



The Regulation and  
Quality Improvement  
Authority

County  
RQIA ID: 1214  
42 Tempo Road  
Enniskillen  
BT74 6HR

Inspector: Helen Mulligan  
Inspection ID: IN022519

Tel: 028 6632 3845  
Email: [the.county.m@fshc.co.uk](mailto:the.county.m@fshc.co.uk)

---

## Unannounced Medicines Management Inspection of County

11 January 2016

The Regulation and Quality Improvement Authority  
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced medicines management inspection took place on 11 January 2016 from 09.30 to 15.55.

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 DHSSPS Care Standards for Nursing Homes, April 2015.

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

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 30 March 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with Ms Tanya Taylor-Smith (Applicant Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care/Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Tanya Taylor-Smith (Applicant Manager)
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Tanya Taylor-Smith	<b>Date Manager Registered:</b> Registration pending
<b>Categories of Care:</b> RC-I, NH-DE, NH-I, NH-PH	<b>Number of Registered Places:</b> 58
<b>Number of Patients Accommodated on Day of Inspection:</b> 50	<b>Weekly Tariff at Time of Inspection:</b> £470 - £593

## 2. 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.

## 3. Methods/Process

Specific methods/processes used in this inspection included the following:

The management of incidents reported to RQIA since the last medicines management inspection was reviewed.

The following records were examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicine storage temperatures

## 4. The Inspection

### 4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 29 October 2015. The completed QIP was returned and approved by the care inspector.

### 4.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	<p>The registered manager must investigate the late application of a BuTrans patch on 9 February 2015 for Patient A and forward a report of the findings and any corrective action taken to RQIA.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            A report of the findings was reported to RQIA on 30 March 2015. A new policy and procedure to remind staff when controlled drug patches are to be administered was introduced in the home on 30 March 2015.</p>	<b>Met</b>

## 5.3 The Management of Medicines

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

Samples of medicines and medicine records were audited during the inspection. No significant discrepancies were noted in the audits, indicating that these medicines were administered as prescribed.

Procedures were in place to ensure the safe management of medicines during a patient's admission to the home.

Systems to manage the ordering of prescribed medicines to ensure adequate supplies were available were in place. All medicines audited during the inspection were labelled appropriately.

The management of high-risk medicines, including warfarin and insulin was reviewed. Written confirmation of warfarin regimes had been obtained and a separate record of administration and daily stock balances of warfarin tablets signed by two designated members of staff was maintained. Records of daily stock balances of insulin pens in use were in place and the administration of insulin has been witnessed by two designated members of staff.

The majority of medicine records were legible, accurately maintained and facilitated the audit process. Records of the administration of thickening agents and medicines for external use by

care staff in the home were not adequately maintained. It was recommended that the manager should review and revise the management of these records.

A sample of records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements was reviewed and noted to be satisfactory. Stock reconciliation checks on controlled drugs have been carried out at each handover of responsibility and records of stock balance checks were maintained.

Records showed that controlled drugs for disposal had been denatured by two designated members of staff prior to their disposal. The manager confirmed that medicines for disposal were uplifted by a contracted waste disposal company.

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

Written policies and procedures for the management of medicines, including Standard Operating Procedures for controlled drugs were in place. These have been reviewed and updated on a regular basis.

There was evidence that registered nurses have been trained and deemed competent to manage medicines in the home. Staff supervision has been completed on a three-monthly basis and competency has been reviewed annually. There was no evidence that update training on the management of diabetes or enteral feeding tubes has been provided in the last three years. The manager agreed that update training for nursing staff on the management of diabetes and enteral feeding tubes would be provided at the earliest opportunity. There was no evidence that care staff who administer thickening agents, supplements and medicines for external use have been trained and deemed competent to do so. It was recommended that the manager should review staff training in the home to ensure care staff have been trained and deemed competent to administer thickening agents, supplements and medicines for external use and to ensure records of training are maintained.

