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Inspector: Paul Nixon
Inspection ID: IN022492

Unannounced Medicines Management Inspection of Glenview

21 September 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 21 September 2015 from 10.00 to 13.30.

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 one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

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.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (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 inspection, dated 8 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	0	1

The details of the QIP within this report were discussed with the manager, Najla Basketfield as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Glenview Mr Brendan Breen, Mrs Bernadette Breen	**Registered Manager:** Not applicable
Person in Charge of the Home at the Time of Inspection: Najla Basketfield (Manager, registration pending)	**Date Manager Registered:** Not applicable
Categories of Care: NH-PH(E), NH-PH, NH-I, NH-DE	**Number of Registered Places:** 31
Number of Patients Accommodated on Day of Inspection: 31	**Weekly Tariff at Time of Inspection:** £581

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 incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the manager, Najla Basketfield and the 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.
Medicines 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 finance inspection dated 8 September 2015. The completed Quality Improvement Plan will be assessed by the finance 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 necessary arrangements must be made to ensure that the medicine refrigerator is maintained within the recommended temperature range of +2°C and +8°C. Appropriate action must be taken if the temperature is outside of this range. The refrigerator must be regularly defrosted.	**Met**
	Action taken as confirmed during the inspection: The medicine refrigerator was observed to have been maintained within the recommended temperature range.	
Requirement 2 **Ref**: **Regulation 13(4)** **Stated once**	The recordings of the non-administrations of medication doses must be routinely initialled or signed by the nurses.	**Met**
	Action taken as confirmed during the inspection: Records of the non-administration of medication doses were initialled by the registered nurses.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: **Standard 37** **Stated twice**	In order to facilitate audit activity, the dates of opening of medicine containers should be routinely recorded.	**Met**
	Action taken as confirmed during the inspection: The dates of opening of medicine containers were routinely recorded.	

Recommendation 2 **Ref**: **Standard 37** **Stated once**	Medicines which are prescribed for regular administration but which are being administered on a when required basis should be referred to the prescribers for review.	
	Action taken as confirmed during the inspection: From discussion with the manager and nursing staff, it was concluded that medicines which were prescribed for regular administration but which were being administered on a "when required" basis had been referred to the prescribers for review.	**Met**
Recommendation 3 **Ref**: **Standard 37** **Stated once**	The consistency of food thickener should be recorded on the patient's care plan, personal medication record sheets and administration recording sheets.	
	Action taken as confirmed during the inspection: The required consistency of thickening agents was recorded on the patient's care plan, personal medication record sheets and administration recording sheets.	**Met**
Recommendation 4 **Ref**: **Standard 37** **Stated once**	Regular quality control checks should be performed on blood glucose meters in accordance with the manufacturers' instructions.	
	Action taken as confirmed during the inspection: Regular quality control checks have been performed on blood glucose meters in accordance with the manufacturers' instructions.	**Met**
Recommendation 5 **Ref**: **Standard 37** **Stated once**	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	
	Action taken as confirmed during the inspection: Written Standard Operating Procedures were available for the management of controlled drugs.	**Met**

Recommendation 6 **Ref**: **Standard 38** **Stated once**	The removals of lidocaine patches should be recorded.	**Met**
	Action taken as confirmed during the inspection: Records of the removal of lidocaine patches were maintained.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines produced broadly satisfactory outcomes. One audit indicated a discrepancy; this was drawn to the attention of the manager who agreed to monitor the administrations of the medicine in order to ensure compliance with the dosage instructions.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, this process involved two registered nurses to ensure the accuracy of the record; this is good practice.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included the Schedule 4 (Part 1) controlled drug diazepam, which is good practice.

Discontinued or expired medicines were uplifted by a community pharmacist; the manager stated that this pharmacist possesses an appropriate waste disposal licence. Controlled drugs were denatured by two registered nurses prior to disposal.

Is Care Effective? (Quality of Management)

Medicines were being managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training has been monitored through supervision and appraisal. Competency assessments were completed annually. Agency nurses have completed an induction process, which incorporates the management of medicines.

There were robust arrangements in place to audit practices for the management of medicines. The manager has completed a monthly medication audit. Each month, an audit checklist was completed and an associated action plan prepared, which was followed up at the next audit. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the dates and times of opening on the medicine containers and the maintenance of running stock balances of the majority of medicines not dispensed in the monitored dosage system blister packs.

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

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of patients who were prescribed medicines for the management of distressed reactions were observed at the inspection. The care plans detailed the circumstances under which the medicines were to be administered. The parameters for administration were recorded on the personal medication records. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions; for some patients these medicines had been administered infrequently. A record of each administration had been maintained; the reason for and outcome of administration were mostly recorded.

The records pertaining to a small number of patients who were prescribed medicines for the management of pain were reviewed. Medicines which were prescribed to manage pain were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on either a regular or "when required" basis. There were care plans in place which detailed the management of the patients' pain. The care plans were evaluated regularly. A pain assessment had been completed for each patient. From discussion with the registered nurses, it was evident they were aware of the signs, symptoms and triggers of pain in patients and the need for ongoing monitoring to ensure pain is well controlled and the patient is comfortable.

Areas for Improvement

Discontinued or expired medicines awaiting uplift by the community pharmacist for disposal were not securely stored in the treatment room. A recommendation was made.

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

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Najla Basketfield, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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 recommendation 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

Recommendation	
Recommendation 1 **Ref**: Standard 30 **Stated: First time** **To be Completed by: 21 October 2015**	It is recommended that the registered manager should ensure all discontinued or expired medicines awaiting uplift for disposal are securely stored. **Response by Registered Person(s) Detailing the Actions Taken:** Expired and discontinued medicines awaiting uplift for disposal are now securely stored in a locked cupboard.

Registered Manager Completing QIP	Nejla Bosnjak	**Date Completed**	29.09.15
Registered Person Approving QIP	Brenda Burns	**Date Approved**	
RQIA Inspector Assessing Response		**Date Approved**	

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

RQIA Inspector Assessing Response	Paul W. Nixon	**Date Approved**	28/10/2015