Killynure House
RQIA ID: 1002
26 Church Road
Carryduff
BT8 8DT

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Unannounced Medicines Management Inspection of Killynure House

22 October 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 22 October 2015 from 10:45 to 14:00.

It was found that improvements in the management of medicines were necessary in order for care to be safe, effective and compassionate. The outcome of the inspection found areas of concern which will be initially addressed through a serious concerns meeting.

This inspection was underpinned by The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

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 1 August 2012.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action resulted from the findings of this inspection.

A serious concerns meeting was held with Ms Fionnula McClelland (representing Mr Martin Dillon, Registered Person) and Ms Lynne Mason (the Registered Manager of Killynure House) on 4 November 2015. At this meeting, a full account of the actions taken to ensure that medicines are stored at the appropriate temperature as specified by the manufacturers was provided.

RQIA considered the matter and decided to allow a period of time to demonstrate improvement.

RQIA will continue to monitor the quality of service provided in Killynure House and will carry out an inspection to assess compliance with these standards.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

The details of the QIP within this report were discussed with Ms Eileen Moran, Acting Senior Care Assistant as part of the inspection process and with Mrs Lynne Mason, Registered Manager by telephone on 23 October 2015. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust Mr Martin Joseph Dillon	**Registered Manager:** Mrs Lynne Mason
Person in Charge of the Home at the Time of Inspection: Ms Eileen Moran (Acting Senior Care Assistant)	**Date Manager Registered:** 19 August 2011
Categories of Care: RC-DE	**Number of Registered Places:** 40
Number of Residents Accommodated on Day of Inspection: 28	**Weekly Tariff at Time of Inspection:** £470

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 30: Management of medicines
Standard 31: Medicine records
Standard 33: Administration of medicines

Theme 1: Medicines prescribed on a "when required" basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed on a "when required" basis for the management of distressed reactions 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 incidents reported to RQIA since the previous medicines management inspection.

The following records were examined:

Medicines requested and received
Personal medication records
Medicine administration records
Controlled drug record book
Medicines storage temperatures
Medicine audits
Policies and procedures
Care plans
Training records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 8 October 2015. At the time of this inspection, the inspection report from the care inspection had not yet been issued.

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 twice**	Staff must ensure that the refrigerator temperatures are maintained within the recommended limits for the cold storage of medicines. Further staff training in reading and resetting the refrigerator thermometer is required.	**Not Met**
	Action taken as confirmed during the inspection: Medicines requiring cool storage were not being stored at the correct temperature. The refrigerator temperatures showed deviation from the acceptable range on a significant number of days. The consistent readings indicated that the refrigerator thermometer was not being reset daily. Insulin, influenza vaccines and eye drops were being stored in the refrigerator and the failure to store these medicines at the correct temperature could affect their stability and efficacy. **This requirement has been stated for a third and final time.**	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref: Standard 30** **Stated twice**	The current arrangements for recording warfarin dosage regimes should be reviewed and revised in order to make the system more robust.	**Not Examined**
	Action taken as confirmed during the inspection: No residents were prescribed warfarin at the time of this inspection, therefore this recommendation has been carried forward to the next medicines management inspection.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref: Standard 30** **Stated three times**	In order to facilitate audit activity, the date of opening of a medicine container should be routinely recorded.	**Not Met**
	Action taken as confirmed during the inspection: A significant number of medicines that were not contained within the blister pack system could not be audited as the date of opening had not been recorded. **This has been subsumed into a requirement and will not be restated.**	
Recommendation 3 **Ref: Standard 30** **Stated once**	Written Standard Operating Procedures for the management of controlled drugs which are specific to this home should be implemented.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures for the management of controlled drugs were in place.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Killynure House was providing residential care for 23 permanent residents and the rest of the residents were receiving respite care.

The arrangements for the storage of medicines at the correct temperature has been raised at the previous two medicines management inspections. Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C. During this inspection it was noted that medicines were still not being stored at the correct temperature as the refrigerator had not been maintained within this range. Medicines within the refrigerator included insulin, influenza vaccines, eye drops and creams. If these medicines are not stored in accordance with the manufacturers' specifications it may affect their stability and efficacy. The registered person must put robust systems in place to ensure medicines are being stored at the correct temperature. The requirement relating to the cold storage of medicines has been restated for a third and final time.

The audits which were completed at the inspection produced generally satisfactory outcomes however some medicines could not be audited as the date of opening had not been recorded. A discrepancy was noted in the administration of an antibiotic and in an antibiotic cream. Systems were in place to ensure medicines were available for each resident. All medicines audited during the inspection were available for administration. It was noted that paracetamol had been out of stock for one resident for several days.

This was discussed in detail with the acting senior care assistant and an assurance was provided that it would be available for administration later in the day.

Medicines were being administered from 28 day blister packs. Several medicines were contained within each pack and it was not possible to identify each medicine. This was discussed with the acting senior care assistant. Staff must be able to positively identify each individual medicine that is being administered. A recommendation was made.

The management of controlled drugs must be reviewed and revised. Examination of the controlled drugs record book indicated that it had not been fully and accurately completed on all occasions. The name, form and strength of each controlled drug must be recorded on all pages. When these medicines are returned for disposal, the balance must be returned to zero in the record book. Stock balance checks were not being completed; they should be completed at each transfer of responsibility. The controlled drugs cupboard was observed to be inside another cupboard which was free standing and not attached to the wall or floor. The storage of controlled drugs should be reviewed to ensure that the cupboard is secure. A requirement was made.

The acting senior care assistant advised that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home; an up to date personal medication record was in place for each resident. Written confirmation of the resident's medicine regime was obtained and held on file for all new admissions.

Personal medication records were in place for each resident. In the absence of the prescriber's signature two members of staff had signed the personal medication records.

