The Regulation and Quality Improvement Authority

Valley Nursing Home
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Inspectors: Cathy Wilkinson
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Inspection ID: IN022454

Unannounced Medicines Management Inspection of Valley Nursing Home

21 September 2015

1. Summary of Inspection

An unannounced medicines management inspection took place on 21 September 2015 from 10:50 to 15:35.

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 the DHSSPS Nursing Homes Minimum Standards, February 2008.

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 Valley Nursing Home 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 26 February 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	1

The details of the QIP within this report were discussed with Ms Louise Hughes, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Valley Nursing Home (MPS) Ltd Mr Paul Warren-Gray	**Registered Manager:** Not applicable
Person in Charge of the Home at the Time of Inspection: Ms Louise Hughes (Acting Manager)	**Date Manager Registered:** Not applicable
Categories of Care: NH-MP, NH-MP(E), NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E), RC-I	**Number of Registered Places:** 96
Number of Patients Accommodated on Day of Inspection: 78	**Weekly Tariff at Time of Inspection:** £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 medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the acting manager and staff on duty in each unit.

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 19 May 2015. The completed QIP was returned and approved by the care inspector on 22 July 2015.

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 responsible individual must review and revise the disposal arrangements for controlled drugs to ensure that controlled drugs in Schedule 2, 3 and 4 (Part 1) are denatured prior to disposal.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs were appropriately denatured prior to disposal. This activity should be appropriately recorded in all units as detailed in the body of the report.	
Requirement 2 **Ref: Regulation 13(4)** **Stated once**	The responsible individual must ensure that all receipts and disposals of controlled drugs are recorded in the controlled drug record book.	**Met**
	Action taken as confirmed during the inspection: The receipts and disposals of controlled drugs had been recorded.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref: Regulation 13(4)** **Stated once**	The responsible individual must fully investigate the incident regarding the incorrect dosage of oxycodone being administered and report the findings including the learning for registered nurses, to RQIA.	**Met**
	Action taken as confirmed during the inspection: This investigation was completed and a report sent to RQIA following the last medicines management inspection.	
Requirement 4 **Ref: Regulation 13(4)** **Stated once**	The responsible individual must ensure that all registered nurses have knowledge of their professional accountability with respect to the monitoring of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Training in the management of controlled drugs had been completed and controlled drugs had been appropriately managed.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref: Standard 39** **Stated twice**	The registered manager should review and revise the arrangements in place for the storage of oxygen cylinders.	**Met**
	Action taken as confirmed during the inspection: Oxygen was observed to be appropriately stored.	
Recommendation 2 **Ref: Standard 37** **Stated once**	The responsible individual should ensure that the Standard Operating Procedures for the management of controlled drugs are updated.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures for the management of controlled drugs were up to date.	

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.

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. A photocopy of the prescriptions was received into the home and checked for accuracy with the monthly drug order. 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. Areas of good practice included the management of covert administration of medicines, application charts for transdermal patches and the routine recording of the date of opening of medicines facilitated the audit process.

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 in three of the four units. The recording of the denaturing process in the fourth unit required improvement and this was discussed with the acting manager.

Is Care Effective? (Quality of Management)

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

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. A list of the names, signatures and initials of registered nurses was maintained.

Practices for the management of medicines were audited on a regular basis. Running stock balances were maintained for warfarin and some other medicines which were not included in the 28 day blister packs. This is good practice. The acting 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 satisfactorily.

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 relating to a 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 the personal medication records. In three of the four units, a care plan was maintained and evaluated monthly. This should be developed in the fourth unit. 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 for review. 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

File dividers should be in place on the medicine files and patients with similar names should be highlighted. This was discussed with the acting manager for action following the inspection.

Evidence that controlled drugs were denatured prior to disposal should be maintained in all units. This was evidenced in three of the four units and the acting manager agreed to include this in the audit process.

The management of distressed reactions should be reviewed to ensure that: a care plan is in place; 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

The medicine refrigerator temperatures were monitored and recorded daily and had mostly been maintained within the required range of 2°C to 8°C. The medicine refrigerator in one unit has been identified as faulty and the acting manager was working to resolve this issue at the time of the inspection.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Louise Hughes, Acting 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** and assessed by the inspector.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref: Standard 18** **Stated: First time** **To be Completed by:** **21 October 2015**	It is recommended that the management of distressed reactions should be reviewed to ensure that all of the necessary records are maintained. **Response by Registered Person(s) Detailing the Actions Taken:** STAFF MEETING HELD REGARDING DISTRESSED REACTIONS AND IMPORTANCE OF REVIEWING SAME. STAFF ENCOURAGED TO DOCUMENT ON APPROPRIATE CARE PLAN

Registered Manager Completing QIP		**Date Completed**	1.10.15
Registered Person Approving QIP		**Date Approved**	1/10/15
RQIA Inspector Assessing Response		**Date Approved**	

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

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RQIA Inspector Assessing Response	**Cahy Wilkinson**	**Date Approved**	21/10/2015