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

Inspector: Cathy Wilkinson
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Unannounced Medicines Management Inspection of Killynure House

25 January 2016

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 25 January 2016 from 10:45 to 12:45.

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) Residential Care Homes Minimum Standards (2011).

1.1 Actions/Enforcement Taken Following the Last Inspection

Following the last medicines management inspection on 22 October 2015, 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.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

The outcome of this inspection was discussed with Ms Fionnula McClelland by telephone on 29 January 2016, and the need to ensure that there is continued improvement was emphasised.

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	2	2

The details of the QIP within this report were discussed with Ms Reni Jimmy and Ms Maureen Linden, Senior Care Assistants as part of the inspection process and with Mrs Esther Brimmage, Acting Manager by telephone on 2 February 2016. 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:** Ms Esther Brimmage (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Remi Jimmy (Senior Care Assistant)	**Date Manager Registered:** Not applicable
Categories of Care: RC-DE	**Number of Registered Places:** 40
Number of Residents Accommodated on Day of Inspection: 25	**Weekly Tariff at Time of Inspection:** £470

3. Inspection Focus

The inspection on 22 October 2015 had shown that robust arrangements were not in place for all aspects of the management of medicines and improvements were necessary. This 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 (MARs)
- Controlled drug record book
- Medicine audits
- Medicines storage temperatures
- Care plans

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection dated 22 October 2015. The completed QIP was returned and approved by the pharmacist 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:** Third time	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.	**Met**
	Action taken as confirmed during the inspection: A new medicines refrigerator had been obtained and was being maintained within the required temperature range. Instructions on how to read and reset the thermometer were clearly displayed on the door of the refrigerator.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that robust arrangements are in place for auditing the management of medicines.	**Not met**
	Action taken as confirmed during the inspection: The arrangements in place for auditing medicines are not robust. Several medicines had been audited on a weekly basis by staff and no discrepancies were noted. However, audits completed during the inspection did show discrepancies and several medicines could not be audited as the date of opening had not been recorded. The auditing arrangements must be reviewed to ensure that any discrepancies are detected and action is taken to prevent reoccurrence. **This requirement has been stated for a second time.**	

Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that robust arrangements are in place for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The controlled drugs cupboard had been securely fixed to the wall. Quantities of controlled drugs were reconciled at each shift change and records of these checks had been maintained. The controlled drugs record book had been fully completed.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 30 **Stated:** First time	The current arrangements for recording warfarin dosage regimes should be reviewed and revised in order to make the system more robust.	**Not met**
	Action taken as confirmed during the inspection: Further improvement is required in the management of warfarin. This is discussed in detail in the body of the report. **A requirement was made regarding the management of warfarin.**	
Recommendation 2 **Ref:** Standard 30 **Stated:** Third time	It is recommended that arrangements are put in place to enable staff to identify all tablets contained within the blister pack system.	**Met**
	Action taken as confirmed during the inspection: All tablets contained within the monthly blister pack system could be positively identified.	
Recommendation 3 **Ref:** Standard 8 **Stated:** First time	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.	**Not met**
	Action taken as confirmed during the inspection: Care plans which detailed the circumstances under which these medicines were to be administered had not been developed. Records of administration were in place however the reason for and outcome of administration had not been recorded. **This recommendation was stated for a second time.**	

Recommendation 4 **Ref:** Standard 6 **Stated:** First time	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.	**Not met**
	Action taken as confirmed during the inspection: The 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. **This recommendation was stated for a second time.**	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Killynure House was providing residential care for 21 permanent residents and the rest of the residents were receiving respite care.

On the day of the inspection it was unclear which staff member was in charge of the home. In the absence of the registered manager, the person in charge of the home must be clearly identified. This was discussed with the care inspector who will follow up at the next inspection.

The arrangements for the storage of medicines at the correct temperature had been raised at the previous three 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 a new medicines refrigerator had been obtained and the temperatures recorded were within the required range. Clear instructions on reading and resetting the thermometer were displayed on the refrigerator door.

Warfarin dosage regimes had been received by telephone and recorded onto the warfarin sheet by two members of staff. Staff advised that this verbal instruction was usually followed up in writing a few days later when the general practitioner posted out the regime. This is then filed with the resident's notes. Details of the current regime should be held on the medicines file for easy reference during the administration process. An audit was attempted on two different strengths of warfarin. One could not be concluded as there was no date of opening recorded on the medicine, a running stock balance had not been completed and there was no current written dosage regime for the warfarin that was audited. The arrangements in place for the management of warfarin were not robust. The registered person must ensure that the arrangements in place for the management of warfarin are reviewed and revised. A requirement has been made.

