

# Unannounced Medicines Management Inspection Report 24 October 2016



## Lisnisky

**Type of Service: Nursing Home**  
**Address: 16 Lisnisky Lane, Portadown, Craigavon, BT63 5RB**  
**Tel no: 028 3833 9153**  
**Inspector: Cathy Wilkinson**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Lisnisky took place on 24 October 2016 from 09.50 to 13.20.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas of improvement identified.

### **Is care effective?**

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. There were systems in place for the management of pain and “when required” medicines for distressed reactions. There were no areas of improvement identified.

### **Is care compassionate?**

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

### **Is the service well led?**

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and share learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term ‘patients’ will be used to describe those living in Lisnisky which provides both nursing and residential care.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Julie Valasco, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Healthcare Dr Maureen Claire Royston	<b>Registered manager:</b> Ms Edith Harrison
<b>Person in charge of the home at the time of inspection:</b> Mrs Julie Valasco, Deputy Manager	<b>Date manager registered:</b> 17 July 2009
<b>Categories of care:</b> NH-DE, RC-I, RC-MP(E), RC-PH, RC-LD(E), NH-I, NH-TI	<b>Number of registered places:</b> 63

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

We met with five patients, two registered nurses and the deputy manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

A sample of the following records was examined:

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

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP is due for return on the 7 November 2016. This QIP will be validated by the care inspector at their next inspection.

##### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 10 December 2014

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> Second time	The manager must implement a process whereby the refrigerator temperatures are closely monitored to ensure that they are maintained within the recommended limits for the cold storage of medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The temperatures of two of the refrigerators were examined and had been maintained within the required range. There was evidence that corrective action is taken when the temperature falls outside of this range.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The manager must investigate the circumstances surrounding the out of stock medicines ondansetron and cyclizine.  A written report of the outcome of this investigation must be returned with the completed QIP from this inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This report was received by RQIA with the completed QIP from the last inspection.	

Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 39 <b>Stated:</b> Second time	The manager should ensure that the date of opening is recorded on insulin preparations and short shelf-life medicines in order to ensure that they are appropriately disposed of once expiry has been reached.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The date of opening had been recorded on these medicines.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 37 <b>Stated:</b> Second time	The manager should ensure that all staff are aware of the action to take to ensure that medicines are in stock and available for administration at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicines that were examined during this inspection were in stock. The deputy manager advised that there were no stock control issues.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The manager should ensure that the audit process is reviewed to ensure that all patients' records are audited regularly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was a process to ensure that all patients' records are regularly audited. These audits were available for inspection.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time	The manager must ensure that the management of 'when required' medicines for the management of distressed reactions is reviewed to ensure that all appropriate records are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of these medicines had been reviewed and all of the appropriate records were completed.	

### 4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in syringe drivers was provided in the last year and all relevant staff had completed e-learning in the management of medicines.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals. The deputy manager was reminded that the medicine trolley must be locked when unattended, even if it is only for brief intervals.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. A small number of discrepancies were noted and highlighted to the deputy manager and it was agreed that these medicines would be monitored through the audit process. There was evidence that time critical medicines had been administered at the correct time.

There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient’s behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. A care plan was maintained.

The sample of records examined indicated that medicines which were prescribed to manage pain 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 assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient’s health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included extra records for recording the administration of “when required” medicines and transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included audits on oral medicines, topical medicines and thickening agents. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the healthcare needs of patients.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### **4.5 Is care compassionate?**

The administration of medicines to several patients was observed during the inspection. The nurse administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine.



Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to said that they had no concerns in relation to the management of their medicines and were very complimentary about staff. Some comments included:

“Sometimes I have trouble sleeping and the staff will bring warm milk to help me.”

“Everyone is very kind.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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