Greenvale House
RQIA ID: 1614
82-84 Mill Hill
Castlewellan
BT31 9NB

Inspector: Cathy Wilkinson
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Unannounced Medicines Management Inspection of Greenvale House

28 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 28 May 2015 from 10:30 to 13:30.

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.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) 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 section, 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 Greenvale House 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 inspection on 16 August 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	2

The details of the QIP within this report were discussed with Mrs Barbara Foster, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Persons:	**Registered Manager:**
Greenvale House Mr Stanley Foster Mrs Margaret Foster Mr Norman Foster Mrs Barbara Frances Foster	Mrs Barbara Frances Foster
Person in Charge of the Home at the Time of Inspection: Mrs Barbara Frances Foster	**Date Manager Registered:** 19 July 2010
Categories of Care: RC-LD(E), RC-DE, RC-I, NH-DE, NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 39
Number of Patients Accommodated on Day of Inspection: 38	**Weekly Tariff at Time of Inspection:** £470 Residential £593 Nursing

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 previous medicines management inspection.

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

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records (MARs)
Medicines disposed of or transferred
Medicine audits
Care plans
Training records.
Controlled drug record book

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 26 February 2015. The completed QIP was returned and any outstanding items will be followed up by the estates inspector.

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 registered manager must ensure that a system is in place to ensure a complete record of the administration of thickened fluids is maintained.	**Met**
	Action taken as confirmed during the inspection: The administration od thickened fluids is recorded on the MARs sheets by nurses.	
Requirement 2 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that personal medication records are kept up to date at all times.	**Met**
	Action taken as confirmed during the inspection: The sample of records examined during this inspection was up to date.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref: Standard 37** **Stated once**	The registered manager should ensure that suitable arrangements are in place to manage the disposal of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs are denatured prior to disposal.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are administered in accordance with the prescriber's instructions. The majority of medicines that were audited during the inspection produced satisfactory outcomes.

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

Medicine records were legible and accurately maintained to ensure that there is a clear audit trail. The good practice of two registered nurses initialling handwritten entries on personal medication records, in the absence of the prescriber's signature, was acknowledged.

Disposal of medicines no longer required is undertaken by trained and competent staff. Any discontinued or expired medicines are discarded by two registered nurses into the pharmaceutical clinical waste bin. Controlled drugs are denatured prior to disposal and this was evidenced in the controlled drug record book.

The receipt, administration and disposal of all controlled drugs subject to record keeping requirements are maintained in a controlled drug record book.

Stock balances of controlled drugs which are subject to safe custody requirements are reconciled on each occasion when the responsibility for safe custody is transferred.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place. There are up to date Standard Operating Procedures for the management of controlled drugs. They were not examined during this inspection.

Suitable arrangements are in place to ensure that the management of medicines is undertaken by qualified, trained and competent staff and systems are in place to review staff competency in the management of medicines. A record is maintained of staff medicines management training and development activities. An annual capability and competency assessment is carried out on each registered nurse. A sample of records was provided for inspection.

There are arrangements in place to audit all aspects of the management of medicines. A medicines audit is completed on a monthly basis and the findings, along with any actions required, are communicated to staff. Copies of these audits were available for inspection.

Is Care Compassionate? (Quality of Care)

The records of two patients who were prescribed an anxiolytic medicine for administration on a "when required" basis in the management of distressed reactions was examined. The medicine records were legibly and accurately maintained to ensure a clear audit trail. The parameters for administration were recorded on the personal medication record. A record of administration had been maintained on the MARs. The reason for and outcome of administering the medicine was usually recorded in the daily progress notes indicating that the nurses were ensuring that the medicine was effective.

The records of two patients who were prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication record. The administration had been recorded on the MARs.

Areas for Improvement

Several discrepancies were noted in the medicines audited in the residential wing and some inhaled medicines in the nursing wing. This was discussed with the registered manager and it was agreed that these medicines would be closely monitored.

The issue of staff recognising where behaviour may be caused by pain was discussed with the registered manager. For one patient, increased incidences of distressed behaviour were noted. This patient had recently been in hospital and had several different infections. The patient was unable to verbally express pain. Further training should be undertaken to ensure that staff can use a formal pain assessment tool to ascertain if residents with dementia are in pain and respond effectively to the need for pain relief. A recommendation was made.

Care plans to direct the management of distressed behaviours and the assessment and relief of pain should be in place. A recommendation was made.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines are safely and securely stored in accordance with the manufacturers' instructions.

Oxygen cylinders should be securely chained to the wall. This was discussed with the registered manager who agreed that it would be addressed.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Barbara Foster, 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/The Residential Care Homes Regulations (Northern Ireland) 2005 and The Children's Home 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, 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 Manager/Registered Person

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

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 requirements and recommendations 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.

Recommendations	
Recommendation 1 **Ref: Standard 26** **Stated: First time** **To be Completed by: 28 June 2015**	It is recommended that training is undertaken to ensure that staff can use a formal pain assessment tool to ascertain if residents with dementia are in pain and respond effectively to the need for pain relief.
	Response by Registered Person(s) Detailing the Actions Taken: Training has been completed on the use of a formal pain assessment tool.
Recommendation 2 **Ref: Standard 26** **Stated: First time** **To be Completed by: 28 June 2015**	It is recommended that care plans to direct the management of distressed behaviours and the assessment and relief of pain should be in place.
	Response by Registered Person(s) Detailing the Actions Taken: Care plans are in place to direct the management of distressed behaviours and the assessment and relief of pain in appropriate patient files.

Registered Manager Completing QIP	Barbara Foster	**Date Completed**	14.07.15
Registered Person Approving QIP	Norman Foster	**Date Approved**	14.07.15
RQIA Inspector Assessing Response	**Cathy Wilkinson**	**Date Approved**	**16/07/2015**

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