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

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Unannounced Medicines Management Inspection of Corriewood Private Clinic

28 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 28 September 2015 from 10:30 to 14:50.

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.

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. Please also refer to Sections 5.2 and 6.2 of this report.

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

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 12 November 2012.

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	2	2

The details of the QIP within this report were discussed with the Mrs Teresa McClean, 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: Corriewood Private Clinic Mrs M.I 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:** 56
Number of Patients Accommodated on Day of Inspection: 56	**Weekly Tariff at Time of Inspection:** £593

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

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 incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the registered person, registered manager and nurses on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicine administration records	Care plans
Medicines disposed of or transferred	Training records
Controlled drug record book	Medicines refrigerator temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced care inspection dated 27 January 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 management of food thickening agents must be reviewed to ensure that a complete record of administration is maintained.	**Met**
	Action taken as confirmed during the inspection: The administration of food thickeners was recorded on food and fluid charts. The registered manager advised that the catering manager also reviewed the competency of care staff in the administration of thickened fluids.	
Requirement 2 **Ref: Regulation 13(4)** **Stated twice**	The date of opening must be recorded on Calogen to facilitate disposal at expiry.	**Met**
	Action taken as confirmed during the inspection: The date of opening was observed to be recorded.	
Requirement 3 **Ref: Regulation 13(4)** **Stated once**	An accurate record for the administration of bisphosphonate medicines must be maintained.	**Met**
	Action taken as confirmed during the inspection: The administration of these medicines was appropriately recorded.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 4 **Ref: Regulation 13(4)** **Stated twice**	The necessary arrangements must be made to ensure that: • nurses receive additional training on the monitoring of the refrigerator temperature; and • the temperature range of the medicines refrigerator is accurately monitored and recorded each day.	**Met**
	Action taken as confirmed during the inspection: The nurses were competent in reading the refrigerator temperatures. The temperatures had been recorded daily and were maintained within the required range.	
Requirement 5 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that the date of opening is recorded on all limited shelf life medicines facilitate disposal at expiry.	**Met**
	Action taken as confirmed during the inspection: The date of opening had been recorded on the majority of these medicines. All medicines examined during this inspection were within the expiry date.	
Requirement 6 **Ref: Regulation 13(4)** **Stated once**	The registered manager must review and revise the management of warfarin within the home.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin had been reviewed and revised. Written confirmation of the dosage regimen was obtained and a daily running stock balance was recorded.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 7 **Ref: Regulation 13(4)** **Stated once**	The registered manager must investigate the discrepancy noted in the running balance of warfarin tablets and confirm that the patient has received the correct dosage of warfarin. A written report of the outcome of this investigation must be submitted with the completed Quality Improvement Plan resulting from this inspection.	**Met**
	Action taken as confirmed during the inspection: This report was received following the last medicines management inspection.	
Requirement 8 **Ref: Regulation 13(4)** **Stated once**	The registered manager must implement a robust auditing system which monitors all aspects of the management of medicines.	**Partially met**
	Action taken as confirmed during the inspection: The auditing system in the home should be broadened and completed more regularly in order to highlight any discrepancies and ensure that medicines are managed appropriately. At the time of the inspection, medicines were audited infrequently and this may not highlight discrepancies. This requirement is restated.	
Requirement 9 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that clear records of receipt and transfer of medicines for respite patients are maintained.	**Met**
	Action taken as confirmed during the inspection: The receipt and transfer records were satisfactory.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref: Standard 39** **Stated twice**	Quantities of Temazepam tablets (Schedule 3 controlled drugs) subject to safe custody requirements should be reconciled on each occasion when responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: Temazepam tablets were reconciled at shift changes.	
Recommendation 2 **Ref: Standard 37** **Stated once**	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 is not always recorded on all medicines. The registered manager had identified this issue. This recommendation is restated.	
Recommendation 3 **Ref: Standard 37** **Stated once**	The registered manager should ensure that suitable arrangements are in place to manage the disposal of controlled drugs.	**Not met**
	Action taken as confirmed during the inspection: Suitable arrangements were not in place for the disposal of controlled drugs. Further detail is provided in the body of the report. This recommendation has been subsumed into a requirement.	
Recommendation 4 **Ref: Standard 38** **Stated once**	A review of the medicine records should be included in the home's routine audit activity to ensure that codes for administration were not being copied from day to day.	**Met**
	Action taken as confirmed during the inspection: There was no evidence that codes had been copied during this inspection.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 5 **Ref: Standard 39** **Stated once**	Monitoring of the refrigerator temperatures should be included in the home's internal audit process.	**Met**
	Action taken as confirmed during the inspection: The refrigerators were appropriately maintained.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Audit trails were performed on a small number of randomly selected medicines at the inspection. These provided satisfactory outcomes. Further audits could not be completed because the majority of the medicines had only been opened that morning or the date of opening had not been recorded.

Robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home and discharge or transfer from the home. Written confirmation of the medicine regime was obtained from the general practitioner prior to admission for respite patients and evidence of this was provided for inspection.

