Unannounced Medicines Management Inspection Report
5 May 2016

Clareview House

Address: 105 Doagh Road, Ballyclare, BT39 9ES
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Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Clareview House took place on 5 May 2016 from 09.40 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.

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 regarding procedures and records relating to the disposal of medicines.

Is care effective?

One requirement regarding records of the administration of external medicines by designated care staff has been stated for a second time. One recommendation has been made regarding care plans for the management of distressed reactions.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

One recommendation has been made in relation to audit procedures.

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 Clareview House which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the QIP within this report were discussed with the registered manager, Mrs Sharon Bell, 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 11 April 2016.

2.0 Service details

Registered organisation/registered person: Hutchinson Homes Ltd/Mrs Naomi Carey	**Registered manager:** Mrs Sharon Bell
Person in charge of the home at the time of inspection: Mrs Sharon Bell	**Date manager registered:** 8 November 2010
Categories of care: RC-I, RC-PH(E), NH-I, NH-PH(E)	**Number of registered places:** 35

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
- incidents register - it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

We met with two patients, two of the registered nurses on duty and the deputy manager.

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 11 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.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 10 April 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that routine times of administration on medicine administration sheets accurately reflect the actual times of administration as recorded on personal medication records.	**Met**
	Action taken as confirmed during the inspection: The times of administration on these records matched and reflected the actual times of administration of medicines.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the administration of external preparations by designated care staff is accurately recorded.	**Partially Met**
	Action taken as confirmed during the inspection: A recording system for external preparations was developed for care staff following the last medicines management inspection and training had been provided. However, there was no evidence that staff had adhered to these procedures in recent months. The registered manager advised that this had been identified through audit procedures and stated that a revised system was in development and that communication with relevant staff was underway. This requirement has been stated for a second time.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that medication administration records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The sample of medication administration records maintained by the registered nurses were examined were accurately maintained.	

Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the refusal of prescribed medication is accurately recorded and that regular refusal is reported to the prescriber.	**Met**
	Action taken as confirmed during the inspection: The refusal of prescribed medication was accurately recorded in the sample of records examined. Staff confirmed that any ongoing refusal of medication was reported to the prescriber.	
Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that all medicines are available for administration as prescribed.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that all medicines were available for administration as prescribed. There was no evidence of any out of stock medicines.	
Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that robust arrangements are in place for the management of medicine refrigerator temperatures.	**Partially Met**
	Action taken as confirmed during the inspection: Arrangements were in place for the monitoring of refrigerator temperatures; however records indicated that the refrigerator temperature was not reset after use on every occasion. This issue had been identified through the audit process and was already being addressed. For this reason this requirement was not stated for a second time.	
Requirement 7 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that Versatis patches are resealed after use in accordance with the manufacturer's instructions.	**Met**
	Action taken as confirmed during the inspection: The packet of Versatis patches observed had been resealed.	

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 following training.

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 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. The use of separate administration charts was acknowledged.

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

In relation to the records of the disposal of medicines, there was no evidence that two trained staff had been involved in the disposal. A recommendation was made. Most discontinued controlled drugs had been denatured and rendered irretrievable prior to disposal, however this was not evidenced in the records examined for all Schedule 4 (Part 1) controlled drugs. A recommendation was made.

Medicines were mostly stored safely and securely and in accordance with the manufacturer's instructions. No lock was in place for the medicines refrigerator, this was addressed immediately. The temperature of the treatment room was below 25°C, which meets the requirements for the storage of medicines at room temperature. Staff were advised that the radiator in the treatment room should be turned off to maintain the storage temperature for medicines at or below 25°C throughout the year, this was addressed immediately. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of most medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

The record keeping in relation to the disposal of medicines should be reviewed to ensure that two trained staff are involved in the disposal of all medicines and that both sign the record of disposal. A recommendation was made.

A robust system should be in place to ensure that all discontinued or expired controlled drugs in Schedule 4 (Part 1) are denatured prior to disposal and that this is reflected in the record of disposal. A recommendation was made.

Number of requirements	0	Number of recommendations	2

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. The reason for and the outcome of administration were usually recorded. It was discussed and agreed that this would be recorded on every occasion. Care plans were in place; however these should be expanded to detail the management of distressed reactions for the individual patient and should be regularly reviewed. A recommendation was made.

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 and included details of the prescribed fluid consistency. Care plans and speech and language therapy assessment reports were in place. Administration records were in place but were not always being completed as intended, this was discussed and it was agreed that this record would be monitored by the registered nurses to ensure it was completed as intended on every occasion.

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 mostly well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the use of additional administration records where appropriate. Records of external preparations by designated care staff were not accurately maintained (see section 4.2). A requirement was stated for a second time.

Practices for the management of medicines were audited throughout the month by the staff. In addition, a quarterly audit was completed by the community pharmacist. The audit system was examined, the audit tool in place covered a range of medicines management activities, however all sections of the audit tool were not completed on every occasion. It was discussed and agreed that the audit tool should be fully utilised ion a regular basis. It was evident that when applicable, other healthcare professionals were contacted regarding the management of medicines.

Areas for improvement

The administration of external preparations by designated care staff must be accurately recorded. A requirement was stated for a second time.

Care plans for the administration of prescribed medicines for the management of distressed reactions should be expanded, to detail the management of distressed reactions for the individual patient. They should be reviewed regularly. A recommendation was made.

Number of requirements	1	Number of recommendations	1

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.

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 had been reviewed in August 2015.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents should they occur.

A review of the audit records indicated that largely satisfactory outcomes had been achieved, however, it was not always evident what action had been taken and what learning had resulted from the outcomes of audits. The outcomes of audits should be reflected in the action taken. Audit procedures should be reviewed to ensure that outcomes are reviewed and action plans developed and implemented as necessary. A recommendation was made.

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

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 registered manager should review audit procedures to ensure that outcomes are reviewed and action plans developed and implemented as necessary. A recommendation was made.

Number of requirements	0	Number of recommendations	1

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 Sharon Bell, 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

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 requirements	
Requirement 1 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 5 June 2016	The registered manager must ensure that the administration of external preparations by designated care staff is accurately recorded.
	Response by registered person detailing the actions taken: New recording sheets are in place as provided by pharmacist. Meetings have been held with the care staff and the requirement for these sheets to be completed re iteratated to them. Copy of care staff signatures also in place
Recommendations	
Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 5 June 2016	The record keeping in relation to the disposal of medicines should be reviewed to ensure that two trained staff are involved in the disposal of all medicines and that both sign the record of disposal.
	Response by registered person detailing the actions taken: Notice regarding this in place, adressed through meetings with trained staff and further training from the pharmacist and Hutchinson homes trainer
Recommendation 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 5 June 2016	A robust system should be in place to ensure that Schedule 4 (Part 1) controlled drugs are denatured prior to disposal and that this is reflected in the record of disposal.
	Response by registered person detailing the actions taken: System in place and records in place as provided by Pharmacist
Recommendation 3 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 5 June 2016	Care plans for the administration of prescribed medicines for the management of distressed reactions should be expanded, to detail the management of distressed reactions for the individual patient. They should be reviewed regularly.
	Response by registered person detailing the actions taken: Care plans have been expanded to address this issue and are reviewed on a monthly basis or more often as the individual patients needs require.
Recommendation 4 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 5 June 2016	Audit procedures should be reviewed to ensure that outcomes are reviewed and action plans developed and implemented as necessary.
	Response by registered person detailing the actions taken: Pharmacy audits form the pharmacist in place in conjunction with the home monthly audit provided by the pharmacist. Action plans completed and signed off by the trained staff as completed.

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

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