Rivervale Country
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Unannounced Medicines Management Inspection of Rivervale Country

26 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 26 November 2015 from 10.40 to 14.45.

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

This inspection was underpinned by the DHSSPS Care Standards for Nursing Homes, April 2015.

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.

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

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 2 February 2015.

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	1	2

The details of the QIP within this report were discussed with Ms Helena O'Neill, 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: Rivervale Country/ Ms Helena Margaret O'Neill and Ms Cecelia Theresa O'Neill	**Registered Manager:** Ms Helena Margaret O'Neill
Person in Charge of the Home at the Time of Inspection: Ms Helena Margaret O'Neill	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-DE, RC-I, RC-MP(E), RC-PH(E), RC-MP, RC-PH, NH-DE, NH-I, NH-PH, NH-PH(E), NH-MP, NH-MP(E)	**Number of Registered Places:** 20
Number of Patients Accommodated on Day of Inspection: 15	**Weekly Tariff at Time of Inspection:** £470 - £593

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 included the following:

We met with the registered manager and the staff on duty.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicines administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicine storage temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 20 October 2015. When returned, the completed QIP will be assessed by the care inspector.

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

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Twice	The registered manager must review and revise personal medication records to ensure they are appropriately maintained in accordance with DHSSPS guidance.	**Partially Met**
	Action taken as confirmed during the inspection: The majority of personal medication records had been well maintained. The date of writing was missing from some records and a small number of medicine entries required updating. The registered manager advised that she had already planned to rewrite these records. This requirement has been partially met, however, due to the assurances provided by the registered manager, this requirement has not been stated again.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** Once (carried forward)	The registered manager must ensure that spacer devices for delivering inhaled medicines are cleaned and stored appropriately.	**Not Applicable**
	Action taken as confirmed during the inspection: Spacer devices for inhaled medicines were not prescribed or held in stock. These had not been in use since the last medicines management inspection. There was evidence that a policy had been developed in regard to this requirement. As this requirement could not be examined at two medicines management inspections due to not being in use, and a policy had since been developed, this requirement was not carried forward for a second time.	

Requirement 3 **Ref**: Regulation 13 (4) **Stated:** Once	The registered manager must develop and implement a robust auditing process which covers all aspects of medicines management.	**Partially Met**
	Action taken as confirmed during the inspection: There was evidence of a new auditing process for medicines. However, this was not fully embedded and further discrepancies in the audit trails for medicines were identified. **This requirement has been partially met and is stated for a second time.**	
Requirement 4 **Ref**: Regulation 13 (4) **Stated:** Once	The registered manager must put robust arrangements in place for the cold storage of medicines.	**Met**
	Action taken as confirmed during the inspection: Largely satisfactory arrangements were observed for the management of medicines which require cold storage. A small number of low temperatures were noted and discussed. A new policy had been developed and implemented.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** Twice	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: There were policies and procedures for the management of controlled drugs.	
Recommendation 2 **Ref**: Standard 38 **Stated:** Twice	The registered manager should ensure that handwritten entries on medication administration records are verified and signed by two designated members of staff.	**Met**
	Action taken as confirmed during the inspection: Examination of the administration records indicated that this practice occurs.	

Recommendation 3 **Ref**: Standard 37,38 **Stated:** Once	The registered manager should review and revise the management of anxiolytic/antipsychotic medicines which are prescribed on a 'when required' basis, to ensure the relevant records are maintained.	**Not Examined**
	Action taken as confirmed during the inspection: There were no patients prescribed "when required" medicines for the management of distressed reactions. **This recommendation could not be examined and was carried forward for examination at the next medicines management inspection.**	
Recommendation 4 **Ref**: Standard 39 **Stated:** Once	The registered manager should make the necessary arrangements to ensure that lidocaine plasters are stored in accordance with the manufacturer's instructions.	**Met**
	Action taken as confirmed during the inspection: Supplies of lidocaine plasters were examined. Each sachet was sealed as specified by the manufacturer.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A new medicine system had been implemented earlier in the year. Several medicines and medicine records were audited at the inspection. Whilst most of the audit trails produced satisfactory outcomes, indicating that medicines were administered as prescribed, some discrepancies were observed. The need to closely monitor these medicines was discussed. The date of opening was not recorded on the bisphosphonate medicines and the audit trails could not be completed. A requirement regarding the auditing of medicines was stated for the second time.

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. Care plans/protocols for the management of epileptic seizures and hypoglycaemia were in place for the relevant patients.

