Corriewood Private Clinic
RQIA ID: 1076
3 Station Road
Castlewellan
BT31 9NF

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Unannounced Medicines Management Inspection of Corriewood Private Clinic

3 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 3 March 2016 from 10:15 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 - see Section 1.2 and the quality improvement plan (QIP) within this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved.

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 28 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action resulted from the findings of this inspection.

A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office with Mrs MI McGrady, Registered Person, Mrs Teresa McClean, Registered Manager, and Ms Marie McGrady, Operations Manager on 10 March 2016. At this meeting, a full account of the actions taken to ensure that robust systems for the management of medicines were in place 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 Corriewood Private Clinic 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	5	5

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

2. Service Details

Registered Organisation/Registered Person: Corriewood Private Clinic Mrs Anne Monica Byrne and Mrs MI McGrady	**Registered Manager:** Mrs Teresa Josephine McClean
Person in Charge of the Home at the Time of Inspection: Mrs Teresa Josephine McClean	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-LD, NH-LD(E), NH-I, NH-PH, NH-PH(E), NH-TI, NH-MP	**Number of Registered Places:** 63
Number of Patients Accommodated on Day of Inspection: 63	**Weekly Tariff at Time of Inspection:** £593

3. Inspection Focus

A new phase of the development of Corriewood Private Clinic has been completed since the last medicines management inspection. This inspection focussed on Oak Tree House and Annesley House units and sought to assess progress with the issues raised during and since that inspection and to determine if the following standards have been met:

Standard 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

4. Methods/Process

Specific methods/processes used included the following:

We met with one of the registered providers and the registered nurses on duty in each unit.

The following records were examined during the inspection:

- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicine audits

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 22 February 2016. At the time of this inspection, the report had just been issued and the completed QIP was not due to be returned until 24 March 2016.

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:** Second time	The registered manager must implement a robust auditing system which monitors all aspects of the management of medicines. **Action taken as confirmed during the inspection**: The auditing system is not robust. The evidence for this assessment is detailed in the body of the report. Following the serious concerns meeting held in RQIA with the registered persons and the assurances they gave, this requirement has been stated for a third and final time.	**Not Met**
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that all controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured and rendered irretrievable prior to disposal. **Action taken as confirmed during the inspection**: The registered nurse advised that controlled drugs had been denatured. Denaturing kits were observed during the inspection.	**Met**

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time	The registered manager should ensure that the date of opening is recorded to facilitate audit.	**Partially Met**
	Action taken as confirmed during the inspection: The date of opening was recorded on some of the medicines that were audited. Given the outcome of this inspection which evidenced that robust auditing systems were not in place this recommendation is stated for the third time.	
Recommendation 2 **Ref:** Standard 28 **Stated:** First time	It is recommended that the management of waste medicines should be reviewed and revised to ensure compliance with The Controlled Waste Regulations (Northern Ireland) 2002.	**Met**
	Action taken as confirmed during the inspection: The registered nurse advised that medicines were uplifted by a licensed waste contractor. The appropriate waste disposal bins were observed during the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

This inspection focussed on Oak Tree House and Annesley House units.

During the inspection it was evidenced that three patients did not have a continuous supply of some of their prescribed medicines. This meant that the patients did not receive these medicines as prescribed for several days. Doses of four medicines had been omitted because there was insufficient stock. The registered person must ensure that patients have a continuous supply of medicines. A requirement was made.

Audit trails were performed on a number of randomly selected medicines at the inspection. These provided unsatisfactory outcomes. Discrepancies were noted in a range of medicines indicating that they may not have been administered as prescribed. Further audits could not be completed because the date of opening had not been recorded. The date of opening of all medicines should be recorded to facilitate the audit process. A recommendation has been stated for the third time.

