Drumlough House
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Unannounced Medicines Management Inspection of Drumlough House

8 June 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 8 June 2015 from 10:30 to 15:25.

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 Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 12 June 2012.

1.2 Actions/Enforcement Resulting from this Inspection

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

An urgent action record regarding the apparent discrepancies in the administration of Ebixa 5mg/actuation and hyoscine patches for resident A was issued to the registered manager at the end of the inspection. These actions were required to be addressed without delay to ensure the safety and wellbeing of the resident.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**2**	**3**

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

2. Service Details

Registered Organisation/Registered Person: South Eastern Health and Social Care Trust Mr Hugh Henry McCaughey	**Registered Manager:** Mrs Michele Barton
Person in Charge of the Home at the Time of Inspection: Mrs Michele Barton	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-TI, RC-DE, RC-I, RC-A, RC-LD, RC-LD(E), RC-MP, RC-MP(E), RC-PH, RC-PH(E), RC-SI	**Number of Registered Places:** 39
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 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 any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager and the two senior carers on duty.

Samples of the following records were examined during the inspection:

- Medicines requested and received
- Personal medication records
- Medicine administration records
- Medicines disposed of or transferred
- Controlled drug record book
- 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 on 27 February 2015. The completed QIP was returned and approved by the care inspector on 25 March 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 12 June 2012

Last Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second time	The medication administration records must be adjusted so that the time of administration of Actonel is recorded appropriately.	**Met**
	Action taken as confirmed during the inspection: The medication administration records had been adjusted; the time of administration of Actonel and other bisphosphonates had been recorded appropriately.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	Daily stock balances must be maintained for warfarin tablets.	**Met**
	Action taken as confirmed during the inspection: Daily stock balances are now maintained for warfarin tablets. The audits which were completed at this inspection produced satisfactory outcomes.	

Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must maintain records of the training and competency assessments which have been completed with care assistants who are responsible for the administration of barrier and emollient creams.	**Met**
	Action taken as confirmed during the inspection: Update training had been provided by the community pharmacist in December 2014. Records were available for inspection.	
Requirement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the necessary improvements are implemented on the personal medication records.	**Met**
	Action taken as confirmed during the inspection: The four areas which had been identified for improvement had been addressed in a satisfactory manner.	
Requirement 5 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the necessary improvements are implemented on the medication administration records.	**Met**
	Action taken as confirmed during the inspection: The four areas which had been identified for improvement had been addressed in a satisfactory manner.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	The registered manager should ensure that written Standard Operating Procedures are developed for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Written Standard Operating Procedures for the management of controlled drugs were in place; the registered manager advised that they are currently being updated.	

Recommendation 2 **Ref:** Standard 30 **Stated:** First time	A list of the names, sample signatures and initials of those care assistants deemed competent to administer barrier and emollient creams should be maintained.	**Partially Met**
	Action taken as confirmed during the inspection: There is a list of the names and sample signatures of those care assistants deemed competent to administer barrier and emollient creams in place; the registered manager advised that this list would be updated to include initials by the end of June 2015.	
Recommendation 3 **Ref**: Standard 31 **Stated:** First time	Records of the administration of emollient and barrier creams should be reviewed regularly by senior carers to ensure compliance with the prescriber's instructions.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that this practice is carried out. Topical medication administration records were in place.	
Recommendation 4 **Ref**: Standard 31 **Stated:** First time	Two members of staff should be involved in the receipt, administration and disposal of controlled drugs and both staff should sign each entry in the controlled drug record book.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that two members of staff (one senior carer and one trained witness) are now involved in the receipt, administration and disposal of controlled drugs. Entries in the controlled drug record book had been signed by both staff.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audit trails which were performed on a variety of randomly selected medicines produced satisfactory outcomes indicating that these medicines were being administered in accordance with the prescribers' instructions. However, significant audit discrepancies were observed in the administration of two supplies of Ebixa 5mg/actuation, one supply of hyoscine transdermal patches and one supply of Pro-Cal Shot.

The medicine ordering system was reviewed. Different systems were in place for ordering medicines depending on whether residents were receiving permanent, interim or respite care. Staff advised that the systems ensure adequate supplies were available; a review of the previous month's records indicated that medicines had not been omitted due to being out of stock. One inhaled medicine was out of stock on the day of the inspection; the registered manager confirmed that it had been ordered and was due in later in the day. Overstocks were not observed.

Arrangements were in place to ensure the safe management of medicines during a resident's admission or readmission to the home and on their discharge or transfer from the home. The admission process was reviewed for four recently admitted residents. Their medicine regimens had been confirmed with the prescribers in writing.

There were robust arrangements for managing medicine changes; all changes were confirmed in writing and records were updated by two trained members of staff. This is safe practice. Medicines were observed to be labelled correctly.

High risk medicines (e.g. warfarin) were observed to be managed appropriately. Dosage directions had been received in writing and running stock balances had been maintained. The audits which were carried out at this inspection produced satisfactory outcomes.

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail. Updates on personal medication records and hand-written entries on the medication administration records had been verified and signed by two trained members of staff. This is safe practice.

Records of medicines which were supplied at discharge for residents receiving interim or respite care were verified and signed by two members of staff and the resident or their carer. Discontinued and refused medicines had been returned to the community pharmacy.

Satisfactory arrangements were in place for the management of controlled drugs.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were in place. The registered manager advised that the policies and procedures are currently being updated.

Senior carers who manage medicines complete annual update training on the home's policies and procedures for the management of medicines provided by a designated trainer annually.

The most recent training had been provided in October 2014. Competency assessments were completed annually. A sample of the training records and competency assessments was provided for inspection. Training provided by the community pharmacist is due to commence via e-learning.

