



The Regulation and
Quality Improvement
Authority

Milesian Manor
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Unannounced Medicines Management Inspection of Milesian Manor

21 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 21 April 2015 from 11:00 to 15:25.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) appended to this report.

Recommendations made as a result of this inspection relate to the Department of Health, Social Services and Public Safety (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.

This inspection was underpinned by the DHSSPS Care Standards for Nursing Homes (2015).

For the purposes of this report the term 'patients' will be used to describe those living in Milesian Manor which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 23 November 2012.

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	1

The details of the QIP within this report were discussed with the Mrs Martha O'Kane (Registered Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Patrick Joseph Forbes & Mr Seamus P Higgins	Registered Manager: Mrs Martha O’Kane
Person in Charge of the Home at the Time of Inspection: Ms Ciara Graffin (Staff Nurse) until 13:30 and Mrs Martha O’Kane after 13:30	Date Manager Registered: 1 April 2005
Categories of Care: NH-I, NH-PH, NH-PH(E), RC-I	Number of Registered Places: 34
Number of Patients Accommodated on Day of Inspection: 32	Weekly Tariff at Time of Inspection: £470 - £637

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 in this inspection include the following:

During the inspection the inspector met with the registered manager and the registered nurses on duty.

The following records were examined during the inspection:

Medicines requested and received

Personal medication records

Medicines administration records

Medicines disposal records

Controlled drug record books

Policies and procedures

Training records

Medicine audits

Care plans

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 19 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicine Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13(4) Stated once	The registered manager must review the maintenance of personal medication records to ensure they are fully and accurately maintained at all times.	Met
	Action taken as confirmed during the inspection: Examination of several personal medication records indicated that these were maintained in the required manner.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 37 Stated once	The registered manager should make the necessary arrangements to ensure that all warfarin dosage regimes are received in writing.	Met
	Action taken as confirmed during the inspection: Examination of two patients' records indicated that warfarin dosage regimes were confirmed in writing.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 Ref: Standard 37 Stated once	The registered manager should keep a list of staff names, signatures and sample initials of designated care staff deemed competent in medicine related tasks.	Met
	Action taken as confirmed during the inspection: A list of the names of all staff involved in the management of medicines is displayed in the treatment room.	
Recommendation 3 Ref: Standard 37 Stated once	The registered manager should further develop the auditing process for medicines to ensure it includes the maintenance of medicine records and a variety of medicine formulations.	Met
	Action taken as confirmed during the inspection: The auditing process had been reviewed and revised. Audit trails are performed on a daily basis and include a variety of medicines e.g. inhaled medicines, liquids, tablets, capsules and medicine records.	
Recommendation 4 Ref: Standard 38 Stated once	The registered manager should closely monitor the management of external preparations to ensure records are fully and accurately maintained on every occasion.	Met
	Action taken as confirmed during the inspection: The majority of external preparations are administered by registered nurses. Care staff are responsible for administering some external preparations which are prescribed on a "when required" basis. The records of administration were well maintained. A small number of external preparations required discontinuation from the personal medication record and this was addressed at the inspection.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 5 Ref: Standard 38 Stated once	The registered manager should closely monitor the maintenance of the records of the disposal of medicines to ensure records are fully and accurately maintained on every occasion.	Met
	Action taken as confirmed during the inspection: Satisfactory arrangements are now in place to record the disposal of medicines. Two registered nurses are involved in the disposal of all medicines and both sign the record book.	
Recommendation 6 Ref: Standard 38 Stated once	The registered manager should review the management of thickening agents to ensure records are fully and accurately maintained on every occasion.	Met
	Action taken as confirmed during the inspection: Satisfactory arrangements are now in place to record the prescribing and administration of thickened fluids. Speech and language assessment reports and care plans were observed. The prescribed consistency level of thickened fluid is recorded on the patient's personal medication record, administration record and care plan.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were administered in accordance with the prescriber's instructions. The audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes. There was evidence that bisphosphonate medicines had been administered at the correct time.

Robust arrangements are in place to ensure the safe management of medicines during a patient's admission to the home and on their discharge or transfer from the home.