The management of warfarin required improvement. For one patient, the warfarin regime held on file was eight days out of date. The evidence seen indicated that the registered nurses had continued to administer warfarin against these directions. There was no evidence of the action being taken by the registered nurses to follow this up with the general practitioner. The patient had no supply of warfarin. The warfarin tablets being administered did not have a patient label attached and the nurse advised that the supply had been "borrowed" from another patient. The patient's own supply of medicine was obtained during the inspection. The registered provider advised by telephone on 4 March 2016 that a current regime had been obtained from the general practitioner. A requirement had been made previously with regards to the management of warfarin following the inspection of 12 November 2012. While it was acknowledged that an improvement had been evidenced at the inspection on 28 September 2015 this had not been sustained. A requirement was made.

Some improvement was required in the completion of the personal medication records. The date of rewriting and the signature of the nurses who had updated the records were not always completed. The photograph of the patient had not always been attached. On occasion there was more than one personal medication record in use for patients. It was not always apparent that a further record was in use and this could lead to medicines being omitted in error. These records should be cross referenced so that it is clear that there is more than one record. The registered person must ensure that all personal medication records and disposal records are fully and accurately maintained. A requirement was made.

The arrangements in place for the disposal of medicines which were discontinued, or were unsuitable for use, was reviewed and revised. The registered nurse advised that controlled drugs were denatured prior to disposal using denaturing kits. Waste medicines were uplifted from the home in suitable containers by a licensed contractor. However, the record of disposal of medicines requires improvement. Two nurses should be responsible for the disposal of medicines and sign the record. The reason for disposal should be noted. The registered person should ensure that all disposal records are fully maintained. A recommendation was made.

The management of PEG tubes was examined. The records of administration were not clear; the same codes were used to record PEG feeds and medicines. Fluid intake is recorded, however it was not totalled at the end of each day and it was unclear whether the fluid target was achieved. The registered person must ensure that the records relating to PEG tubes and fluid balance charts are fully completed. A requirement was made.

Is Care Effective? (Quality of Management)

The audits of medicines that had been completed by the home were of limited value and provided no assurance that medicines were being administered as prescribed. The audits that had been completed by staff were examined during the inspection and indicated that one medicine was audited in each unit daily. Discrepancies were rarely seen. The patient that the medicine belonged to was not noted, therefore if a discrepancy was found, it could not be followed up. The audit process must be robust in order that it can be determined that medicines are being administered as prescribed and medicine records are being managed appropriately. This was discussed in detail with the registered manager following the last medicines management inspection and with the registered provider during this inspection. The requirement made in relation to medicine audits was stated for a third and final time.

The outcome of this inspection indicated that staff should be provided with further training in the management of medicines and that competency assessments should be reviewed. A recommendation was made.

The home has not reported any medicine related incidents since June 2010. From the outcome of this inspection, it can be concluded that the audit process is not effective in identifying, recording, reporting, analysing and learning from medicine related incidents. Some of the discrepancies evidenced during this inspection should have been notified to RQIA. The registered person should ensure that when discrepancies are noted that the appropriate action is taken and that all notifiable adverse incidents are reported to RQIA. A recommendation was made.

Is Care Compassionate? (Quality of Care)

The registered nurse on duty advised that one patient was living in a residential care facility whilst refurbishment work was being completed. This was at variance to the statement of purpose and the categories of care. As Corriewood Private Clinic is only registered to provide nursing care it was a concern that a patient was transferred to a residential care facility. This issue was shared with the care inspectors for both the nursing and residential care homes who will follow up with the registered person. Linda Thompson, senior inspector discussed this matter with the representatives of the home at the end of the serious concerns meeting. RQIA was advised that the patient has since returned to the nursing home.

Areas for Improvement

Patients must have a continuous supply of their medicines. A requirement was made.

The date of opening of all medicines should be recorded to facilitate the audit process. A recommendation has been stated for the third time.

The management of warfarin must be reviewed and revised. A requirement was made.

All personal medication records must be fully and accurately maintained. A requirement was made.

All disposal records should be fully maintained. A recommendation was made.

The records relating to PEG tubes and fluid balance charts must be fully completed. A requirement was made.

A robust auditing system which monitors all aspects of the management of medicines must be implemented. A requirement was made for the third and final time.

