The Regulation and Quality Improvement Authority

Rose Martha Court
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Ballymena
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Unannounced Medicines Management Inspection of Rose Martha Court

11 February 2016

1. Summary of Inspection

An unannounced medicines management inspection took place on 11 February 2016 from 10.45 to 15.05.

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) Care Standards for Nursing Homes, April 2015.

Recommendations made as a result of this inspection relate to the Department of Health, Social Services and Public Safety (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

For the purposes of this report, the term 'patients' will be used to described those living in Rose Martha Court which provides both nursing and residential care.

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 11 June 2015.

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 manager, Mr Martin Kelly as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd / Mr Nadarajah (Logan) Logeswaran	**Registered Manager:** Not applicable
Person in Charge of the Home at the Time of Inspection: Mr Martin Kelly (Manager)	**Date Manager Registered:** Mr Hugh Martin Kelly commenced as home manager on 16 November 2015. Application for registration with RQIA not yet submitted.
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE, RC-I	**Number of Registered Places:** 100
Number of Patients Accommodated on Day of Inspection: 85	**Weekly Tariff at Time of Inspection:** £490 - £732

3. Inspection Focus

Details of an adverse medicine incident had been received from the Health and Social Care Board (Northern Office) on 8 February 2016, identifying concerns in relation to the management of warfarin.

It is not the remit of RQIA to investigate the details of the adverse incident as this is the responsibility of the Health and Social Care Board. However, if RQIA is notified of a potential breach of regulations or associated standards it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

RQIA had also received a number of notifications, over the previous six months, relating to the management of opioid transdermal patches.

Following discussion with senior management it was agreed that a focused medicines management inspection would be undertaken to review the following areas:

- Management of warfarin
- Management of opioid transdermal patches

4. Methods/Process

Specific methods/processes used included the following:

The adverse incident report, received from the Health and Social Care Board (Northern Office) on 8 February 2016, was reviewed.

The management of opioid transdermal patch incidents reported to RQIA since the last medicines management inspection was reviewed.

We met with the manager and the staff managing medicines in each of the four units.

The following records were examined:

- personal medication records
- medicine administration records
- warfarin dosage regimens
- warfarin administration records
- warfarin policy and procedure
- controlled drug record books

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 18 and 19 January 2016. The completed QIP will be reviewed by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

No requirements were made at this inspection.

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37	The responsible individual should ensure that the management of nutritional supplements in Slemish Suite is reviewed.	
Stated: Second time	**Action taken as confirmed during the inspection:** This recommendation was not examined and is carried forward to the next inspection.	**Not examined**

5.3 Management of warfarin

The management of warfarin during the previous three months was examined for five patients (in Slemish Suite and in Braid Suite; no patients were prescribed warfarin in Galgorm and Maine Suites).

The manager and staff were able to clearly explain the procedures for recording when the next international normalised ratio (INR) test was due, for recording when the blood sample was taken, for delivery of the blood sample to the lab, for recording warfarin doses and for administering and recording the administration of warfarin.

In the nursing suite, the registered nurses took the blood samples. In the residential suite, this was the responsibility of the community nursing services. In the nursing suite, the registered nurses recorded the date when the next blood sample was due in the diary and marked off the entry when the sample had been taken. The nurse on night duty was responsible for taking

the blood samples. The manager and registered nurses stated that a member of staff collected the blood samples and delivered them to the health centre by mid-morning and that this process ran smoothly.

The INR results had mostly been obtained in writing; however, in the nursing suite, there were several occasions when the result had been received verbally by two registered nurses. The receipt of verbal instructions had recently been necessary because the home fax machine was out of action; it had since been replaced. For one patient, there had been several delays in obtaining INR results (in each instance, there had been a one day delay). The manager and registered nurses stated that there had been some difficulties experienced in obtaining the INR result and updated dosage information from the surgery on the same day that the blood sample was taken and sent to the lab. Usually when they rang the general practitioner (GP) practice, the result was not ready. The manager stated that he planned to meet with representatives from the GP practice to discuss and attempt to resolve this matter.

The dosage regime was recorded on warfarin administration record sheets and also on the medicine administration records. The administrations were also recorded on both of these records. Running stock balances were maintained on the warfarin administration record sheets. Two staff administered warfarin to patients at all times. Four of the patients had warfarin administered in accordance with the prescribers' instructions. For one patient, there had been two dosage errors (on 26 November 2015 and 29 December 2015). Warfarin must be administered in accordance with the prescriber's instructions. A requirement was made.

Some previous warfarin records had not been removed from the medicines kardex file; the need to promptly archive warfarin records was discussed and agreed.

Areas for Improvement

Warfarin must be administered in accordance with the prescriber's instructions. A requirement was made.

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

5.4 Management of opioid transdermal patches

The management of opioid transdermal patches, during the previous three months, was examined in each unit. The majority of patches had been applied to patients in accordance with the prescribers' instructions. However, in one suite there had been three delays in applying patches. The details of this were discussed with the manager. Opioid transdermal patches must be administered in accordance with the prescribers' instructions. A requirement was made.

Areas for Improvement

Opioid transdermal patches must be administered in accordance with the prescribers' instructions. A requirement was made.

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

5.5 Additional Areas Examined

Management of medicine incidents

Staff had not reported the two warfarin incidents and two of the opioid transdermal patches incidents to management. There should be a robust system for staff to inform management of medicine incidents. A recommendation was made.

Areas for Improvement

There should be a robust system for staff to inform management of medicine incidents. 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 the manager, Mr Martin Kelly 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 12 March 2016	The registered person must ensure warfarin is administered in accordance with the prescriber's instructions.
	Response by Registered Person(s) Detailing the Actions Taken: The administration of warfarin has been improved to ensure compliance with the prescribers instructions.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** 12 March 2016	The registered person must ensure opioid transdermal patches are administered in accordance with the prescriber's instructions.
	Response by Registered Person(s) Detailing the Actions Taken: A new system is in place to ensure transdermal patches are applied as prescribed. The allication of transdermal patches is now in the daily diary and the new MARS sheet.
Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time **To be Completed by:** Ongoing **This recommendation is carried forward from the previous inspection**	The responsible individual should ensure that the management of nutritional supplements in Slemish Suite is reviewed.
	Response by Registered Person(s) Detailing the Actions Taken: The management of nutritional supplements has been reviewed to ensure best practice.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 12 March 2016	There should be a robust system for staff to inform management of medicine incidents.
	Response by Registered Person(s) Detailing the Actions Taken: All staff have been informed and supervised on the requirement for professional reporting and effective communication systems

Registered Manager Completing QIP	Martin Kelly	**Date Completed**	06/03/2016
Registered Person Approving QIP	M. Inshmb.	**Date Approved**	6.4.16
RQIA Inspector Assessing Response		**Date Approved**	

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

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.

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RQIA Inspector Assessing Response	Paul W. Nixon	**Date Approved**	07.04.16