Mountvale
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BT25 1AH

Inspector: Judith Taylor
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Unannounced Medicines Management Inspection of Mountvale

9 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 9 September 2015 from 10:10 to 15:55

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 Department of Health, Social Services and Public Safety (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 DHSSPS Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to described those living in Mountvale which provides both nursing and residential care.

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 28 May 2013.

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 Mrs Eileen Kennedy, Nurse in charge, at the inspection and also Mrs Linda Kennedy, Registered Manager by telephone on 10 September 2015, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mountvale Nursing Homes Ltd Mr William Trevor Gage	**Registered Manager:** Mrs Linda Kennedy
Person in Charge of the Home at the Time of Inspection: Mrs Eileen Kennedy (Senior Staff Nurse)	**Date Manager Registered:** 18 June 2012
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 51
Number of Patients Accommodated on Day of Inspection: 44	**Weekly Tariff at Time of Inspection:** £593 - £677

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 medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the nurse in charge and the staff on duty.

The following records were examined during the inspection:

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
Medicine 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 5 November 2014. The completed QIP was assessed and approved by the care inspector on 26 November 2014.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

<table>
<tr><th colspan="2">Last Inspection Statutory Requirements</th><th>Validation of Compliance</th></tr>
<tr><td rowspan="2">Requirement 1

Ref: Regulation 13(4)

Stated once</td><td>The registered manager must ensure that external medicines are appropriately administered and that there is oversight of this delegated task by the registered nurses.</td><td rowspan="2">Partially Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The majority of administration records pertaining to external preparations were completed by registered nurses. In the instances where care staff had responsibility, separate administration records were in place. There was evidence of a small number of duplicated entries and also some incomplete records. Although staff confirmed that there was a system in place to oversee these records, the outcome of the inspection, indicated that further improvement was necessary.

This requirement has been partially met. As the registered manager provided assurances that a specific audit system for delegated medicine tasks would be developed and implemented with immediate effect and further training would be provided, this has not been restated.</td></tr>
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Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 Stated once	The registered manager should continue to monitor all aspects of the management of medicines through the routine audit process.	**Partially Met**
	Action taken as confirmed during the inspection: There was evidence of the auditing programme in relation to medicines management. This consisted of daily, weekly and monthly audits. The improvements noted at the last medicines management inspection had been sustained. However, some further improvement is required in the management of delegated tasks and this was discussed as above. This requirement has not been restated due to the assurances provided by the registered manager.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were administered in accordance with the prescriber's instructions. The audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes. There was evidence that bisphosphonate medicines had been administered at the correct time.

Robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home and discharge or transfer from the home.

The process for the ordering and receipt of medicines was reviewed. Prescriptions were received into the home and checked for accuracy before being dispensed. Medicines were only ordered as needed and there were systems in place to ensure that there was a continuous supply of medicines.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed. All of the medicines examined at the inspection were labelled appropriately.

Medicine records were generally well maintained so as to ensure that there was a clear audit trail. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. All of the personal medication records examined were written and signed by two registered nurses, this is safe practice. However, some improvement is necessary in the administration of medicines records completed by care staff and this was discussed. Areas of good practice included reminder records for medicines which were prescribed at weekly, monthly and three monthly intervals.

The receipt, storage, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included some Schedule 4 (Part 1) controlled drugs, which is good practice.

There were suitable systems in place to manage any high risk medicines e.g. warfarin, insulin.

There were arrangements in place for the disposal of medicines which were discontinued or were unsuitable for use. There was evidence that controlled drugs were denatured prior to disposal using denaturing kits. However, this did not occur for zopicolone tablets (Schedule 4 controlled drug) and advice was given.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines including Standard Operating Procedures for controlled drugs in Mountvale were in place. Some of these had been reviewed in April 2015.

Medicines were managed by staff who had been trained and deemed competent to do so, following a period of induction. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of records was provided. General medicines management training was completed on an annual basis. Upcoming training included the management of dysphagia and external preparations. A list of the names, signatures and initials of registered nurses was maintained. This list should be further developed to include those care staff responsible for any delegated medicine related tasks.

