

# Unannounced Medicines Management Inspection Report 4 April 2016



## Cedarhurst Lodge

Cedarhurst Road, Belfast, BT8 4RH

Tel No: 0289049 2722

Inspector: Cathy Wilkinson

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Cedarhurst Lodge took place on 4 April 2016 from 09:55 to 13:30.

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?

No requirements or recommendations have been made.

### Is care effective?

One recommendation has been made

### Is care compassionate?

No requirements or recommendations have been made.

### Is the service well led?

No requirements or recommendations have been made.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the 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 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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with Ms Lavinia Harris, Registered Manager, 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 5 January 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Healthcare Dr Maureen Claire Royston	<b>Registered manager:</b> Ms Lavinia Ann Harris
<b>Person in charge of the home at the time of inspection:</b> Ms Lavinia Ann Harris	<b>Date manager registered:</b> 13 June 2007
<b>Categories of care:</b> NH-DE, NH-MP, NH-MP(E)	<b>Number of registered places:</b> 43

## 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.

During the inspection the inspector met with the registered manager and registered nurses on duty.

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

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection 5 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 7 October 2013

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> 13(4) <b>Stated:</b> First time	The registered manager must ensure that medicines are removed from use once the expiry date is reached.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All medicines that were examined were in date.	
Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Standard:</b> 39 <b>Stated:</b> First time	The registered manager should ensure that the temperature of the medicines refrigerator is closely monitored to ensure it remains within the acceptable range of 2°C to 8°C.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The temperatures of the medicines refrigerators are monitored daily and were within the required range.	

### 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 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.

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

There were satisfactory arrangements in place to manage medicine changes. 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. Written confirmation of medicine regimes was obtained from the prescriber.

Records of the receipt, storage, 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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were discarded into pharmaceutical clinical waste bins by two registered nurses. These waste bins were uplifted by a contracted waste disposal company.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and organised. Medicines with a limited shelf life were replaced at the commencement of the new medicine cycle. Medicine refrigerators and oxygen equipment were checked at regular intervals.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

Medicines were administered in accordance with the prescriber's instructions. There was evidence that bisphosphonates and time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when the next dose of weekly, monthly or three monthly medicines was due.

In the instances where a patient was prescribed medicines for the management of distressed reactions, the parameters for administration of anxiolytic medicines were recorded on the personal medication records. From discussion with the registered nurses and the registered manager, it was concluded that staff are familiar with circumstances when to administer these medicines. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and are aware that this change may be associated with pain. A care plan to direct the management of distressed reactions was not in place. The reason for and outcome of administering these medicines was not always recorded. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain were recorded on the patient's personal medication record and 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 and pain was assessed at least monthly. The care plan for the management of medicines did not specify analgesia, however it is acknowledged that the management and assessment of the patient's pain is included in the monthly care plan evaluation relating to medicines.

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 well maintained and their completion readily facilitated the audit process. Areas of good practice were acknowledged. They included entries on the personal medication records and MARs being signed and verified by two nurses, extra records specifying the site of application of transdermal patches and appropriate use of codes for non-administration of medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines, a daily electronic patient audit, weekly audits on thickened fluids and external medicines and weekly and monthly management audits. In addition, a quarterly audit was completed by the community pharmacist.

The care files examined documented visits by other health care professionals involved in the patient's care and the outcome of each visit.

#### **Areas for improvement**

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

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in the dining room with their breakfast. The nurses administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. After the medicines had been administered, the nurse signed the record of administration.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

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

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. There was evidence of the action taken and learning implemented following incidents.

A review of the internal audit records indicated that largely satisfactory outcomes had been achieved. In the instances where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager, registered, 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 could be raised with management.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Lavinia Ann Harris, 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.

## 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.uk](mailto: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 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

### Recommendations

#### Recommendation 1

**Ref:** Standard 18

**Stated:** First time

**To be completed by:**  
4 May 2016

The registered person should ensure that the management of medicines prescribed on a “when required” basis for the management of distressed reactions is reviewed and revised to ensure that all of the appropriate records are maintained.

**Response by registered person detailing the actions taken:**

The management of medicines prescribed on a "when required" basis for the management of distressed reactions has been reviewed and revised to ensure that all of the appropriate records are maintained. Home Manager is monitoring same closely.

*\*Please ensure this document is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\**



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