The process for the ordering and receipt of medicines was reviewed. Prescriptions are received into the home and checked for accuracy before being dispensed. Medicines are only ordered as the need arises and there are systems in place to ensure there is a continuous supply of medicines.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed. All of the medicines examined at the inspection were labelled appropriately.

There are satisfactory systems in place to manage any medicine changes including dose changes for anticoagulant medicines.

Medicine records were legible and accurately maintained so as to ensure that there is a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines are maintained. All of the personal medication records examined had been signed by two registered nurses to ensure the accuracy of the record. This is safe practice.

Satisfactory arrangements are in place for the management of controlled drugs.

Any medicines which are discontinued or are unsuitable for use are disposed of by two registered nurses and are uplifted by a clinical waste company. Controlled drugs are denatured prior to disposal. A copy of the waste transfer note is located with the disposal record.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines including Standard Operating Procedures for controlled drugs in Milesian Manor are in place.

Medicines are managed by staff who have been trained and deemed competent to do so. The impact of training is monitored through team meetings, supervision and annual appraisal. Competency assessments are completed annually. Refresher training in general medicines management and dysphagia were provided in the last year. The most recent training was in relation to enteral feeding including medicines administered via this route. The registered manager also advised of an ongoing training programme over one year regarding the management of diabetes.

Practices for the management of medicines are audited daily by the registered nurses. This consists of 'end of box' audits. Stock reconciliation checks are performed on controlled drugs at each transfer of responsibility. Running stock balances are maintained for warfarin. The management team and the community pharmacist also complete audits. A review of the audit records indicated that satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date and time of opening on the container and also maintaining a permanent record of the date of opening on the administration record.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. The registered manager advised that there are been no reportable medicine related incidents since the last medicines management inspection.

Records are maintained to ensure that the next dose of an injectable medicine is clearly referenced.

Is Care Compassionate? (Quality of Care)

There was written evidence from a health care professional regarding the administration of medicines which require to be crushed prior to administration.

The records pertaining to a small number of patients who are prescribed medicines for the management of distressed reactions were observed at the inspection. The parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. For some patients these medicines are administered infrequently and for one patient, the medicine is administered each day. Staff confirmed that this regular administration had been reported to the prescriber. From discussion with the registered nurses and the registered manager, it was concluded that staff are familiar with circumstances when to administer anxiolytic/antipsychotic medicines. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and are aware that this change may be associated with pain.

Medicines which are prescribed to treat pain are recorded on the personal medication record. Examination of the administration of medicines which are prescribed to treat or prevent pain indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drugs, and also analgesics which are prescribed for administration on a "when required" basis.

From discussion with the registered nurses, it was evident that staff are aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines are prescribed, staff are aware that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable. Care plans in relation to pain management were observed. These are evaluated each month. A pain tool is in use for those patients who cannot verbally express pain.

Areas for Improvement

In relation to the management of distressed reactions, a care plan was not in place for those patients prescribed medicines on a “when required basis”. A record of the reason for and outcome of the administration of medicine should be documented. A recommendation was made.

Number of Requirements	0	Number of Recommendations	1
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5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers’ instructions. Satisfactory arrangements were in place for the security of medicine keys.

The management of oxygen was examined. Oxygen signage was not displayed in all areas where oxygen is stored; however, it was confirmed that this signage had already been ordered. It was advised that all oxygen cylinders should be chained to the wall to prevent them falling over; the registered manager advised that this would be addressed with immediate effect.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this 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 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 HPSS (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 Department of Health, Social Services and Public Safety (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 Manager/Registered Person

The QIP should be completed by the registered manager/registered person to 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 by the registered manager. 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			
No requirements were made following this inspection			
Recommendation			
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.		
To be Completed by: 22 May 2015	Response by Registered Person(s) Detailing the Actions Taken: This has now been implemented.		
Registered Manager Completing QIP	Martha OKane	Date Completed	11/06/2015
Registered Person Approving QIP	Seamus Higgins	Date Approved	11/06/2015
RQIA Inspector Assessing Response	Judith Taylor	Date Approved	12/06/15

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