Unannounced Medicines Management Inspection Report
2 February 2017

Forest Lodge

Type of Service: Nursing Home
Address: Musgrave Park Hospital, Stockmans Lane, Belfast, BT9 7JB
Tel no: 028 9063 8748
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Forest Lodge took place on 2 February 2017 from 09:40 to 12:10.

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.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. There were no areas of improvement identified.

Is care effective?

Some improvements were required if the management of medicines was to support the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. However, not all patients prescribed a thickening agent had a Speech and Language Therapist report, the thickening agent was not recorded on their personal medication record and the consistency was not specified in their care plan. One recommendation was made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff were knowledgeable about the needs and wishes of patients with regards to their medicines. There were no areas of improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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. 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	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr David Blair, Registered Nurse and also with Ms Yvonne McKibben, Registered Manager, via telephone on 2 February 2017, 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 QIP there were no further actions required to be taken following the most recent inspection on 12 October 2016.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust Mr Martin Joseph Dillon	**Registered manager:** Ms Yvonne McKibbin
Person in charge of the home at the time of inspection: Ms Yvonne McKibbin	**Date manager registered:** 21 May 2007
Categories of care: CH-LD, NH-LD	**Number of registered places:** 10

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with the registered manager, the acting deputy manager and one registered nurse.

Fifteen questionnaires were issued to patients' representatives and staff with a request that they were returned within one week from the date of this inspection.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection

4.2 Review of requirements and recommendations from the last medicines management inspection 15 October 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second time	All medicines received from the young person's family must be appropriately labelled and packaged. The record of these medicines should contain the necessary detail.	**Met**
	Action taken as confirmed during the inspection: Medicines were appropriately labelled. The quantities of medicines received were recorded.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** Second time	A record of the auditing of medicines management in the home must be maintained.	**Met**
	Action taken as confirmed during the inspection: A record is maintained of the auditing of medicines management in the home.	

Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that any remaining stock medicines are appropriately disposed of.	**Met**
	Action taken as confirmed during the inspection: Stock medicines were disposed of appropriately.	
Requirement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the administration of all thickened fluids is recorded.	**Met**
	Action taken as confirmed during the inspection: There was a system in place for recording the administration of thickened fluids.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 39 **Stated:** First time	The registered manager should review the management of oxygen.	**Met**
	Action taken as confirmed during the inspection: Oxygen cylinders were safely stored.	

4.3 Is care safe?

Medicines were managed by staff that have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management, epilepsy management, enteral feeding and dysphagia was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by a clinical pharmacist from Musgrave Park Hospital.

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.

Appropriate arrangements were in place for administering medicines in disguised form.

On discharge from the home, all remaining medication is given into the possession of the patient's parents/guardians.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were 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. The medicine refrigerator and oxygen equipment were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.4 Is care effective?

The sample of medicines examined had generally been administered in accordance with the prescriber's instructions. A couple of discrepancies were drawn to the attention of the registered manager for her attention.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. The registered nurse advised that only one respite patient was administered regular analgesia. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that the patients could express any pain.

The management of swallowing difficulty was examined. Administrations of thickening agents were recorded. However, not all patients who were prescribed a thickening agent had a Speech and Language Therapist report, the thickening agent was not recorded on their personal medication record and the consistency was not specified in their care plan. A recommendation was made.

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 and parents.

Medicine records were mostly well maintained and facilitated the audit process. However, nutritional feeds were not recorded on the personal medication records; this matter was discussed with the registered manager, who gave an assurance that it would be rectified without delay.

Practices for the management of medicines were audited throughout the month by the management.

Following discussion with the registered manager and staff, it was evident that, when applicable, other healthcare professionals are contacted in response to patients' needs.

Areas for improvement

A comprehensive recording system should be in place for thickening agents. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

Staff were knowledgeable about the needs and wishes of patients with regards to their medicines.

It was not possible to speak to any patients during the inspection.

As part of the inspection process, we issued questionnaires to patients' representatives and staff. No patient's representatives completed and returned questionnaires within the specified timeframe.

One member of staff completed a questionnaire. The responses were positive and raised no concerns about the management of medicines in the home.

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 discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

A review of the audit records indicated that satisfactory outcomes had been achieved.

Following discussion with the registered manager and staff, it was evident that staff 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

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr David Blair, Registered Nurse and also with Ms Yvonne McKibben, Registered Manager, via telephone on 2 February 2017, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the nursing home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 4 March 2017	The registered provider should ensure that a comprehensive recording system is in place for thickening agents.
	Response by registered provider detailing the actions taken: • For children whom thickening agents are recommended in their SALT assessment – the Thickening Agent and the consistency/stage required will be recorded in the "Special Instructions " text box on the front of the Kardex. • We have redesigned the units "Enteral Feeding Record" to allow for the prescribing of enteral feeds to include Feed type, Volume, Duration, Rate and Flush. The redesigned record will be referenced on the Kardex as an "Additional Charts in use" (tick box). All staff will be trained to complete the redesigned record

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

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