The registered manager advised that insulin was managed by the community nursing team. Senior carers were occasionally requested to monitor blood glucose levels. Senior carers had attended training on the use of blood glucometers (2009) and the management of diabetes (2011). Update training is to be arranged following the outcome of a meeting which has been arranged for 16 June 2015.

Care assistants received update training on the administration of external medicines provided by the community pharmacist in December 2014.

The registered manager had completed audit trails on the administration of medicines which are not contained within the blistered pack system and controlled drugs at monthly intervals. The community pharmacist had provided quarterly advice visits which included an audit on the management of medicines which are prescribed for the 14 permanent residents. A review of these audits indicated that satisfactory outcomes had been achieved. The findings of this inspection indicate that a more robust auditing system which includes monitoring the refrigerator temperature records is necessary.

The registered manager advised that robust incident reporting systems were in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products. One medicine related incident had been reported to RQIA in April 2015; it had been managed appropriately.

The registered manager confirmed that compliance with prescribed medicine regimes is monitored and any omissions or refusals likely to have an adverse effect on the residents' health are reported to the prescriber.

Is Care Compassionate? (Quality of Care)

The records for four residents who were prescribed medicines to be administered "when required" for the management of distressed reactions were reviewed. The parameters for administration had been recorded on the personal medication records. Staff were knowledgeable about when these medicines should be administered for each resident, however, detailed care plans describing how the distressed reactions should be managed were not in place. For two of the residents these medicines had been administered infrequently; frequent administrations were observed for the other two residents. The registered manager advised that this was due for review with the prescribers. The reason for and outcome of each administration had not been recorded.

The records for three residents who were prescribed medicines for the management of pain were reviewed. The medicines and the parameters for administration had been recorded on the personal medication records. The administration had been recorded on the medication administration records. Each resident had a care plan in place. The registered manager advised that the care plan had been evaluated at least every two months. One of the residents reviewed was unable to verbalise that they were in pain; staff were knowledgeable about how the resident expressed their pain but this had not been recorded in their care plan.

Areas for Improvement

The registered manager must investigate the apparent discrepancies in the administration of Ebixa 5mg/actuation (from 19 March 2015) and hyoscine patches (from 10 May 2015) for resident A. The prescriber must be contacted for guidance if necessary. A report of the action taken to prevent a recurrence must be forwarded to RQIA by 10 June 2015. An urgent action form was issued to the registered manager.

The registered person should implement a robust auditing system which includes monitoring the administration of liquid form medicines and transdermal patches and monitoring the refrigerator temperature. A recommendation was made.

The registered person should review the management of distressed reactions to ensure that detailed care plans are in place. The reason for and outcome of each administration should be recorded. A recommendation was made.

The registered manager should ensure that where residents are unable to verbalise that they are in pain a detailed care plan is in place. A recommendation was made.

The registered manager agreed to provide all senior care staff with training on the administration of Ebixa 5mg/actuation.

Number of Requirements	1	Number of Recommendations	3

5.4 Additional Areas Examined

Storage was observed to tidy and organised.

The consistent recordings for the daily maximum and minimum refrigerator temperature recordings indicate that the thermometer is not being reset each day. In addition temperatures outside the accepted range ($2^{o}C$ – $8^{o}C$) were noted. The registered person must ensure that the refrigerator thermometer is reset each day after the current, maximum and minimum temperatures have been recorded. A requirement was made.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Michele Barton, 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 Residential Care Homes 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) Minimum Standards for Residential Care Homes, 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time **To be Completed by:** **10 June 2015**	The registered manager must investigate the apparent discrepancies in the administration of Ebixa 5mg/actuation (from 19 March 2015) and hyoscine patches (from 10 May 2015) for resident A. The prescriber must be contacted for guidance if necessary. A report of the action taken to prevent a recurrence must be forwarded to RQIA by 10 June 2015.
	Response by Registered Person(s) Detailing the Actions Taken: An urgent Action Plan was implemented and copy forwarded to RQIA by 10th June 2015 .
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** **8 July 2015**	The registered person must ensure that medicines are stored at the correct temperature as specified by the manufacturer.
	Response by Registered Person(s) Detailing the Actions Taken: Senior Staff have been advised re resetting thermometer.Registered Manager will audit the recording of fridge temperature on monthly basis.
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** **8 July 2015**	It is recommended that the registered person implements a robust auditing system which includes monitoring the administration of liquid form medicines and transdermal patches and monitoring the refrigerator temperature recordings.
	Response by Registered Person(s) Detailing the Actions Taken: Monthly medication audits by Registered Manager will include liquid medications, transdermal patches and checking of temperature recordings
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** **8 July 2015**	It is recommended that the registered person reviews the management of distressed reactions to ensure that detailed care plans are in place. The reason for and outcome of each administration should be recorded.
	Response by Registered Person(s) Detailing the Actions Taken: The registered manager will review management of residents distressed reactions and ensure recording of reason medication administered and outcome of each administration is recorded.

Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** **8 July 2015**	It is recommended that the registered person ensures that where residents are unable to verbalise that they are in pain a detailed care plan is in place. **Response by Registered Person(s) Detailing the Actions Taken:** Registered Manager will ensure resident`s care plans includes details in relation to pain management if resident unable to verbalise same to staff.

Registered Manager Completing QIP	Michele Barton	**Date Completed**	01.07.15
Registered Person Approving QIP	Hugh McCaughey	**Date Approved**	02.07.15
RQIA Inspector Assessing Response	**Helen Daly**	**Date Approved**	**06.07.15**

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