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Unannounced Medicines Management Inspection of Mahon Hall

9 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 9 September 2015 from 10.00 to 14.15.

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 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	0	1

The details of the QIP within this report were discussed with the deputy manager, Ms Narissa Mullet 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:** Not applicable
Person in Charge of the Home at the Time of Inspection: Ms Narissa Mullet (Deputy Manager)	**Date Manager Registered:** Not applicable
Categories of Care: NH-PH, RC-DE, RC-I, RC-PH, RC-PH(E), NH-I	**Number of Registered Places:** 60
Number of Patients Accommodated on Day of Inspection: 55	**Weekly Tariff at Time of Inspection:** £470 - £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 inspector reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the deputy manager, Ms Narissa Mullet.

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 care inspection, dated 1 September 2015. The completed Quality Improvement Plan will be evaluated 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**	The audit discrepancies noted in warfarin tablets must be investigated and the outcome reported to RQIA. **Action taken as confirmed during the inspection**: Following the previous medicines management inspection, the registered manager completed an audit which cross referenced INR results and dosage instructions against the warfarin stock at the time of the inspection. The stock balance was correct. The outcome was reported to RQIA on 25 May 2012. Several audits, which were performed during the inspection, indicated that the patients had been administered warfarin as prescribed.	**Met**
Requirement 2 **Ref**: Regulation **13(4)** **Stated once**	The administration of those medicines highlighted during the inspection must be closely monitored to ensure compliance with prescribed instructions. **Action taken as confirmed during the inspection**: Robust medicines management audit arrangement were observed to be in place. The wide range of audits performed during the inspection indicated that medicines had been administered in accordance with the prescribed instructions.	**Met**

Requirement 3 **Ref**: Regulation **13(4)** **Stated once**	The controlled drug record book must be accurately maintained. **Action taken as confirmed during the inspection**: The controlled drug record books were observed to have been accurately maintained.	**Met**
Requirement 4 **Ref**: Regulation **13(4)** **Stated once**	Insulin pens must be labelled with the patient's name and should be dated once opened. **Action taken as confirmed during the inspection**: Insulin pens are labelled with the patient's name and dated once opened.	**Met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard **37** **Stated once**	The process for the administration and recording of warfarin should be reviewed and revised. **Action taken as confirmed during the inspection**: Warfarin preparations were being managed in a satisfactory manner.	**Met**
Recommendation 2 **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**: There were written Standard Operating Procedures available for the management of controlled drugs	**Met**

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 satisfactory outcomes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies are 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. Medication details were confirmed with the prescriber and personal medication record sheets were completed and checked by two registered nurses.

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 transdermal patches and warfarin.

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

Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which are uplifted by the community pharmacist. 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 is 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 are completed annually. The competency assessments checked were up to date.

There were robust arrangements in place to audit practices for the management of medicines. The manager or deputy 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 by performing a medicines management audit periodically 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 date and time of opening on the medicine container.

There were procedures in place to report and learn from any medicine related incidents that have occurred in the home. The medicine incident 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. In most instances, the care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. The medicines administration records indicated that the medicines had been administered in accordance with the prescribers' instructions; for some patients these medicines had been

administered infrequently. A record of each administration had been maintained; however, the reason for administration and outcome of administration had often not been recorded.

The records pertaining to a small number of patients who were prescribed medicines for the management of pain were reviewed. Medicines 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 are prescribed for administration on either a regular or "when required" basis. In each instance, 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 was completed for those patients who are unable to report pain.

Areas for Improvement

If medication is prescribed on a "when required" basis for the management of distressed reactions, the reason for administration and the outcome should be recorded. A recommendation was made.

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

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Narissa Mullet, Deputy 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 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	
Statutory Requirements	
Recommendations	
Recommendation 1 **Ref**: Standard 18 **Stated: First time** **To be Completed by: 9 October 2015**	It is recommended that, if medication is prescribed on a "when required" basis for the management of distressed reactions, the reason for administration and the outcome should be recorded. **Response by Registered Person(s) Detailing the Actions Taken:** All staff responsible for administering medication have been informed. The matter will also be highlighted at a team meeting on 29th September 2015. Practice will be reviewed through audit.

Registered Manager Completing QIP	Cheryl king	**Date Completed**	18/09/15
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	28.09.15
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**29.09.15**

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