Systems to manage the ordering of prescribed medicines to ensure adequate supplies were available were reviewed. These were found to be satisfactory. All of the medicines examined at the inspection were labelled appropriately.

There were satisfactory arrangements in place to manage medicine changes; changes were confirmed in writing and records were updated by two registered nurses. This is safe practice.

Most of the medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Some areas for improvement were identified in the records of prescribed medicines and the registered manager advised that this would be addressed with immediate effect.

The receipt, storage, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility. Additional stock reconciliation checks were also performed on other controlled drugs which is good practice.

Discontinued or expired medicines were discarded into pharmaceutical clinical waste bins by two registered nurses. These waste bins were uplifted by a contracted waste disposal company. The waste transfer notes were attached to the disposal record which is best practice. A specific record book was also maintained to record that discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record. There were arrangements in place to ensure that staff were aware of each patient's prescribed fluid consistency. Each administration was recorded and a care plan and speech and language assessment report were in place.

Is Care Effective? (Quality of Management)

Written policies and procedures in relation to medicines management were in place. These had been revised in the last year.

There was evidence that the staff responsible for medicines management had been trained and deemed competent. The impact of training was evaluated through ongoing supervision, quarterly staff meetings and annual appraisal. Staff competency was assessed annually. General medicines management training was provided in the last year. Additional training in the management of swallowing difficulty, external preparations and enteral feeding was provided.

The procedures to audit medicines management were reviewed. See Section 5.2 for more details. As discrepancies were identified, the need to monitor medicines which are not supplied in the 28 day medicine trays was discussed. As stated above a requirement has been stated for the second time. The date of opening was recorded on most medicine containers which is best practice and facilitated the audit process. This had not been recorded on the in use insulin pens, however, it was acknowledged that from the dose prescribed and administered, this would require the insulin pen to be replaced before the expiry date was reached. The registered manager confirmed that this would be addressed with immediate effect. It was suggested that the staff should record the quantity of medicine carried forward to the next medicine cycle, to assist with their audit process.

The registered manager confirmed that compliance with prescribed medicines regimes was monitored and any omissions or refusals likely to have an adverse effect on the patients' health were reported to the prescriber.

There were systems in place to report and learn from any incidents that may occur in the home. There had been no reported medicine related incidents since the last medicines management inspection.

Is Care Compassionate? (Quality of Care)

Medicines were not prescribed on a "when required" basis for the management of distressed reactions.

The sample of records examined indicated that medicines which were prescribed to manage pain were recorded on the patient's personal medication record and 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 tool was used as needed. On most occasions, staff had recorded the type of pain. A care plan was maintained for some but not all of the relevant patients. A pain assessment had not been undertaken for new patients and was further discussed. A recommendation in relation to pain management was made.

Areas for Improvement

The systems to audit medicines management must be reviewed. The requirement made at the last medicines management inspection was stated for the second time.

In relation to pain management, all new patients should have their pain assessed and when medicines are prescribed to manage pain, this should be referenced in a care plan. A recommendation was made.

Number of Requirements	1	**Number of Recommendations**	1

5 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Helena O'Neill, 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 DHPSS (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 the 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 Person/Registered Manager

The QIP should be completed by the registered person/registered manager and 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. 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

Statutory Requirements	
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second time **To be Completed by:** 26 December 2015	The registered manager must develop and implement a robust auditing process which covers all aspects of medicines management.
	Response by Registered Person(s) Detailing the Actions Taken: A robust auditing system has been developed and implemented to cover all aspects of medicines management

Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated:** First time **To be Completed by:** 26 December 2015	The registered manager should review and revise the management of anxiolytic/antipsychotic medicines which are prescribed on a 'when required' basis, to ensure the relevant records are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: The management of anxiolytic/antipsychotic medicines which are prescribed on a when required basis has been reviewed and revised to ensure revelant records are maintained.
Recommendation 2 **Ref**: Standard 4 **Stated:** First time **To be Completed by:** 26 December 2015	The management of pain should be reviewed to ensure that a pain assessment is completed for all new patients and where pain controlling medicines are prescribed, this is detailed in a care plan.
	Response by Registered Person(s) Detailing the Actions Taken: A pain assessment will be completed for all new residents and a detailed care plan will be completed for new residents who are prescribed pain controlling medicines.

Registered Manager Completing QIP	Helena O'Neill	**Date Completed**	5/1/2016
Registered Person Approving QIP	Cecelia T O'Neill	**Date Approved**	5/1/2016
RQIA Inspector Assessing Response	Judith Taylor	**Date Approved**	06/01/16

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