Sanville
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Dungannon
BT71 4NE

Inspector: Helen Daly
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Unannounced Medicines Management Inspection of Sanville

28 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 28 May 2015 from 10:15 to 14:45.

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.

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

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.

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1.1 Actions/Enforcement Taken Following the Last Medicines Management 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 7 January 2015.

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 Ms Claire Reid, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Persons: Sanville Mr Brendan Gervin Mrs Alice McAleer	**Registered Manager:** Mrs Bernadette Mooney
Person in Charge of the Home at the Time of Inspection: Ms Claire Reid (Deputy Manager)	**Date Manager Registered:** 23 May 2012
Categories of Care: NH-LD, NH-LD(E), NH-MP(E), NH-MP, NH-DE, NH-I, NH-PH, RC-I	**Number of Registered Places:** 36
Number of Patients Accommodated on Day of Inspection: 36	**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 medication related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the deputy manager and the two registered nurse 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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home on 15 May 2015 was an unannounced care inspection; the inspection outcomes were discussed with the care inspector prior to this inspection.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 7 January 2015.

No requirements were made at the last medicines management inspection.

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that the required consistency level is recorded on the administration recording sheets which are used for thickening agents.	**Met**
	Action taken as confirmed during the inspection: A review of these records indicated that the required consistency level is now recorded.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should review and revise the management of medicines which are prescribed to be administered when required for the management of distressed reactions to ensure that: • detailed care plans are in place • the reason for and outcome of each administration are recorded on all occasions	**Met**
	Action taken as confirmed during the inspection: A small number of patients are prescribed "when required" medicines for the management of distressed reactions. Detailed care plans directing the use of these medicines are now in place. For one patient the medicine had been administered on two occasions recently; the reason for and outcome of the administration had been recorded. These medicines had not been administered recently for the other patients.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on several randomly selected medicines produced satisfactory outcomes. However, some audits could not be completed as dates of opening had not been recorded. In addition a small number of audit discrepancies were noted in the administration of night-time medication.

The stock ordering system was reviewed. Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage. The deputy manager confirmed that robust systems are in place to ensure that medicines do not run out of stock. All medicines were available for administration on the day of the inspection.

Arrangements are in place to ensure the safe management of medicines during a patient's admission to the home. The admission process was reviewed for one recently admitted patient. Their medicine regimen had been confirmed with the prescriber in writing.

The management of warfarin was reviewed for one patient and found to be satisfactory. Dosage directions had been received in writing. Daily running stock balances had been maintained. Satisfactory audit outcomes were observed at this inspection.

Medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Updates on the personal medication records and hand-written medication administration records had been verified and signed by two registered nurses. Medicine receipt records were observed to be satisfactory. Discontinued and refused medicines are collected by a waste management company. Two members of trained staff were involved in the disposal of medicines and both had signed the records of disposal.

Controlled drugs were observed to be managed in a satisfactory manner. The deputy manager confirmed that controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured prior to their disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place, including Standard Operating Procedures for the management of controlled drugs.

The deputy manager advised that a record of the training and development activities completed by the registered nurses in relation to the management of medicines is maintained. A sample of training records and competency assessments was provided for inspection and found to be satisfactory.

The deputy manager advised that care staff receive training on the use of thickening agents and the administration of emollient and barrier preparations as part of their induction and that update training is provided when new preparations are prescribed for patients.

The deputy manager audits the standard of maintenance and accuracy of the personal medication records prior to the commencement of each new monthly medication cycle. In addition, medication audits are planned to be carried out each month; however, this frequency is not being achieved as the last audit had been completed in February 2015.

Systems are in place to identify and report medicine related incidents. The reported incidents had been addressed in a satisfactory manner. The deputy manager confirmed that full investigations had been completed and that the staff involved had received further update training and competency assessments. The incidents had been discussed with staff to ensure that the home's policies are followed with regard to medication administration and stock control on all occasions.

Is Care Compassionate? (Quality of Care)

A number of patients were prescribed medicines for the management of Parkinson's. The timing of the administration of their medicines was clearly recorded and one of the registered nurses confirmed that staff recognised the importance of these medicines being administered in a timely manner.

The deputy manager advised that a small number of patients are prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions. Detailed care plans directing their use are now in place. The deputy manager advised that the reason for and outcome of each administration are recorded; this was evidenced for one patient during the inspection.

The records for two patients who are prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication records. The administration had been recorded on the medication administration records. Care plans were in place and there was evidence that these had been reviewed. Pain assessments are completed as part of the pre-admission assessments. Where patients are unable to verbalise that they are in pain, a pain assessment tool is used.

Areas for Improvement

The registered person should ensure that the level of audit activity is increased. A recommendation was made.

The registered person should ensure that dates of opening are recorded on all medicines in order to facilitate audit activity and disposal at expiry. A recommendation was made.

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

5.4 Additional Areas Examined

The storage arrangements for medicines were reviewed. A number of areas for improvement and infection control issues were identified. The deputy manager confirmed (via email on 28 May 2015) that a deep clean had been carried out. The deputy manager agreed to closely monitor the standard of maintenance of the treatment room.

The consistent recordings for some of the maximum and minimum refrigerator temperatures indicated that the thermometer may not be being reset each day. The deputy manager confirmed that staff supervisions on how to reset the refrigerator thermometer after recording the daily maximum and minimum refrigerator temperature recordings would be carried out.

The management of insulin was reviewed. The date of opening had been recorded on the insulin pen, in use, and it was stored at room temperature. Control checks are carried out on blood glucometers at approximately weekly intervals; the date of opening had been recorded on the glucose control solution in order to facilitate disposal at expiry.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Claire Reid, 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 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 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	
No requirements were made following this inspection.	
Statutory Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **29 June 2015**	It is recommended that the registered person ensures that the level of audit activity is increased.
	Response by Registered Person(s) Detailing the Actions Taken: A robust auditing system has been implemented. Auditing of medications is carried out on a weekly basis. Any deficits identified are discussed with the registered Nurses.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** **29 June 2015**	It is recommended that the registered person ensures that dates of opening are recorded on all medicines in order to facilitate audit activity and disposal at expiry.
	Response by Registered Person(s) Detailing the Actions Taken: Registered nurses have been reminded to ensure the date and time of opening are recorded on all medications. The date and time of medications opened are audited to ensure compliance.

Registered Manager Completing QIP	Joan Mc Guckin Acting Manager (Pending Registration)	**Date Completed**	07.07.15
Registered Person Approving QIP	Alice Mc Aleer	**Date Approved**	07.07.15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	**08.07.15**

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