Glencarron
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Unannounced Medicines Management Inspection of Glencarron

28 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 28 October 2015 from 10.45 to 16.05.

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.

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 the DHSSPS Nursing Homes Minimum Standards, February 2008.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 23 November 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	1

The details of the QIP within this report were discussed with Ms Oonagh Grant, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Persons: Glencarron Homes Ltd Mr Brendan Liddy & Mrs Bridget Liddy	**Registered Manager:** Ms Oonagh Grant
Person in Charge of the Home at the Time of Inspection: Ms Oonagh Grant	**Date Manager Registered:** 21 December 2011
Categories of Care: NH-DE, NH-PH, NH-PH(E), NH-I	**Number of Registered Places:** 44
Number of Residents Accommodated on Day of Inspection: 44	**Weekly Tariff at Time of Inspection:** £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 in this inspection include the following:

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

The following records were examined:

- 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

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 on 15 September 2015. The QIP was approved on 12 October 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection dated 23 November 2012

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 Nystan suspension, Vagifem pessaries and Peptac liquid.	**Met**
	Action taken as confirmed during the inspection: A review of the monthly audits indicated that they were focused on medicines which were not included in the monitored dosage system.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that complete records for the transfer of medicines out of the home are maintained.	**Met**
	Action taken as confirmed during the inspection: Accurate records for transfer of medicines out of the home were observed.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded.	**Met**
	Action taken as confirmed during the inspection: Satisfactory systems were in place for monitoring the temperatures in both medicine refrigerators.	

Last Inspection Recommendation		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The policies and procedures for the management of medicines should be available in the treatment room.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures for the management of medicines were available in the treatment room.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on several randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed. However, a number of discrepancies in medicines which were not supplied in the monitored dosage system were identified.

All medicines were available for administration on the day of the inspection. However, a review of the medication administration records indicated that three medicines had been omitted for four, five and six doses since 19 October 2015. The registered manager provided evidence of the systems used to follow up potential out of stocks with the prescribers. These omissions had not been reported as medication incidents to RQIA.

The admission process was reviewed for three recently admitted patients. Their medicine regimes had been confirmed in writing. Two registered nurses had verified and signed the personal medication records and some of the hand-written medication administration records. Some medicines had not been recorded on the personal medication records; the medicines had been administered. A number of discrepancies in the audits which were completed on medicines which were not supplied in the monitored dosage system were identified.

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

Medicine records had been maintained in a mostly satisfactory manner. The date of writing had not been recorded on all personal medication records and a small number of omissions were observed; these were discussed for updating during the inspection. Two registered nurses had verified and signed hand-written medication records though some omissions were observed. The month and year of administration had not been recorded on a small number of the hand-written medication administration records. Some missed signatures for administration were also observed.

Records for the administration of thickening agents and emollient preparations by care staff were in place.

Records showed that discontinued and expired medicines had been returned to a waste management company. Only one registered nurse was involved in the disposal of medicines (other than controlled drugs).

Controlled drugs were being managed in a mostly satisfactory manner. The controlled drug record books and records of stock reconciliation checks of Schedule 2 and Schedule 3 controlled drugs were well-maintained. There was evidence that Schedule 2 and Schedule 3 controlled drugs were denatured by two registered nurses prior to their disposal. However, controlled drugs in Schedule 4 (Part 1) e.g. diazepam and zopiclone, were not being denatured prior to disposal.

Is Care Effective? (Quality of Management)

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. Update training on the management of medicines was provided by the community pharmacist; further training was planned for November 2015. Competency assessments were completed annually.

Registered nurses had also received training on the management of syringe drivers, enteral feeding and epilepsy awareness, including the use of buccal midazolam, within the last two years.

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.

Accurate daily running stock balances were maintained for a number of medicines including analgesics, sedative medication and clozapine. In addition the registered manager and deputy manager had completed audits at approximately monthly intervals. These audits had not been focused on the management of medicines for recently admitted patients.

The management of medication incidents was discussed with the registered manager. Whilst it was acknowledged that poor audit outcomes and stock supply issues (which had been identified through the home's audits) had been investigated and discussed with the registered nurses for corrective action they had not been reported to RQIA.

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. The registered manager advised that the registered nurses were familiar with the circumstances when to administer these medicines and were aware that a change in a patient's behaviour may be associated with pain. Records of prescribing and administration were in place. The reason for and outcome of administrations had been recorded in the daily care notes on most occasions.

The registered manager confirmed that patients had pain reviewed as part of the admission assessment where necessary. Care plans in relation to pain management were in place and evaluated monthly or more frequently if required. Registered nurses were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patients were comfortable. 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 registered persons must ensure that medicines are available for administration as prescribed on all occasions. The registered manager should be made aware of any potential out of stocks so that preventative action can be taken. Any ongoing non-administration must be reported to the prescriber and RQIA. A requirement was made.

The registered persons should closely monitor the management and administration of medicines for newly admitted patients to ensure that records are accurately maintained and medicines are administered as prescribed. A recommendation was made.

The registered manager and deputy manager agreed to continue to closely monitor the standard of maintenance of the personal medication records and medication administration records as part of the audit process to ensure that the areas identified for improvement are addressed.

It was agreed that two registered nurses would be involved in the disposal of all medicines and that controlled drugs in Schedule 4 (Part 1) would be denatured prior to their disposal.

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

5.4 Additional Areas Examined

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

The safe storage of oxygen cylinders and thickening agents was discussed with the registered manager. It was agreed that chains would be made available for the safe storage of oxygen cylinders and that the storage of thickening agents would be reviewed and revised if necessary.

The registered manager was reminded that Versatis sachets must be sealed and that one identified liquid medicine must be discarded 28 days after opening. It was agreed that this would be monitored as part of the audit process.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Oonagh Grant, 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 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 *Regulation and Quality Improvement Authority, 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT* 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:** First time **To be Completed by:** 27 November 2015	The registered persons must ensure that medicines are available for administration as prescribed on all occasions. **Response by Registered Person(s) Detailing the Actions Taken:** Myself + the Clinical Sister do a fortnightly check on monthly meds so that this can be sent to and returned from GP for clarification + accuracy prior to going to pharmacy. On occasions this needs to be re sent as errors at checking can mean that medications not required are not being deleted from Script. Acute medicines are ordered as and when required. Nursing home staff are aware of a 48 hour time but despite ordering in time these drugs occasionally are sometimes not brought to the attention of the GP in a timely manner. We are currently working closely with pharmacists, GP practice staff to ensure that correct medicines are available as required

Recommendations

Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be Completed by:** 27 November 2015	It is recommended that the management and administration of medicines for newly admitted patients is closely monitored to ensure that records are accurately maintained and medicines are administered as prescribed. **Response by Registered Person(s) Detailing the Actions Taken:** Prior to admission a patients current prescription history is sourced from GP. If patient is being admitted from hospital, discharge prescription is faxed to GP on admission and we have 3 day supply from hospital. Discharge prescription is transcribed to Mar's + Man prescription sheet and signed by two staff. It is our aim to have medicines listered as soon as possible for permanent patients but this can occasionally be delayed as status is not always finalised on admission

Registered Manager Completing QIP	Moreen Grant	**Date Completed**	14/12/15
Registered Person Approving QIP	Bridget Duddy	**Date Approved**	14/12/15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	17/12/15

Please ensure the QIP is completed in full and returned to
Regulation and Quality Improvement Authority, 9th Floor, Riverside Tower, 5 Lanyon Place , Belfast, BT1 3BT*