The medication administration records had been maintained in a satisfactory manner.

Records for the medicines received had been accurately maintained. The record of the disposal of medicines was at the community pharmacy and could not be examined.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines and Standard Operating Procedures for the management of controlled drugs were available.

The acting senior care assistant advised that medicines were being managed by staff who had been trained and deemed competent to do so; there was a training matrix in place to ensure that training was up to date. Update training on the management of medicines was provided in 2013 and 2014. The acting senior care assistant confirmed that there was a system of regular supervisions and annual competency assessment.

There were systems in place to audit the practices for the management of medicines. A sample of medicines is audited weekly. However, the auditing arrangements within the home must be reviewed and revised to ensure that they are robust and that all aspects of the management of medicines, and the issues highlighted in this report, are monitored. A requirement was made.

There were procedures in place to report and learn from medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records for a number of residents who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. Care plans which detailed the circumstances under which the medicines were to be administered had not been developed. The parameters for administration were recorded on the personal medication records. Records of administration were in place however the reason for and outcome of administration had not been recorded. A recommendation was made.

The management of pain was reviewed. The acting senior care assistant advised that pain assessment tools were not in use in the home. Some of the residents in the home may not be able to verbalise pain, and staff must have some way to assess if pain relief is required. Care plans for the management of pain had not been developed. A recommendation was made.

Areas for Improvement

The registered person must put robust systems in place to ensure medicines are being stored at the correct temperature. The requirement relating to the cold storage of medicines has been restated for a third and final time.

There must be robust arrangements in place for auditing medicines to ensure that residents are administered medicines as prescribed. A requirement was made.

The management of controlled drugs must be reviewed and revised to ensure that all records are fully and accurately maintained. Controlled drugs subject to safe custody regulations should be counted at each transfer of responsibility. The storage arrangements for controlled drugs should be reviewed to ensure they are secure. A requirement was made.

Staff should be able to positively identify the tablets contained within the blister packs. A recommendation was made.

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

The arrangements in place for the management of pain should be reviewed and revised to ensure that residents' pain levels can be assessed and care plans are in place where appropriate. A recommendation was made.

Number of Requirements:	**3**	**Number of Recommendations**:	**4**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Eileen Moran, Acting Senior Care Assistant as part of the inspection process and with Mrs Lynne Mason, Registered Manager by telephone on 23 October 2015. 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 Residential Care 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) Residential Care Homes Minimum Standards (2011). 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** 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	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13(4) **Stated:** Third and final time **To be Completed by:** 21 November 2015	Staff must ensure that the refrigerator temperatures are maintained within the recommended limits for the cold storage of medicines. Further staff training in reading and resetting the refrigerator thermometer is required.
	Response by Registered Person(s) Detailing the Actions Taken: Medicine fridge serviced and temperature range checked All senior staff have been instructed in how to re-set the medicine fridge temperatures. Risk assessment for the medicine fridge temperature has been completed and brought to the attention of senior staff to read and sign An information sheet for senior staff to read and sign on what to do if the fridge temperature falls below 2 and above 8 has been placed in the training file along with the risk assessment This has also been added to the Senior Care Assistants yearly assessment of administration of medicines supervision session Action plan in place to address the issue New medicine fridge ordered on 4th December 2015
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 21 November 2015	The registered person must ensure that robust arrangements are in place for auditing the management of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: Senior staff complete weekly audits of medication , manager completes monthly audit. All senior staff have been informed to ensure they put the date that new medicineboxes/containers are placed in the medicine trolley on the box and also the opening date and time for audit purposes. This has also been added to the Senior Care Assistants yearly assessment of administration of medicines supervision session
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 21 November 2015	The registered person must ensure that robust arrangements are in place for the management of controlled drugs.
	Response by Registered Person(s) Detailing the Actions Taken: New controlled drugs book ordered which allows for signing for administration as well as checking and signing at each change of person in charge. This process commenced on 2nd november 2015

Recommendations	
Recommendation 1 **Ref:** Standard 30 **Stated:** Second time **To be Completed by:** Ongoing	The current arrangements for recording warfarin dosage regimes should be reviewed and revised in order to make the system more robust.
	Response by Registered Person(s) Detailing the Actions Taken: This could not be monitored on inspection date as there where no residents on Warfarin medication. - Anticoagulation sheet in place for recording the INR result and signing for this. If the result is received via telephone two staff have to listen to the conver - Warfarin administration sheet in place to be signed on administration of Warfarin along with theMAR sheet - All senior staff aware of the need to receive confirmation of Warfarin results and doseage from GP surgery
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be Completed by:** 21 January 2016	It is recommended that arrangements are put in place to enable staff to identify all tablets contained within the blister pack system.
	Response by Registered Person(s) Detailing the Actions Taken: Pharmist consulted and has put this in place from medication cycle change on 8th December 2015
Recommendation 3 **Ref:** Standard 8 **Stated:** First time **To be Completed by:** 21 November 2015	It is recommended 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 appropriate records are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Residents prescribed medication on an as and when required basis for distressed reactions have this now written into their care plan with the appropriate action to be taken
Recommendation 4 **Ref:** Standard 6 **Stated:** First time **To be Completed by:** 21 November 2015	It is recommended that the arrangements in place for the management of pain are reviewed and revised to ensure that residents' pain levels can be assessed and care plans are in place where appropriate.
	Response by Registered Person(s) Detailing the Actions Taken: On 17/11/15 Bolton Pain Assessment and Management tool has been introduced as part of the admission procedure to assess for pain and plan pain management for individual residents. The tool can be used to re-assess pain at any time

Registered Manager Completing QIP	Lynne Mason	**Date Completed**	08/12/15
Registered Person Approving QIP	Martin Dillon	**Date Approved**	17.12.15
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	18/12/2015

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