St Macartans
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Inspector: Paul Nixon
Inspection ID: IN022473

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# Unannounced Medicines Management Inspection of St Macartans

## 27 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

## 1. Summary of Inspection

An unannounced medicines management inspection took place on 27 April 2015 from 09.55 to 13.15.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the medicines management inspection found no areas of concern though one area for improvement was identified and is 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.

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

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 2 May 2012.

### 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 Veronica McElmurry, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

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| **Registered Organisation/Registered Person:**<br>Kilmorey Care Ltd<br>Mrs Peggy O'Neill | **Registered Manager:**<br>Ms Veronica McElmurry |
| **Person in Charge of the Home at the Time of Inspection:**<br>Ms Veronica McElmurry | **Date Manager Registered:**<br>4 December 2008 |
| **Categories of Care:**<br>NH-LD, NH-LD(E), RC-LD, RC-LD(E), NH-DE, NH-I, NH-PH, NH-PH(E), RC-I | **Number of Registered Places:**<br>33 |
| **Number of Residents Accommodated on Day of Inspection:**<br>30 | **Weekly Tariff at Time of Inspection:**<br>£593.00 |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous 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 any medicines related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager.

Samples of 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 Previous Inspection

The previous inspection of the home was an announced estates inspection dated 3 February 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirement and Recommendation from the Last Medicines Management Inspection on 2 May 2012

| **Last Inspection Statutory Requirement** | | **Validation of Compliance** |
|---|---|---|
| **Requirement 1**<br><br>**Ref**: Regulation 13(4)<br><br>Stated three times | Arrangements for the storage and management of medicines which require refrigeration must be reviewed and revised. | **Met** |
| | **Action taken as confirmed during the inspection**:<br><br>Medicines requiring cold storage were observed to be appropriately stored in accordance with the manufacturers' instructions. | |
| **Last Inspection Recommendation** | | **Validation of Compliance** |
| **Recommendation 1**<br><br>**Ref**: Standard 37<br><br>Stated once | The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs. | **Met** |
| | **Action taken as confirmed during the inspection**:<br><br>Written Standard Operating Procedures were observed to be available for the management of controlled drugs. | |

## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

Medicines are being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines during the inspection provided broadly satisfactory outcomes.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There was evidence that robust arrangements are in place to ensure the safe management of medicines during a patient's admission to the home. Medication details are confirmed with the prescriber and personal medication record sheets are completed and checked by two staff members.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

The medicine records had been maintained in a satisfactory manner. Good practice included the additional records for Schedule 4 (Part 1) controlled drugs, opioid transdermal patches and warfarin.

Controlled drug record books and records of the shift handover stock reconciliation checks of Schedule 2 and 3 and 4 (Part 1) controlled drugs were well maintained.

Discontinued or expired medicines are discarded by two registered nurses into pharmaceutical clinical waste bins which are uplifted by the community pharmacist. Controlled drugs are denatured by two registered nurses prior to disposal.

### Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place.

Medicines are managed by staff who have been trained and deemed competent to do so. An induction training process is in place. Refresher training in general medicines management as well as critical medicines and eye care training had been provided to staff by the community pharmacist in the last year. The impact of training is monitored through supervision and appraisal. Staff competency and capability assessments are performed annually.

There are robust arrangements in place to audit all aspects of the management of medicines. A medicines audit is carried out by the registered manager on a monthly basis and she advised that the findings, along with any actions required, are communicated to staff. Copies of these audits were available for inspection. Stock reconciliation checks are performed on controlled drugs at each transfer of responsibility. Running stock balances are maintained for warfarin, antibiotic courses and some non-blistered medicines. The community pharmacist also completes quarterly medication audits and provides written reports of the outcomes. A review of the audit records indicated that satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date and time of opening on the container.

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

**Is Care Compassionate? (Quality of Care)**

The records for three patients who are prescribed medication for administration on a "when required" basis in the management of distressed reactions were examined. In each instance, the care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour.

The records for three patients who are prescribed medicines for the management of pain were reviewed. In each instance there was a care plan in place which detailed the management of the patient's pain. The registered manager stated that the care plans are evaluated at least once monthly. In each instance, a pain assessment had recently been completed. When analgesics are administered, their effect is monitored to ensure that they provide relief and that the patient is comfortable.

Evidence of the prescriber's instruction was in place for two patients who have medication crushed to facilitate its administration.

**Areas for Improvement**

Two audits on inhaled medicines produced unsatisfactory outcomes; the observations made were discussed with the registered manager, who gave an assurance that both medicines would be closely monitored as part of the home's ongoing audit activity.

The reason for administration and outcome of administration of medicines prescribed on a "when required" basis for the management of distressed reactions were often not recorded. This information should always be recorded. A recommendation was made.

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

## 5.4 Additional Areas Examined

Medicines are being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. Satisfactory arrangements are in place for the security of medicine keys.

## 6.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Veronica McElmurry, 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 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 Manager/Registered Person

The QIP should be completed by the registered person/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.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 recommendation 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.

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| Recommendation | |
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| **Recommendation 1**<br><br>**Ref**: Standard 28<br>**Stated: First time**<br><br>**To be Completed by:**<br>**27 May 2015** | It is recommended that the registered person should ensure the reason for and outcome of administration of a medicine prescribed on a "when required" basis for the management of distressed reactions are always recorded. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>All Nurses Reminded to include Reason & Outcome with the administration of all PRN drugs. This will also be checked on audit. |

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|---|---|---|---|
| **Registered Manager Completing QIP** | Veronica M'Coy | **Date Completed** | 13-5-15 |
| **Registered Person Approving QIP** | PEGGY O NEILL | **Date Approved** | 13-5-15 |
| **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** | **Paul W. Nixon** | **Date Approved** | **04/06/2015** |