The majority of medicines were being administered from 28 day blister packs. These had been labelled in such a way that the medicines contained in them could be positively identified.

The management of controlled drugs had been reviewed and revised. Examination of the controlled drugs record book indicated that it had been fully and accurately completed. The name, form and strength of each controlled drug had been recorded on all pages. Stock balance checks had been completed at each transfer of responsibility. The controlled drugs cupboard was observed to be securely attached to the wall.

Is Care Effective? (Quality of Management)

There were systems in place to audit the practices for the management of medicines. A sample of medicines is audited by staff in the home weekly and no discrepancies were noted. However, discrepancies were noted in audits that were completed during the inspection. Several more audits could not be concluded as the date of opening had not been recorded on the medicines. The date of expiry could not be determined for one medicine and another liquid medicine was removed from stock during the inspection as it had expired in October 2015. The outcome of these audits indicated that not all medicines were administered as prescribed. 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. The requirement made previously has been stated for a second time.

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. The recommendation made previously has been stated for a second time.

The management of pain was reviewed. The 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. The recommendation made previously has been stated for a second time.

Areas for Improvement

The arrangements in place for the management of warfarin must be reviewed and revised. A requirement was made.

There must be robust arrangements in place for auditing medicines to ensure that residents are administered medicines as prescribed. The requirement made previously has been stated for a second time.

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. The recommendation made previously has been stated for a second time.

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. The recommendation made previously has been stated for a second time.

Number of Requirements	2	Number of Recommendations	2

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Maureen Lindon and Ms Reni Jimmy, Senior Care Assistants as part of the inspection process and with Ms Esther Brimmage, Acting Manager by telephone on 2 February 2016. 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:** Second time **To be Completed by:** 25 February 2016	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: The interim Manager has revised the in-house protocol and guidelines for the robust auditing of medications and this will be communicated to Senior Care Assistants The interim Manager has advised that in future all senior staff must audit a range of different medications (for a range of different residents) including topical and liquid medications, to ensure that robust arrangements are followed. The interim Manager has reinforced the requirement to record the opening date on all required medications. In addition, the Bio-Dose Medication system has been implemented from 2nd March 2016, in an effort to reduce the potential for error.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 25 February 2016	The registered person must ensure that there are robust arrangements in place for the management of warfarin.
	Response by Registered Person(s) Detailing the Actions Taken: Based on RQIA guidance, the interim Manager has reviewed current practice and has put in place new systems and documentation to ensure that robust systems are implemented in relation to the management of Warfarin. Medication Training for all senior staff, including the management and administration of Warfarin was provided by the Bio-Dose Pharmacist on 29 February 2016. A Warfarin Prescription Sheet has been developed and is in place to record the resident's daily dose, when the INR needs to be repeated and the signatures of the two staff who transcribed the information provided by the District Nurse. In addition, District Nursing have now been requested to email this information and this is recorded along with the Warfarin Prescription Sheet for inspection and auditing purposes. A Stock Balance Sheet is now in place for all residents using Warfarin.
Recommendations	
Recommendation 1 **Ref:** Standard 8 **Stated:** Second time **To be Completed by:** 25 February 2016	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: Senior Care Assistants have been advised of the need to maintain accurate and timely records in relation to all behaviours exhibited by residents so that these can be used to inform future care pathways and any possible intervention required by involved professionals. All PRN medication are now recorded on the resident's Care Plan which

	include medication for the management of distressed reactions. Staff have been advised that in the event that a resident presents with distressed reactions, diversional techniques should be employed. If these are unsuccessful, the PRN medication should be administered and this decision making process, along with the effects of the PRN medication, documented on the PRN Administration Sheet.
Recommendation 2 **Ref:** Standard 6 **Stated:** Second time **To be Completed by:** ***25 February 2016***	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:** The interim Manager has consulted with other Managers who through the revalidation process, are drafting protocols in relation to the development and implementation of a Dementia appropriate pain assessment tool which can be used within the home. The necessity for the consideration of regular pain relief for residents has been reinforced to senior staff following this inspection. Senior staff are now aware of the requirement to include the provision of PRN pain relief on the individual resident's care plan.

Registered Manager Completing QIP	Esther Brimage	**Date Completed**	02/03/16
Registered Person Approving QIP	Martin Dillion	**Date Approved**	15/3/16
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	22/04/2016

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