Unannounced Medicines Management Inspection Report
05 May 2016

Apple Blossom Lodge

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Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Apple Blossom Lodge took place on 5 May 2016 from 10.15 to 14.20.

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.

Improvement was required in the management of medicines to ensure the delivery of safe and effective care and to ensure that the service was well led in that respect. The outcome of the inspection found some areas of concern and the areas for improvement are set out in the quality improvement plan (QIP) within this report.

Is care safe?
One requirement has been made.

Is care effective?
One requirement has been stated for a second time and three recommendations have been made.

Is care compassionate?
No requirements or recommendations have been made.

Is the service well led?
One requirement and one recommendation have been made.

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.

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 4.2 and 5.0 of this report.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

Details of the QIP within this report were discussed with Mr Danny Dougan, Clinical Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 previous QIP there were no further actions required to be taken following the last inspection on 28 January 2016.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd Mr Christopher Walsh	**Registered manager:** Ms Heather Joan Maxwell
Person in charge of the home at the time of inspection: Mr Danny Dougan, Clinical Lead	**Date manager registered:** 29 January 2015
Categories of care: NH-DE, NH-MP, NH-MP(E)	**Number of registered places:** 37

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 two nurses as well as the clinical lead nurse.

The following records were 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 28 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 20 August 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The registered person must review and revise the management of external medicines to ensure that they are being administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: The management of external medicines was reviewed and further records have been implemented. Some further improvement was required in the maintenance of these records as detailed in the report.	
Requirement 2 **Ref**: Regulation 20 (1) (a) **Stated:** Second time	The registered person must ensure that all staff receive additional training to include: • Management of diabetes • Management of respiratory illnesses The manager must implement systems to ensure that this training is embedded in practice. Records must be maintained to evidence this.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed by email following the inspection that this training had been completed on 28 and 30 September 2014. No issues in relation to the management of diabetes and respiratory illnesses were raised during this inspection.	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** Second time	The registered person must ensure that personal medication records are up to date.	**Met**
	Action taken as confirmed during the inspection: The personal medication records that were examined were up to date.	

Requirement 4 **Ref**: Regulation 13(4) **Stated:** Second time	The registered person must ensure that medicine administration records are fully and accurately completed.	**Met**
	Action taken as confirmed during the inspection: The medicine administration records that were examined were fully maintained.	
Requirement 5 **Ref**: Regulation 13(1) **Stated:** First time	The registered person must ensure robust systems are in place to monitor the role of care staff when delegated tasks by registered nurses.	**Partially Met**
	Action taken as confirmed during the inspection: The record of thickened fluids that was provided for inspection contained all the required detail. The records of administration of external medicines required further improvement and there was no evidence that these records are reviewed by the registered nurses. This requirement has been stated for a second time.	
Requirement 6 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that the medicines refrigerators are being maintained within the range of 2ºC – 8ºC at all times.	**Met**
	Action taken as confirmed during the inspection: The record of the refrigerator temperatures indicated that the temperature had mostly been maintained within the required range.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 40 **Stated:** First time	The registered person should ensure that care plans and daily notes reflect any patient's reluctance and refusal to have fluids thickened and the steps being taken to minimise the potential risk to the patient.	**Met**
	Action taken as confirmed during the inspection: This was completed following the previous medicines management inspection. One patient currently attempts to take unthickened drinks and this is documented in the care plan.	

Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered person should review the current audit system to ensure that it encompasses all aspects of the management of medicines.	**Met**
	Action taken as confirmed during the inspection: The current audit system examines all aspects of the management of medicines, however further improvements are required to ensure that any identified shortfalls are addressed and that the same issues are not recurring month to month. The recommendation as stated has been assessed as met however a requirement has been made regarding the auditing process within the home.	

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. The impact of training was monitored through team meetings and annual appraisal. Competency assessments for the staff on duty had been completed within the past year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines were observed to be in stock on the day of the inspection.

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. Following a recent incident with regards to controlled drugs, additional checks were also performed on other controlled drugs.

Authorisation from the general practitioner was in place for administering medicines in disguised form for one patient. This was discussed with the clinical lead during the inspection.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. One supply of a liquid controlled drug had been returned to the community pharmacy for disposal. This was discussed with the clinical lead and it was agreed that all controlled drugs must be denatured and appropriately disposed of.

The sharps box in the treatment room was overfilled and sharps were protruding from the top. This is unsafe. The clinical lead nurse was advised that this must be addressed as soon as possible following the inspection. A requirement was made.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. The medicine storage area downstairs required further attention to ensure that it was 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.

Areas for improvement

The registered person must ensure that safe arrangements for the disposal of sharps are in place. A requirement was made.

Number of requirements:	**1**	**Number of recommendations:**	**0**

4.4 Is care effective?

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions. Several discrepancies were discussed with the clinical lead following the inspection. In particular, two discrepancies were noted in supplies of clozapine. This medicine requires close monitoring during use. It is recommended that a daily running balance is maintained for this medicine.
Some audits could not be completed as the date of opening had not been recorded. To facilitate the audit process, the date of opening should be recorded on all medicines that are not contained within the blister pack system. A recommendation was made.