Practices for the management of medicines were audited on a regular basis. Running stock balances were maintained for warfarin and several other medicines which were not included in the 28 day blister packs. This is good practice. The registered manager and community pharmacist had also completed audits. Satisfactory outcomes had been achieved.

There were procedures in place to report and learn from any medicine related incidents that had occurred in the home. The reported incidents had been managed appropriately.

There were arrangements in place to note any compliance issues with medicine regimes and these were reported to the patient's prescriber.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of patients who were prescribed medicines on a "when required" basis for the management of distressed reactions were observed at the inspection. The parameters for administration of anxiolytic medicines were recorded on most of the personal medication records. A care plan was maintained and evaluated monthly. The audits indicated that most of these medicines were administered infrequently. However, there were instances when doses had been administered regularly. This was discussed with staff and should be reported to the patient's prescriber. A reason for the administration and the outcome of the administration should be recorded on each occasion. From discussion with the staff, it was concluded that staff were familiar with circumstances when to administer anxiolytic medicines. Staff had the knowledge 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.

Medicines which were prescribed to manage pain were recorded on the patient's personal medication record. Examination of the medicine administration records indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drug patches and analgesics which were prescribed for administration on a "when required" basis. From discussion with the registered nurses, it was evident that staff were aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines were prescribed, staff were aware that ongoing monitoring is necessary to ensure the pain was well controlled and the patient was comfortable. Care plans in relation to pain management were maintained and evaluated each month. A pain tool was in use.

Areas for Improvement

Staff were reminded that all controlled drugs in Schedule 4 (Part 1) require denaturing prior to disposal. The registered manager advised that this would occur with immediate effect and that the Standard Operating Procedures for controlled drugs would be updated.

It was agreed that an auditing system specific to the management of records pertaining to delegated medicine tasks would be developed and implemented and that a list of the names and sample signatures of the care staff responsible for these tasks would be maintained.

The management of distressed reactions should be reviewed to ensure that the parameters for administration are fully detailed on the personal medication record; the reason for and outcome of any administration is recorded; and where administration is necessary on a regular basis, this should be reported to the prescriber. A recommendation was made.

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

5.4 Additional Areas Examined

Whilst it was noted that medicines were stored safely and securely, the management of medicines which require cold storage must be reviewed. During the inspection it was noted that one of the two medicine refrigerators required defrosting and only the current temperature of this refrigerator was recorded. Maximum and minimum temperatures should be recorded.

Several medicines which must not be refrigerated or do not require refrigeration were removed from each of the medicine refrigerators at the inspection. It was suggested that a list of medicines which require cold storage should be developed and displayed in each treatment room. A requirement in relation to medicines storage was made.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Eileen Kennedy, Senior Staff Nurse and Mrs Linda Kennedy, 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 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 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 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 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**	The registered person must make the necessary arrangements to ensure that all medicines are stored at the temperature stated by the manufacturer; systems must be in place to ensure that minimum and maximum medicine refrigerator temperatures are recorded and medicines refrigerators are defrosted regularly.
To be Completed by: **9 October 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** Both fridges now have a thermometer that displays minimum and maximum temperatures and are recorded daily. Items that do not need to be stored in the fridge have been removed and the Fridges are being defrosted regularly.

Recommendations	
Recommendation 1 **Ref**: Standard 18 **Stated: First time**	It is recommended that the management of distressed reactions should be reviewed to ensure that the parameters for administration are fully documented on the personal medication record; the reason for and outcome of any administration is recorded; and where administration is necessary on a regular basis, this should be reported to the prescriber.
To be Completed by: **9 October 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** The Parameters for administration are recorded on the personal medication recird and trained staff have been informed to report regular administration to the prescriber.

Registered Manager Completing QIP	Linda Kennedy	**Date Completed**	13.10.15
Registered Person Approving QIP	Trevor Gage	**Date Approved**	13.10.15
RQIA Inspector Assessing Response	**Judith Taylor**	**Date Approved**	**21.10.15**

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