Further staff training in the management of medicines should be provided for the registered nurses and competency assessments should be reviewed. A recommendation was made.

All notifiable adverse incidents should be reported to RQIA. A recommendation was made.

Number of Requirements	**5**	**Number of Recommendations**	**4**

5.4 Additional Areas Examined

During the inspection, workmen were noted to have left electrical equipment unattended in the front hall. The carpet was turned back and furniture had been moved whilst the work was being completed. This area had not been cordoned off appropriately and patients, visitors and staff had full access to this area. This was a health and safety concern. The registered person must ensure as far as reasonably practicable that all parts of the home to which patients have access are free from hazards to their safety. This issue was shared with the estates inspector aligned to the home who will follow up with the registered person. The issue was also discussed at the end of the serious concerns meeting and the registered provider provided assurances that the matters had been addressed with the contractors.

Storage areas for medicines within the home were limited with space. The registered provider advised that a larger area was included in the last phase of the redevelopment.

One of the medicine trolleys was not secured to the wall. This was rectified during the inspection. On another medicine trolley, three medicines were being stored on a shelf under the trolley which was openly accessible to patients and visitors. The registered person should ensure that the storage arrangements for medicines are reviewed and revised. A recommendation was made.

Number of Requirements	**0**	**Number of Recommendations**	**1**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs MI McGrady Registered Person 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** 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 time **To be Completed by:** 3 April 2016	The registered manager must implement a robust auditing system which monitors all aspects of the management of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: A more robust auditing system which will monitor all aspects of the management of medicines was reviewed and is now in place.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 3 April 2016	The registered person must ensure that patients have a continuous supply of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: The ordering system was reviewed and Nursing staff have liaised with GP's in relation to same.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 3 April 2016	The registered person must ensure that the management of warfarin is reviewed and revised.
	Response by Registered Person(s) Detailing the Actions Taken: The management of warfarin was reviewed and fully revised.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 3 April 2016	The registered person must ensure that all personal medication records are fully and accurately maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Nursing staff were instructed on the rewriting of medicine prescriptions in line with our policy and procedures.
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 3 April 2016	The registered person must ensure that the records relating to PEG tubes and fluid balance charts are fully completed.
	Response by Registered Person(s) Detailing the Actions Taken: We are now using the NHS recommended Fluid balance chart 00:00-12:00

Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** Third time **To be Completed by:** 3 April 2016	The registered manager should ensure that the date of opening is recorded to facilitate audit.
	Response by Registered Person(s) Detailing the Actions Taken: Nursing staff were instructed on recording the date and time of opening each individual medication on the actual medication box.
Recommendation 2 **Ref**: Standard 29 **Stated:** First time **To be Completed by:** 3 April 2016	The registered person should ensure that all disposal records are fully maintained.
	Response by Registered Person(s) Detailing the Actions Taken: The nursing staff were instructed to double sign the records for disposal.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 3 April 2016	The registered provider should ensure that further staff training in the management of medicines is provided for the registered nurses and competency assessments should be reviewed.
	Response by Registered Person(s) Detailing the Actions Taken: Training was completed for all nursing staff on 22/03/2016 and 05/04/2016. Competency assessments will be ongoing.
Recommendation 4 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 3 April 2016	The registered person should ensure that the storage arrangements for medicines are reviewed and revised.
	Response by Registered Person(s) Detailing the Actions Taken: Nursing staff were instructed to ensure all medications are stored within the locked medicine trolley.
Recommendation 5 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 3 April 2016	The registered person should ensure that there are robust incident reporting systems in place and that all notifiable adverse incidents are appropriately reported to RQIA.
	Response by Registered Person(s) Detailing the Actions Taken: All incidents will be notified to the RQIA as and when approriate to do so.

Registered Manager Completing QIP	Teresa McClean	**Date Completed**	18/04/2016
Registered Person Approving QIP	Imelda McGrady	**Date Approved**	18/04/2016
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	22/04/2016

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