The process for the ordering and receipt of medicines was reviewed. A facsimile transmission of the order was sent to each surgery and the prescriptions were checked against the order before being sent to the pharmacy for dispensing. Medicines were only ordered as needed and there were systems in place to ensure that there was a continuous supply of medicines.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed. All of the medicines examined at the inspection were labelled appropriately.

Medicine records were generally well maintained so as to ensure that there was a clear audit trail. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. Not all of the personal medication records examined were written and signed by two registered nurses, this is safe practice and should be routine.

The receipt, storage and administration of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility.

There were suitable systems in place to manage any high risk medicines e.g. warfarin, insulin.

The arrangements in place for the disposal of medicines which were discontinued or were unsuitable for use were inappropriate. There was no evidence that controlled drugs were denatured prior to disposal using denaturing kits. Waste medicines must also be uplifted from the home in suitable containers by a licensed contractor who provides a copy of the waste transfer note. This was discussed in detail with the registered manager.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place. They were not examined in detail. The registered manager should ensure that the Standard Operating Procedures for the management of controlled drugs are in place and detail how to dispose of controlled drugs.

Medicines were managed by staff who had been trained and deemed competent to do so, following a period of induction. The impact of training was monitored through supervision and annual appraisal. A sample of records was provided. General medicines management training was completed on an annual basis. Nurses had also attended training on syringe drivers, PEG tubes and managing challenging behaviour. A list of the names, signatures and initials of registered nurses was maintained.

Practices for the management of medicines were audited on an infrequent basis. Running stock balances were maintained for warfarin. This is good practice. However, stock balance checks on other medicines were limited. The registered manager does a full medicines audit annually; this was last completed in August 2014. This home has undergone a lot of renovation and extension in the past year. It is recommended that audits should be completed more frequently in order that it can be determined that medicines are being administered as prescribed and medicine records are being managed appropriately, especially in a time of change. This was discussed in detail with the registered manager.

The home has not reported any medicine related incidents since the last medicines inspection.

Is Care Compassionate? (Quality of Care)

The records relating to a number of patients who were prescribed medicines on a “when required” basis for the management of distressed reactions were observed at the inspection. The parameters for administration of anxiolytic medicines were recorded on the personal medication records. A care plan was maintained and evaluated monthly. The records indicated that most of these medicines were administered infrequently. However, doses had been administered regularly to one patient. This was discussed with staff and should be reported to the prescriber for review. A reason for the administration and the outcome of the administration had been recorded. From discussion with the staff, it was concluded that staff were familiar with circumstances of when to administer anxiolytic medicines. Staff had the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient’s behaviour and were aware that this change may be associated with pain.

Medicines which were prescribed to manage pain were recorded on the patient’s personal medication record. Examination of the medicine administration records indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drug patches and analgesics which were prescribed for administration on a “when required” basis. From discussion with the registered nurses, it was evident that staff were aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines were prescribed, staff were aware that ongoing monitoring is necessary to ensure the pain was well controlled and the patient was comfortable. Care plans in relation to pain management were maintained and evaluated each month. A pain tool was in use.

Areas for Improvement

Personal medication records should be verified by a second member of staff for accuracy. This was discussed with the registered manager.

All controlled drugs in Schedules 2, 3 and 4 (Part 1) must be denatured and rendered irretrievable prior to disposal. A record that these medicines have been denatured should be made. The Standard Operating Procedures for the management of controlled drugs should be reflective of practice. A requirement has been made.

The management of waste medicines should be reviewed and revised to ensure compliance with The Controlled Waste Regulations (Northern Ireland) 2002. A recommendation has been made.

A robust auditing system which monitors all aspects of the management of medicines should be completed at timely intervals. The date of opening of medicines should be recorded to facilitate the audit. A requirement and a recommendation have been restated.

Number of Requirements:	**2**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

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

Refrigerator temperatures were monitored and recorded daily and had been maintained within the required range of 2^{o}C to 8^{o}C.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Teresa McClean, 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 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 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.

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: 28 October 2015**	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:** The Audits in place currently have extended to monthly audits.
Requirement 2 **Ref: Regulation 13(4)** **Stated: First time** **To be Completed by: 28 October 2015**	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. **Response by Registered Person(s) Detailing the Actions Taken:** The pharamcy who supplies the drugs to Corriewood have provided the home with denaturing kits which the nursing staff will use to render drugs prior to disposal.
Recommendations	
Recommendation 1 **Ref: Standard 37** **Stated: Second time** **To be Completed by: 28 October 2015**	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 are requested to adhere to recording of date when new stock are opened.
Recommendation 2 **Ref: Standard 28** **Stated: Second time** **To be Completed by: 28 October 2015**	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. **Response by Registered Person(s) Detailing the Actions Taken:** Policies and procedures including the management of waste are in line with the current standards.

Registered Manager Completing QIP	Teresa McClean	**Date Completed**	09/11/2015
Registered Person Approving QIP	Imelda McGrady	**Date Approved**	09/11/2015
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	10/11/2015

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