Unannounced Medicines Management Inspection Report
7 April 2016

The Glebe Care Centre

12 Glebe Road, Carnmoney, Newtownabbey, BT36 6UW
Tel No: 028 9084 8212
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of The Glebe Care Centre took place on 7 April 2016 from 10.10 to 14.25.

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 some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?
Two recommendations have been made; one has been stated for a second time.

Is care effective?
Two recommendations have been made.

Is care compassionate?
No requirements or recommendations were made.

Is the service well led?
No requirements or recommendations were 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.

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 the 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 sections 4.2 and 5.0 of this report.

For the purposes of this report, the term ‘patients’ will be used to described those living in The Glebe Care Centre which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Mrs Geraldine Boyce, 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 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 9 February 2016.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/ Mr Christopher Walsh	**Registered manager:** Mrs Geraldine Boyce
Person in charge of the home at the time of inspection: Mrs Geraldine Boyce	**Date manager registered:** 28 June 2012
Categories of care: RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH	**Number of registered places:** 38

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 three patients, one member of senior care staff and two registered nurses.

The following records were 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 9 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 5 December 2013

Last medicine management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that personal medication records are fully and accurately maintained at all times.	**Met**
	Action taken as confirmed during the inspection: The sample of personal medication records selected for examination had been well maintained.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that where care staff are responsible for the administration of external preparations and thickening agents, a record of each administration is maintained.	**Met**
	Action taken as confirmed during the inspection: Following the last medicines management inspection, separate records to document the administration of external preparations had been developed and implemented. A review of these found that some records were incomplete. Satisfactory records were maintained for the administration of thickened fluids. The registered manager advised that a review of the records would be undertaken and addressed with staff. Due to the assurances provided by the registered manager, this has not been stated for a second time.	

Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must confirm that the current cupboards used for the storage of controlled drugs meet the requirements detailed in The Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973.	**Met**
	Action taken as confirmed during the inspection: The controlled drug cabinets had been replaced following the last medicines management inspection. The registered manager provided a certificate stating that these cabinets met with the safe custody regulations.	
Last medicine management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The registered manager should update the medicine management policies and procedures as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: The medicines management policies had been updated.	
Recommendation 2 **Ref:** Standard 37 & 38 **Stated:** First time	The registered manager should include the management of delegated tasks in the audit process.	**Met**
	Action taken as confirmed during the inspection: The registered manager and staff confirmed that records completed by care staff were included in the audit process. This usually occurred at four to six week intervals.	

Recommendation 3 **Ref:** Standard 38 **Stated:** First time	The registered manager should ensure that two nurses are involved in the disposal of all medicines and both nurses sign the record of disposal.	**Partially Met**
	Action taken as confirmed during the inspection: There was no evidence that two registered nurses were involved in the disposal of all medicines. Staff signatures were rarely recorded. However, it was noted that two registered nurses had signed for the disposal and denaturing of Schedule 2 and Schedule 3 controlled drugs. This recommendation has been partially met and is stated for a 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, senior care staff 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. Refresher training in general medicines management and the use of syringe drivers was provided in the last year. Training in the management of swallowing difficulty was planned for later in the 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. A few currently prescribed medicines had been disposed of, as there was a surplus; this was further discussed and it was agreed that the registered manager would closely monitor this.

There were satisfactory arrangements in place to manage medicine changes, including high risk medicines; all changes were confirmed in writing. Personal medication records were updated by two registered nurses. This is safe practice.

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. Written confirmation of medicine regimes was obtained from the prescriber.

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.

There was written authorisation from a health care professional regarding medicines, which were required to be administered in disguised form. A care plan was maintained.

The management of discontinued or expired medicines was examined. A number of Schedule 4 (Part 1) controlled drugs had not been denatured prior to disposal. Staff were unaware of the need to denature these controlled drugs. A recommendation was made. In relation to the records of disposal of medicines, there was no evidence that two trained staff had been involved in the disposal. A recommendation was stated for a second time.

