine is recorded on each occasion.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that this had been addressed at that time. These medicines were not currently prescribed for any patients.	

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 were completed annually. In the last year, refresher training in the management of medicines, dementia and dysphagia had been completed.

The ordering process for medicines was reviewed. A review of the medication administration records indicated that within the last month, there had been several out of stock medicines, some of these for several days. The registered manager advised that out of stocks rarely occurred and this was unusual. This was further discussed in relation to ensuring that the

patient had a continuous supply of medicines, to enable the administration of their medicines as prescribed. A requirement was made.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication 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. Staff were advised that the generic name, rather than the brand name of the medicine should be recorded, as it was found that different brands of the same medicine were held in stock. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

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 safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Staff were reminded that the controlled drug cabinet must only be used for the storage of controlled drugs. Medicine refrigerators and oxygen equipment were checked at regular intervals.

The management of medicines which have a limited shelf life once opened should be reviewed. A small number of expired medicines were removed from stock. An eye preparation and one antibiotic were still in use although they had passed the expiry date. The date of opening was not recorded on two in use insulin pens. A recommendation was made.

Areas for improvement

The stock control of medicines must be reviewed to ensure that all stocks of medicines are available for administration. A requirement was made.

There should be systems in place to alert staff when medicines have reached their expiry date. A recommendation was made.

Number of requirements	1	**Number of recommendations**	1

4.4 Is care effective?

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, discrepancies were noted and highlighted at the inspection, they included inhaled medicines and eye preparations. The registered manager gave assurances that these would be closely monitored within the audit process. See also Section 4.6.

There was evidence that time critical medicines had been administered at the correct time.

Although there were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due, it was found that one analgesic patch had been administered three days late. This had not been identified though the home's checking systems. The patient's pain management was also discussed with staff. The registered manager advised that she would look into this and discuss at the upcoming staff meeting.

With the exception of one patch, 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 recorded. It was agreed that this would be recorded after the inspection. Each administration was recorded and 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.

The majority of medicine records were well maintained and facilitated the audit process. However, it was found that some improvements were required in the completion of medication administration records; there was evidence of code-copying and a record of some medicines including controlled drugs had not been 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 concern regarding medicines management.

Areas for improvement

The necessary arrangements should be made to ensure that records of administered medicines are fully and accurately maintained. A requirement was made.

Number of requirements	1	**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.

There was evidence of good relationships between the staff, patients and visitors.

The patient spoken to had no concerns regarding the management of their medicines, and advised that staff responded to their requests in a timely manner. The patient was complimentary about the staff.

One relative spoke very positively about the care provided, the staff and the registered manager.

As part of the inspection, questionnaires were issued to patients, relatives/patients representatives and staff. One patient and two staff completed and returned questionnaires. The responses were recorded as 'very 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?

Written policies and procedures for the management of medicines were in place. These had been reviewed earlier in 2016. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

The management of medicine related incidents should be reviewed. Whilst there had been no medicine related incidents reported, the inspection highlighted recent incidents that should have been reported i.e. out of stock medicines. These were discussed with staff and the registered manager and it was concluded that an out of stock medicine had not been considered an incident and was an oversight. The registered manager gave assurances that this would be raised with staff and that any future occurrences would be reported to the relevant persons including RQIA.

A review of the internal audit systems indicated that audits were completed by staff and management on a regular basis and included a variety of medicines. Largely satisfactory outcomes had been achieved and where a discrepancy had been identified, the registered manager advised of the action taken. The good practice of maintaining a permanent record of the date and time of opening of most medicines was acknowledged. However, as there were discrepancies in medicines and areas for improvement were identified in relation to record keeping, the audit process should be reviewed. A recommendation was made.

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.

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

Areas for improvement

The audit process should be further developed to ensure this covers all aspects of medicines management. A recommendation was made.

Number of requirements	0	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 Martha O'Kane, Registered Manager, 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 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:** First time **To be completed by:** 6 February 2017	The registered provider must ensure that all currently prescribed medicines are available for administration.
	Response by registered provider detailing the actions taken: Meeting has taken place with Pharmacist and staff re this issue and action has been to address same. Manager will observe and take further action if necessary
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 6 February 2017	The registered provider must ensure that medication administration records are fully and accurately maintained.
	Response by registered provider detailing the actions taken: All staff have had further training on acurate medication recording and Manager will ensure staff use new Drug audit tool going forward.
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 6 February 2017	The registered provider should review the management of medicines with a limited shelf life.
	Response by registered provider detailing the actions taken: All current stock checked for OOD stock and going forward will be checked when drug order is being carried out.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 6 February 2017	The registered provider should further develop the audit system for medicines management.
	Response by registered provider detailing the actions taken: The new Drug audit tool has been given to the nurses to carry out the drug audit on all of their patients.

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

The Regulation and Quality Improvement Authority

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