Unannounced Medicines Management Inspection Report
10 May 2016

Moneymore

Cookstown Road, Moneymore, BT45 7QF
Tel No: 028 8674 8118
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Moneymore took place on 10 May 2016 from 09.55 to 14.55.

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?

One requirement has been stated for the second time in relation to the secure storage of medicines. One recommendation has been made in relation to the disposal of controlled drugs.

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.

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.

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

1.1 Inspection outcome

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

Details of the QIP within this report were discussed with the registered manager, Mrs Fionnuala Kidd, 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 previous QIP there were no further actions required to be taken following the last inspection on 25 January 2016.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered manager:** Mrs Fionnuala Kidd
Person in charge of the home at the time of inspection: Mrs Fionnuala Kidd	**Date manager registered:** 17 July 2013
Categories of care: RC-I, RC-PH(E), RC-MP(E), NH-I, NH-PH	**Number of registered places:** 41

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned quality improvement plans
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with the registered manager, two registered nurses, one student nurse, one care assistant and two patients.

A sample of the following records was examined:

- 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 25 January 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 1 July 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	Records of the administration of medicines must be reviewed and revised to ensure that records of the administration of bisphosphonate medicines accurately indicate the time of administration.	**Met**
	Action taken as confirmed during the inspection: Medication administration records were maintained in a satisfactory manner for these medicines.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that care assistants undertaking delegated medicine related tasks are trained and deemed competent, and that a record of the training and competency assessment is maintained.	**Partially Met**
	Action taken as confirmed during the inspection: Training in dysphagia and the use of prescribed thickening agents had been provided in June 2015 for six care assistants. Training and competency assessment records were in place. Training and competency assessment records for care assistants acting as the second signatory on controlled drug records were also in place. Training records indicated that training on the completion of topical medication administration records was provided in August 2014. Records of competency assessment were not in place. The registered manager stated that topical medication administration records had been identified as an area for attention during recent audits and advised that further training for all relevant care assistants was planned for this year and that records of training and competency assessment would be maintained. Due to the assurances received and the training plan in place; this requirement was not stated for a second time.	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that medicines are stored in locked cupboards at all times.	**Partially Met**
	Action taken as confirmed during the inspection: The proposed refit of the treatment room had not taken place. Medicines in use were stored satisfactorily in locked trolleys and the keys were held by the nurse in charge. Locks on medicine cupboards used to store other medicines had been repaired following the last inspection, however some medicine cupboards were unlocked and/or locks were broken. Although the treatment room was locked; non-nursing staff were observed to have access to the treatment room via the coded door lock and therefore the security of all medicines could not be assured. This requirement was stated for a second time.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	Daily stock balance records of warfarin tablets should be maintained.	**Met**
	Action taken as confirmed during the inspection: Daily stock balance records were maintained for warfarin tablets.	
Recommendation 2 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that the administration of thickening agents by designated care assistants is accurately recorded on every occasion.	**Met**
	Action taken as confirmed during the inspection: Records of administration were maintained on food and fluid charts, referencing the prescribed fluid consistency.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that the management of anxiolytic medication prescribed for use 'when required' for distressed reactions is reviewed; parameters for administration should be documented in the patients care plan and the reason for use and the outcome should be recorded in the daily notes.	**Met**
	Action taken as confirmed during the inspection: A sample of records was examined. Care plans were in place, documenting the parameters for administration of these medicines and the reason for use and the outcome were recorded.	
Recommendation 4 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that two designated staff sign the record of disposal/destruction of medicines on each occasion.	**Met**
	Action taken as confirmed during the inspection: Two members of staff had signed the record of disposal/destruction of medicines on each occasion.	

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 for registered nurses. Training on the administration of medicines via the enteral route had been provided for registered nurses in March 2016.

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. Staff confirmed that these checks involved two designated members of staff, but on some occasions a second signature was not recorded. Staff were reminded that this should take place on every occasion.

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

Appropriate arrangements were in place for administering medicines in disguised form where necessary.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs in Schedules 2 and 3 were denatured and rendered irretrievable prior to disposal. Records indicated this did not take place for Schedule 4 (Part 1) controlled drugs which should also be denatured prior to disposal. A recommendation was made.

Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and organised. 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. Medicines must be stored securely at all times (see section 4.2). A requirement was stated for a second time.

Areas for improvement

The registered manager must ensure that medicines are stored in locked cupboards at all times. A requirement was stated for the second time.

Procedures should be reviewed to ensure that Schedule 4 (Part 1) controlled drugs are denatured prior to disposal and that this is recorded in the record of disposal. A recommendation was made.

Number of requirements	1	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 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 transdermal patches.

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 not included in the monitored dosage system. In addition, a quarterly audit was completed by the community pharmacist. Staff were advised to include nutritional supplements in running balances and to carry forward balances to the next medicine cycle for audit purposes.

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 advised that they were satisfied with the manner in which their medicines were managed and administered and both were complimentary about their care.

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 recent months and shared with relevant 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. Medicine related incidents reported since the last medicines management inspections 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 usually evidence of the action taken and learning which had resulted in a change of practice.

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.

Most of the requirements and recommendations made at the last medicines management inspection had been fully addressed. As one requirement was stated for a second time, the registered manager was advised that the QIP from previous inspections should be used as part of the auditing process, to ensure that all improvements were sustained.

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 the registered manager, Mrs Fionnuala Kidd, 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 the 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 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

Statutory requirement	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 10 June 2016	The registered manager must ensure that medicines are stored in locked cupboards at all times.
	Response by registered person detailing the actions taken: Costing has been requested for the refurbishment of the treatment room, however in the interim doors have been mended and new cabinets insitu with new locks.
Recommendation	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 10 June 2016	Procedures should be reviewed to ensure that Schedule 4 (Part 1) controlled drugs are denatured prior to disposal and that this is recorded in the record of disposal.
	Response by registered person detailing the actions taken: Staff are completing that they are denaturing the controlled drugs prior to disposal.

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

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