Medicines were stored safely and securely, with the majority stored in accordance with the manufacturer's instructions. Some medicines which must not be refrigerated or do not require cold storage were removed from the medicine refrigerator. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals.

There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life once opened e.g. eye preparations. However, there was no label or date of opening on one insulin pen. This was discussed with staff and it was agreed that this would be addressed with immediate effect. It was acknowledged that from the dosage prescribed, the insulin pen would require replacement prior to the in use expiry date.

Areas for improvement

The registered manager should review the disposal of medicines to ensure that all discontinued or expired controlled drugs in Schedule 4 (Part 1) are denatured prior to disposal. A recommendation was made.

The record keeping in relation to the disposal of medicines should be reviewed. The recommendation made at the last medicines management inspection was stated for a second time.

Number of requirements	0	Number of recommendations	2

4.4 Is care effective?

The majority of medicines were administered in accordance with the prescriber's instructions. Some discrepancies in the audit trails performed on inhaled medicines and external preparations were noted and discussed with the staff. A recommendation was made.

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

Where a patient was prescribed medicines for the management of distressed reactions, the parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. Staff were familiar with circumstances when to administer these medicines and 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. However, a record of the reason for and the outcome of the administration were not recorded. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain were 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 tool was used as needed. A care plan was maintained.

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, relatives and care manager. Staff also advised that alternative formulations of medicines were considered to assist with compliance.

Most of the medicine records were well maintained and their completion readily facilitated the audit process. However, improvement is required in the records of administration in relation to external preparations and it was agreed that the frequency of auditing would be increased and would be addressed with staff.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines, nutritional supplements and inhaled medicines. In addition, a quarterly audit was completed by the community pharmacist.

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 the queries or concerns related to the management of medicines.

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. Each administration was recorded and care plans and speech and language assessment reports were in place.

Areas for improvement

The registered manager should closely monitor the administration of medicines to ensure that these are administered as prescribed. A recommendation was made.

Where medicines are administered to manage distressed reactions, the reason for and the outcome of the administration should be recorded. A recommendation was made.

Number of requirements	0	Number of recommendations	2

4.5 Is care compassionate?

The administration of medicines to a small number of patients was observed at the inspection. It was found that 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.

Patients advised that they were administered their medicines on time, staff responded to their requests for medicines which were prescribed on a "when required" basis and they had no concerns regarding their medicines.

The registered nurse gave examples of some patients' preferences in relation to the administration of their medicines, i.e. the preferred time and area to receive medicines (bedroom, day room or dining room).

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 and some were reviewed 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. The medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and the learning implemented following incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. In the instances were 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 registered manager, registered nurses and senior care staff it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be used as a part of the audit process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff at the time and also at team meetings.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Geraldine Boyce, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager 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 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 person/manager 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 person/manager 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 38 **Stated:** Second time **To be completed by:** 8 May 2016	The registered manager should ensure that two nurses are involved in the disposal of all medicines and both nurses sign the record of disposal. **Response by registered person detailing the actions taken:** 2 nurses are now involved in the disposal of all medicines. This will be audited monthly from now on
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 8 May 2016	The registered manager should review the disposal of medicines to ensure that all discontinued or expired controlled drugs in Schedule 4 (Part 1) are denatured prior to disposal. **Response by registered person detailing the actions taken:** Following a recent staff meeting and staff supervisions all trained staff are now aware of which medicines that require denaturing prior to disposal. This will also be included in the monthly medication audit
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 8 May 2016	The registered manager should closely monitor the administration of medicines to ensure these are administered as prescribed. **Response by registered person detailing the actions taken:** The administration of medicines will be closely monitored to ensure these are administered as prescribed. Trained staff will continue to receive regular medication training and extra support given if required. Any irregularities noted during the auditing process will be followed up.
Recommendation 4 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 8 May 2016	Where medicines are administered to manage distressed reactions, the reason for and the outcome of the administration should be recorded. **Response by registered person detailing the actions taken:** This has been highlighted to all trained staff via staff meeting and supervision. All care plans are currently being reviewed to reflect this.

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