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Unannounced Medicines Management Inspection of Sandringham

11 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 11 August 2015 from 10:10 to 14:20.

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.

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 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.

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 on 17 July 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	2

The details of the QIP within this report were discussed with the registered manager, Mr Adrian Moriarty 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:** Mr Adrian Moriarty
Person in Charge of the Home at the Time of Inspection: Mr Adrian Moriarty	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-I, NH-PH, NH-DE	**Number of Registered Places:** 63
Number of Patients Accommodated on Day of Inspection: 62	**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:

Prior to the inspection, the inspectors reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspectors met with the registered manager, Mr Adrian Moriarty, and the registered nurses on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicines administration records	Care plans
Medicines disposed of or transferred	Training records.
Controlled drug record book	Medicine refrigerator temperature 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 dated 21 May 2015. The completed QIP was returned and approved 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 once**	Within the frail elderly unit, the receipt of medicines record must be fully maintained. **Action taken as confirmed during the inspection**: Within the frail elderly unit, the receipt of medicines record was observed to be fully maintained.	**Met**
Requirement 2 **Ref:** Regulation 13(4) **Stated once**	Within the frail elderly unit, the prescribing and administration of Duraphat toothpaste must be fully recorded. **Action taken as confirmed during the inspection**: Within the frail elderly unit, the prescribing and administration of Duraphat toothpaste were observed to be fully recorded.	**Met**
Requirement 3 **Ref:** Regulation 13(4) **Stated once**	Within the frail elderly unit, the temperature range of the medicines refrigerator must be accurately monitored and maintained within the recommended limits of +2°C and +8°C. **Action taken as confirmed during the inspection**: Within the frail elderly unit, the temperature range of the medicines refrigerator was observed to have been appropriately managed.	**Met**

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standards 37 and 38 **Stated once**	The registered manager should review the arrangements for the recording of the prescribing and administration of food thickeners in order to ensure compliance with legislative requirements.	**Met**
	Action taken as confirmed during the inspection: The recordings of the prescribing and administration of thickening agents were observed to be satisfactory. The required consistencies were recorded on both the personal medication record sheets and food and fluid intake charts. Administrations were recorded on the medicines administration records.	

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. A couple of audits indicated discrepancies; these were drawn to the attention of the registered manager who agreed to monitor their administrations in order to ensure compliance with the dosage instructions.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies are available. In the dementia unit, there had been unnecessary disposals of some analgesics and laxatives which were prescribed for administration on a "when required" basis. The appropriate stock control of these medicines, in order to ensure unnecessary waste does not occur, was discussed with the registered manager.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. A small sample of newly admitted patients' records were examined. In each instance, the medication details on the hospital discharge letter correlated with the medicine records. The personal medication records and medicines administration records were completed and checked by two registered nurses.

With one exception, 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. Other good practice acknowledged included the additional records for injections, opioid transdermal patches and warfarin.

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.

In the dementia unit, discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which are uplifted by a waste disposal contractor. However, in the frail elderly unit, only one registered nurse was involved in the disposal of medicines and the disposal of medicines record book had not always been signed. In both units, controlled drugs were being 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 is monitored through supervision and appraisal. Training in medicines management is provided through training sessions and completion of e-learning modules. Competency assessments were completed annually. The competency assessments checked were up to date. Agency nurses complete an induction process, which incorporates the management of medicines.

There were robust arrangements in place to audit practices for the management of medicines. In each unit, the registered nurses perform a weekly medication audit and the registered manager performs a monthly medication audit. A checklist is completed and an associated action plan prepared, which is followed up at the next audit. The community pharmacist complements this audit activity by performing a medicines audit every couple of months and provides a written report of the outcome. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the dates and times of opening on the medicine containers.

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 selection of patients who were prescribed medicines for the management of distressed reactions were observed at the inspection. In the frail elderly unit, the care plans detailed the circumstances under which the medicines were to be administered; however, in the dementia unit this information was not always recorded. 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. A record of each administration had been maintained. A couple of the patients were being administered the medication on a regular basis. The registered nurses stated that this pattern of administration had been reported to the prescribers; however, this was not 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 treat or prevent 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. In most instances, there was a care plan in place which detailed the management of the patient's pain.

The care plans were evaluated monthly. A pain assessment had been completed for each patient who was unable to verbalise pain. From discussion with the registered nurses, it was evident they were aware of the signs, symptoms and triggers of pain in patients and that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable.

There was a care plan for one patient who has medication covertly administered.

Areas for Improvement

In the frail elderly unit, two registered nurses should dispose of all medicines, in accordance with company policy. A recommendation was made.

If medication is prescribed for the management of distressed reactions, the care plan should always identify the parameters for the administration of these medicines. A recommendation was made.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. Satisfactory arrangements were in place for the security of medicine keys.

In the dementia unit, the glucometer quality control solution was out-of-date. This was discussed with the registered manager.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mr Adrian Moriarty 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 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, 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 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

Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated: First time** **To be Completed by:** **10 September 2015**	It is recommended that, in the frail elderly unit, two registered nurses should dispose of all medicines, in accordance with company policy.
	Response by Registered Person(s) Detailing the Actions Taken: Staff have all completed their medication competencies and e-learning medication modules. Supervision sessions with nurses in place to ensure 2 signatures are evident when disposing medication. Audits completed to monitor
Recommendation 2 **Ref**: Standard 18 **Stated: First time** **To be Completed by:** **10 September 2015**	It is recommended that the patient's care plan should always specify the circumstances under which medicines prescribed for "when required" use in the management of distressed reactions are to be administered.
	Response by Registered Person(s) Detailing the Actions Taken: Care plans have been reviewed for any residents prescribed medication for use in distressed reactions to reflect specific guidelines and management for their administration

Registered Manager Completing QIP	Heather Murray	**Date Completed**	16.09.2015
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	16.09.15
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**16.09.2015**

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