Chestnut Grove
RQIA ID: 10060
59-61 Somerton Road
Belfast
BT15 4DD

Inspector: Cathy Wilkinson
Inspection ID: IN022469

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Unannounced Medicines Management Inspection of Chestnut Grove

27 July 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 27 July 2015 from 10:35 13:00.

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) 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 medicines management inspection 11 June 2013.

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	1	1

The details of the QIP within this report were discussed with Ms Debbie Lyttle, Senior Residential Worker as part of the inspection process. 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 Mairead McCartan
Person in Charge of the Home at the Time of Inspection: Ms Debbie Lyttle (Senior Residential Worker)	**Date Manager Registered:** Registration pending
Categories of Care: RC-I	**Number of Registered Places:** 44
Number of Residents Accommodated on Day of Inspection: 25	**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 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 senior residential workers on duty.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicine administration records (MARs)
Medicines disposed of or transferred
Medicine audits
Policies and procedures
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 unannounced care inspection dated 25 February 2015. The completed QIP was returned and approved by the care 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 twice**	The overall management of warfarin must be reviewed.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin has been reviewed. Warfarin dosages are confirmed by two staff members by telephone. The transcription is signed by the two staff members. A separate record of administration is made and a running stock balance is maintained.	
Requirement 2 **Ref: Regulation 13(4)** **Stated three times**	The registered person must ensure that the examination of medicine records is reviewed as part of the routine audit process within the home and that any discrepancies are addressed and remedied.	**Met**
	Action taken as confirmed during the inspection: There was evidence that medicine records are reviewed regularly.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref: Regulation 13(4)** **Stated three times**	The registered person must ensure that the date of opening is recorded on all medicines with a limited shelf life.	**Partially met**
	Action taken as confirmed during the inspection: The date of opening had been recorded on the majority of medicines with a short shelf life. Two supplies of medicines did not have the date of opening recorded. This was discussed during the inspection and it was agreed that this would be closely monitored. Due to the small number of medicines involved and the agreement that it would be monitored, this requirement has not been restated.	
Requirement 4 **Ref: Regulation 13(4)** **Stated twice**	The management of self-administered medicines must be reviewed and revised to ensure that the appropriate records are maintained.	**Met**
	Action taken as confirmed during the inspection: Only one resident in the intermediate care unit was looking after some of their own medicines. The arrangements in place were appropriate.	
Requirement 5 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that the personal medication record is accurate and reflects the practice followed in relation to the administration of bisphosphonate medicines and medicines with a variable dosage regime.	**Met**
	Action taken as confirmed during the inspection: This was observed to be accurate.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref: Standard 30** **Stated once**	The registered person should ensure that the current arrangements for auditing medicines for intermediate care residents are continued.	**Met**
	Action taken as confirmed during the inspection: A regular medicines audit is undertaken.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The majority of medicines for permanent residents were contained in a blister pack system. Medicines for non-permanent residents were provided in the original boxes and bottles. The audit trails completed during this inspection produced generally satisfactory outcomes. Discrepancies were discussed with the senior residential worker at the end of the inspection. Some medicines could not be audited as the date of opening had not been recorded.

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

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail. Personal medication records had been signed and verified by two staff members. Confirmation of medicine regimes had been obtained and was examined for two newly admitted residents and was satisfactory.

The management of bisphosphonate medicines was examined and found to be satisfactory. These medicines were being given in accordance with the prescribers' and manufacturers' instructions. The records accurately reflected the time of administration.

Systems were in place for medicines that were prescribed to be administered at times specified outside of the usual medicine rounds.

Disposal of medicines no longer required was being undertaken by trained and competent staff. Any discontinued or expired medicines were returned to the community pharmacist and records were fully maintained.

Is Care Effective? (Quality of Management)

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

Arrangements were in place to ensure that the management of medicines is undertaken by qualified, trained and competent staff. A record was maintained of medicines management training and development activities.

There were arrangements in place to audit all aspects of the management of medicines. Copies of these audits were available for inspection.

Is Care Compassionate? (Quality of Care)

No residents were prescribed medicines on a "when required" basis for the management of distressed reactions. The management of these medicines was discussed and staff were knowledgeable about their appropriate use.

Pain management medicines were prescribed as necessary and when administered their effect had been monitored to ensure that they provide relief and that the resident is comfortable. The records for one patient who was 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.

The management of one medicine prescribed to be administered 12 hourly for the relief of pain was discussed. The records indicated that this medicine had not been administered at timely intervals and this could result in the resident's pain not being appropriately managed.

Areas for Improvement

The date of opening should be recorded for all medicines to facilitate the audit process. A recommendation was made.

The management of pain must be reviewed to ensure that regularly prescribed pain relief is administered at timely intervals. A requirement was made.

Number of Requirements:	**1**	**Number of Recommendations**:	**1**

5.4 Additional Areas Examined

Refrigerator temperatures were monitored and recorded daily and had been maintained within the required range. Staff were reminded that the thermometer should be reset after the reading is taken.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Debbie Lyttle, Senior Residential Worker, 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 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 Manager/Registered Person

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.

Quality Improvement Plan

Statutory Requirements	
Requirement 1 **Ref: Regulation 13(4)** **Stated: First time** **To be Completed by: 26 August 2015**	The registered person must ensure that the management of pain is reviewed to ensure that regularly prescribed pain relief is administered at timely intervals.
	Response by Registered Person(s) Detailing the Actions Taken: Staff were administering 2 tablets per day as the pharmacy label indicated. Label had not specified that the morphine sulphate was to be administered at exactly 12 hourly intervals.The resident was receiving the medication BD .It has now been highlighted on the kardex and controlled drug audit recording specifing the time of administration 12 hourly.The manager will speak to the attached pharamist for a specific label if future residents are admitted with or require this drug.
Recommendations	
Recommendation 1 **Ref: Standard 30** **Stated: First time** **To be Completed by: 26 August 2015**	It is recommended that the date of opening is recorded for all medicines to facilitate the audit process.
	Response by Registered Person(s) Detailing the Actions Taken: The manager has raised this issue with the senior staff of the importance of recording opening dates on medication boxes.Regular audits will continue and senior staff have been asked to ensure they self audit any medication they administer which does not have an opening date recorded and to bring to the immediate attention of the manager.

Registered Manager Completing QIP	Mairead McCartan	**Date Completed**	12th August 2015
Registered Person Approving QIP	Dr Michael McBride	**Date Approved**	12/08/2015
RQIA Inspector Assessing Response	**Cathy Wilkinson**	**Date Approved**	**13/08/2015**

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