The procedures in place to audit the management of medicines were examined. There was evidence that staff have audited samples of medicines on a regular basis. There was also evidence that the manager has completed a monthly audit of the management of medicines. These audits identified any areas for improvement and records showed that appropriate action was taken where necessary. There was evidence that the management of thickening agents, blood glucometers and medicines for external use were included in the audit process. Daily stock balances of supplies of insulin in use, supplements and warfarin have been maintained. Monitoring arrangements for patches, medicines prescribed on a "when required" basis and injectable medicines were also in place. The manager advised that a new electronic auditing system for medicines is currently being implemented; this included a daily and weekly medicine audit.

Staff confirmed that compliance with prescribed medication regimes has been regularly monitored and any omissions or refusals likely to have an adverse effect on a patient's health or well-being were reported to the prescriber.

There were systems in place to report and learn from any medicine-related incidents that may occur in the home.

## Is Care Compassionate? (Quality of Care)

The management of medicines prescribed on a “when required” basis for distressed reactions was reviewed. The name of the medicine and the frequency of administration were recorded on the personal medication records. Each administration was recorded on the medication administration record. A care plan was in place for the management of distressed reactions. The reason for and outcome of administration was not recorded on all occasions. A recommendation was made. From discussion with staff, it was concluded that staff were aware of the symptoms and triggers which may cause a change in a patient’s behaviour such as pain and discomfort.

Pain management was also reviewed. Analgesia care plans were in place and each patient in the home had a pain assessment chart which was subject to regular review. The sample of medicine records which were examined indicated that medicines which were prescribed to treat pain were recorded on the personal medication record and had been administered as prescribed. From discussion with staff on duty, it was evident that they were aware of the signs, symptoms and triggers of pain in patients.

### Areas for Improvement

Records of the administration of medicines by care staff, including thickening agents and medicines for external use should be reviewed and revised. A recommendation was made.

The manager should review staff training in the home to ensure care staff have been trained and deemed competent to administer thickening agents, supplements and medicines for external use and to ensure records of training are maintained. A recommendation was made.

The reason for and outcome of any administration of a medicine prescribed on a “when required” basis for the management of distressed reactions should be recorded. A recommendation was made.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>3</b>
-------------------------------	----------	----------------------------------	----------

### 5.4 Additional Areas Examined

The storage of medicines was examined. Medicines were stored safely and securely and satisfactory arrangements were in place for the management of medicine keys.

The manager was reminded that the maximum/minimum refrigerator temperature should be re-set on a daily basis and that urine samples should not be stored in the medicine refrigerator.

The manager was also reminded that a risk-assessment should be completed when thickening agents and medicines for external use are stored in patients’ bedrooms.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Tanya Taylor-Smith (Applicant 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](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 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.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>10 February 2016</b>	Records of the administration of medicines by care staff, including thickening agents and medicines for external use should be reviewed and revised.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Discussed with nurses after inspection, carers now recording thickening agents on fluid balance charts. Training has been requested with Boots to deliver training on dysphagia. Training arranged for the 16 <sup>th</sup> February 2016 on topical vreams. Nurses are checking that topical medicines are recorded on a daily basis or as prescribed. Registered manager will also conduct monitoring spot checks.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>9 March 2016</b>	Training on the management of thickening agents, medicines for external use and supplements should be provided for designated care staff employed in the home and records of training should be maintained.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Training has been arranged on Topical Medications for all carers on the 16 <sup>th</sup> February 2016. Awaiting for Boots co-ordinator to give date for supplements and thickening agents training. Nurses are ensuring that all is being recorded appropriately by care staff and nurses. registered manager will conduct monitoring spot checks.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>10 February 2016</b>	A record of the reason for and outcome of any administration of a medicine prescribed on a "when required" basis for the management of distressed reactions should be maintained.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All nurses aware of this since the inspection and is now in place. Registered manager will conduct monitoring spot checks.		
<b>Registered Manager Completing QIP</b>	Tanya Taylor-Smith	<b>Date Completed</b>	15.02.16
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	18.02.16
<b>RQIA Inspector Assessing Response</b>	<b>Helen Mulligan</b>	<b>Date Approved</b>	<b>22/02/2016</b>

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