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, specific 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 these were well documented in the care plans examined. However the care plan did not state if and when any medicines should be administered. The reason for and the outcome of administration of medicines were not usually recorded. A recommendation was made.

Staff advised that no patients required regular pain relief. The sample of records examined indicated that medicines which were prescribed to manage pain on a "when required" basis 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. A pain tool was used as needed.

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 generally well maintained and facilitated the audit process. Further improvement in the records of administration of external medicines by care assistants is required. Care assistants are responsible for complex skin care regimes and there should be evidence of oversight of this delegated task by the registered nurses. The records examined did not always document any refusals of administration by the patient or the site of application of these medicines. Reference to the record of administration by care assistants should be cross-referenced on the MARs sheets. The requirement made previously has been stated for a second time.

Following discussion with the staff and examination of care records, it was evident that when applicable, other healthcare professionals are contacted when appropriate to meet the health care needs of the patient.

Areas for improvement

A daily running stock balance should be maintained for clozapine tablets to ensure that they are being administered as prescribed. A recommendation was made.

To facilitate the audit process, the date of opening should be recorded on all medicines that are not contained within the blister pack system. A recommendation was made.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure all necessary records are completed. A recommendation was made.

Records of the administration of external medicines must be fully and accurately maintained. Robust systems must in place to monitor the role of care staff when delegated tasks by registered nurses. A requirement has been stated for the second time.

Number of requirements:	1	Number of recommendations:	3

4.5 Is care compassionate?

It was not possible to directly observe the medicine round during this inspection. However, the administration to one patient was observed. The administration of medicines to this patient was completed in a caring manner and medicines were administered as discreetly as possible.

The clinical lead advised that in the best interests of the patients it would not be appropriate to discuss the administration of medicines directly. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following the recent incidents regarding controlled drugs and the revised management of these medicines, Standard Operating Procedures for the management of controlled drugs should be drawn up and implemented. These procedures must be reflective of the current practice within Apple Blossom Lodge. A record of the staff training in regard to the Standard Operating Procedures should be maintained. A recommendation was made.

There were satisfactory 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.

Practices for the management of medicines were audited monthly by the staff. An action plan is included in the audit, however it is not always fully completed. The same issues were identified in consecutive audits and the action plan was not signed off as completed. The registered manager must ensure that there is a robust audit system in place which identifies any shortfalls in the management of medicines and ensures that appropriate action is taken to address the issues and prevent recurrence. A requirement was made.

Not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.
Following discussion with registered nurses, it was evident that they 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

Standard Operating Procedures (SOPs) for the management of controlled drugs should be drafted, implemented and shared with staff. A recommendation was made.

A robust audit system must be in place which identifies any shortfalls in the management of medicines and ensures that appropriate action is taken to address the issues and prevent recurrence. A requirement was made.

Number of requirements:	1	Number of recommendations:	1

5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Danny Dougan, Clinical Lead, 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to pharmacists@rqia.org.ukand assessed by the inspector.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 5 June 2016	The registered person must ensure robust systems are in place to monitor the role of care staff when delegated tasks by registered nurses.
	Response by registered person detailing the actions taken: Nurses are now required to counter- sign the administration of external medicines by care staff on a daily bisis to evidence that these records are under constant review.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 12 May 2016	The registered person must ensure that safe arrangements for the disposal of sharps are in place.
	Response by registered person detailing the actions taken: Staff have been reminded of the importance of correct disposal of sharps. The provision of sharps boxes has been reviewed in light of our increased need. This will ensure that all sharps are disposed of correctly.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 5 June 2016	The registered person must ensure that a robust audit system is in place which identifies any shortfalls in the management of medicines and ensures that appropriate action is taken to address the issues and prevent recurrence.
	Response by registered person detailing the actions taken: Audits are carried out monthly. The registered person is ensuring that action plans are signed off and have the desired outcome. Where the outcome is unsatisfactory, this is now followed up through a more formal route.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 5 June 2016	A daily running stock balance should be maintained for clozapine tablets to ensure that they are being administered as prescribed.
	Response by registered person detailing the actions taken: A daily running stock balance for clozapine is now maintained.

Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 5 June 2016	To facilitate the audit process, the date of opening should be recorded on all medicines that are not contained within the blister pack system.
	Response by registered person detailing the actions taken: The date of opening is now available on all medicines that are not contained within the blister pack system.
Recommendation 3 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 5 June 2015	The management of medicines prescribed on a “when required” basis for the management of distressed reactions should be reviewed and revised to ensure all necessary records are completed.
	Response by registered person detailing the actions taken: The management of medicines prescribed on a 'when required' basis has been reviewed. All necessary records are completed.
Recommendation 4 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 5 June 2015	Standard Operating Procedures (SOPs) for the management of controlled drugs should be drafted, implemented and shared with staff.
	Response by registered person detailing the actions taken: Standard Operating Procedures for the management of controlled drugs is in place and is maintained in a folder located within the clinical room. All staff have been reminded of where they are to be found.

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