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Unannounced Medicines Management Inspection of Dungannon

23 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 23 July 2015 from 09:55 to 13:35.

Overall on the day of the inspection 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (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 5.2 and 6.2 of this report.

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 medicines management inspection on 21 May 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	1	0

The details of the QIP within this report were discussed with Mrs Yvonne Diamond, 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: Four Seasons Health Care Dr Maureen Claire Royston	**Registered Manager:** Mrs Yvonne Diamond
Person in Charge of the Home at the Time of Inspection: Mrs Yvonne Diamond	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-LD, NH-LD(E)	**Number of Registered Places:** 36
Number of Patients Accommodated on Day of Inspection: 33	**Weekly Tariff at Time of Inspection:** £593 - £1500

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:

Prior to the inspection, the inspector reviewed the management of medication related incidents reported to RQIA, since the last medicines management inspection.

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

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced finance inspection on 18 June 2015. The care and finance inspectors confirmed that there were no issues to be followed up at this inspection.

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:** First time	The registered manager must closely monitor the administration of nebules and Epilim tablets. **Action taken as confirmed during the inspection**: Running stock balances were being maintained. Satisfactory audit outcomes were observed at this inspection.	**Met**
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the personal medication records are fully and accurately maintained at all times. **Action taken as confirmed during the inspection**: The areas identified for improvement had been addressed and the personal medication records were fully and accurately maintained.	**Met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs. **Action taken as confirmed during the inspection**: The Four Seasons Health Care Standard Operating Procedures for the management of controlled drugs were in place.	**Met**

Recommendation 2 **Ref:** Standard 37 **Stated:** First time	Two nurses should sign the records for disposal of medicines.	**Met**
	Action taken as confirmed during the inspection: Two nurses had signed the records for the disposal of medicines.	
Recommendation 3 **Ref:** Standard 37 **Stated:** First time	The required consistency level for thickened fluids should be recorded on the personal medication records and records of administration.	**Met**
	Action taken as confirmed during the inspection: The required consistency level for thickened fluids had been recorded on the personal medication records and records of administration.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed. However, significant audit discrepancies in the administration of two supplies of co-codamol tablets were observed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines were available for administration on the day of the inspection. Medicines were observed to be labelled appropriately.

Arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. The admission process was reviewed for two recently admitted patients. Their medicine regimes had been confirmed in writing. Two nurses had verified and signed the personal medication records.

Epilepsy management plans for designated patients were available on the medicines file.

Medicine records had been maintained in a satisfactory manner. Registered nurses confirmed that bisphosphonate medication was being administered at least 30 minutes before the first food/medicines of the day; however, records of administration did not reflect this practice.

Satisfactory records for the administration of thickening agents and emollient preparations by care staff were observed.

Records showed that discontinued and expired medicines had been returned to a waste management company. Two nurses were involved in the disposal of medicines and both had signed the records of disposal.

Controlled drugs were being managed appropriately. The controlled drug record books and records of stock reconciliation checks of Schedule 3 controlled drugs were well-maintained.

Is Care Effective? (Quality of Management)

The Four Seasons Health Care policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were available in the treatment room.

There was evidence that medicines were being managed by registered nurses who had been trained and deemed competent to do so. Annual update training on the management of medicines had been completed. Registered nurses had also received training on the management of enteral feeding. Epilepsy awareness training, including the use of buccal midazolam and rectal diazepam, was being provided annually by the registered manager. Competency assessments were completed annually.

Care staff were responsible for the administration of thickening agents and emollient preparations. Training on the administration of external medicines and thickening agents had been provided as part of their induction. The community pharmacy had provided update training on external medicines within the last year. Training on the use of thickening agents had been provided in July 2015.

There were robust internal auditing systems. Accurate daily running stock balances were maintained for a number of medicines, including Epilim tablets and nebules, which were not contained within the blister pack system. Weekly audits were also completed by night staff. In addition, the registered manager had completed a monthly audit on all aspects of the management of medicines.

There were procedures in place to report and learn from medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

There was evidence that registered nurses had requested alternative formulations to assist administration when patients have had difficulty swallowing tablets/capsules.

The records for a number of patients who were prescribed anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were examined. Care plans were in place and there was evidence that they were being reviewed at least monthly. Records of prescribing and administration were in place. The reason for and outcome of administration had been recorded in the daily care notes on most occasions.

The registered manager confirmed that all patients have pain reviewed as part of the admission assessment. Care plans for the management of pain were in place. The records for several patients who were prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication records. Pain assessment tools were being used.

Areas for Improvement

The responsible individual must closely monitor the administration of co-codamol tablets. A requirement was made.

Registered nurses were reminded that the time of administration of bisphosphonate medication must be accurately recorded.

Number of Requirements:	**1**	**Number of Recommendations**:	**0**

5.4 Additional Areas Examined

Storage was observed to be tidy and organised. The registered manager and staff were commended for their ongoing efforts.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Yvonne Diamond, 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 the 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 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 requirement 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: First time** **To be Completed by: 23 August 2015**	The registered person must closely monitor the administration of co-codamol tablets.
	Response by Registered Person(s) Detailing the Actions Taken: A running total has been introduced for all co-codamol held within the home, this will be monitored by the home manager and deputy manager through use of audits.

Registered Manager Completing QIP	Yvonne Diamond	**Date Completed**	11.08.15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	12.08.15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	**13. 08.15**

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