Rose Martha Court
RQIA ID: 11107
30 Westbourne Avenue
Ballymena
BT43 5LW

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Unannounced Medicines Management Inspection of Rose Martha Court

11 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 11 June 2015 from 10:20 to 14:30.

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 discussed at the inspection. One specific area has been stated in the quality improvement plan (QIP) within this report.

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 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 DHSSPS Care Standards for Nursing Homes, April 2015

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

1.1 Actions/Enforcement Taken Following the Last Inspection on 16 February 2015

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 16 February 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	0	1

The details of the QIP within this report were discussed with the Ms Elaine Allen, Manager, and three other members of the Runwood Homes Ltd management team, 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:** No manager currently registered
Person in Charge of the Home at the Time of Inspection: Ms Elaine Allen (Manager)	**Date Manager Registered:** Registration pending
Categories of Care: RC-DE, RC-I, NH-DE, NH-I, NH-PH(E), NH-TI, NH-PH	**Number of Registered Places:** 100
Number of Patients Accommodated on Day of Inspection: 71	**Weekly Tariff at Time of Inspection:** £470 - £732

3. Inspection Focus

The inspection on 16 February 2015 had shown that robust arrangements were not in place for the management of medicines and improvements were required. The purpose of this visit was to determine what progress had been made in addressing the requirements and recommendations made during the last medicines management inspection, to assess the level of compliance with legislative requirements and the DHSSPS Care Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

The following themes were also examined:

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 inspectors reviewed the management of any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspectors met with the manager, deputy manager, two registered nurses and one member of senior care staff.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records
Medicines disposed of or transferred
Medicine storage equipment records
Controlled drug record book
Medicine audits
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 announced enforcement monitoring care inspection dated 10 June 2015. The purpose of the inspection was to assess the level of compliance with three failure to comply notices (FTC) issued on 27 March 2015. The issues detailed in the notices were assessed as compliant during the inspection. This report is due to be issued by 8 July 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 16 February 2015

Last Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 13(4) Stated twice	The responsible individual must ensure that, in Slemish Suite, robust arrangements are in place for the management of opioid transdermal patches. Patches must always be applied in accordance with the prescribed instructions.	**Met**
	Action taken as confirmed during the inspection: In Slemish Suite, robust arrangements were observed to be in place for the management of opioid transdermal patches, with applications having taken place in accordance with the prescribed instructions.	
Requirement 2 **Ref**: Regulation 13(4) Stated once	The responsible individual must ensure that, in Galgorm Suite, a record is kept of each medicine placed in the waste container for disposal.	**Met**
	Action taken as confirmed during the inspection: In Galgorm Suite, the disposal of medicines record had been appropriately maintained.	

Requirement 3 **Ref**: Regulation 13(4) Stated once	The responsible individual must ensure there is an effective auditing system which identifies areas for improvement in the management of medicines and ensures that appropriate follow-up action has been taken.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place to audit practices for the management of medicines. In each unit, daily and weekly audits are completed. The community pharmacist assists the home with the audits. The outcomes of the audits are reported to management and any learning points are disseminated to staff.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 Stated twice	The responsible individual should ensure that all controlled drugs in Schedule 4 (Part 1) are denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers.	**Met**
	Action taken as confirmed during the inspection: In each unit, the practice is now for controlled drugs in Schedule 4 (Part 1) to be denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers.	
Recommendation 2 **Ref**: Standard 37 Stated twice	The responsible individual should ensure that two designated staff members witness medicines being placed in the medicines disposal bin and should sign the disposal record.	**Met**
	Action taken as confirmed during the inspection: In each unit, the practice is now for two designated staff members to witness medicines being placed in the medicines disposal bin and to sign the disposal record.	

Recommendation 3 **Ref**: Standard 37 Stated twice	The responsible individual should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.	**Met**
	Action taken as confirmed during the inspection: In most instances, patients prescribed when required' anxiolytic and antipsychotic medicines had detailed care plans in place and the reason for and outcome of administration were documented.	
Recommendation 4 **Ref**: Standard 39 Stated once	The responsible individual should ensure that, in Braid Suite, all laxative medicines are labelled appropriately.	**Met**
	Action taken as confirmed during the inspection: In Braid Suite, all laxative medicines were labelled appropriately.	
Recommendation 5 **Ref**: Standard 37 Stated once	The responsible individual should ensure that the management of nutritional supplements in Slemish Suite is reviewed.	**Not Met**
	Action taken as confirmed during the inspection: There was no evidence that this review had taken place. **The recommendation is restated**	
Recommendation 6 **Ref**: Standard 37 Stated once	The responsible individual should ensure that medicines are disposed of in a timely manner.	**Met**
	Action taken as confirmed during the inspection: In each unit, medicines were observed to have been disposed of in a timely manner.	

Recommendation 7 **Ref**: Standard 39 Stated once	The responsible individual should ensure that the medicine refrigerator in Slemish Suite is managed appropriately.	**Met**
	Action taken as confirmed during the inspection: The medicine refrigerator in Slemish Suite had been maintained within the recommended temperature range of 2 and 8^{o}C.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines at the inspection produced broadly satisfactory outcomes.

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

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. Where transcribing of medicine details occurs, this process involves two members of trained staff to ensure the accuracy of the record. Other good practice acknowledged included the additional records for Schedule 4 (Part 1) controlled drugs, analgesics, insulin, opioid transdermal patches and warfarin.

Stock reconciliation checks are performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also include Schedule 4 (Part 1) controlled drugs which is good practice.

Medicines which are discontinued or are unsuitable for use are disposed of by two trained staff and are uplifted by a clinical waste company. Controlled drugs are denatured prior to disposal.

Is Care Effective? (Quality of Management)

Medicines are managed by staff who have been trained and deemed competent to do so. An induction process is in place. The impact of training is monitored through supervision and appraisal. Training in medicines management is provided through training sessions and completion of e-learning modules. Competency assessments are completed annually. The competency assessments checked at the inspection were up to date. Agency staff complete an induction process, which incorporates the management of medicines.

There are arrangements in place to audit practices for the management of medicines. Staff in each unit complete daily and weekly audits. The community pharmacist assists the home with the audits. The outcomes are reported to management and any learning points are disseminated to staff. A review of the audit records indicated that broadly satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date and time of opening on the medicine container.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. The incidents reported since the previous medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

There was written evidence from a health care professional regarding the administration of medicines which require crushing and administering in disguised form prior to administration.

In the instances where medicines are prescribed on a "when required" basis e.g. laxatives, analgesics and anxiolytics, a separate protocol is maintained and located with the patient's personal medication record for ease of reference.

The records pertaining to a small number of patients who are prescribed medicines for the management of distressed reactions were observed at the inspection. In most instances, the care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions; for some patients these medicines had been administered infrequently. A record of each administration had been maintained and on most occasions had included the reason for and outcome of the administration of the medicine.

In one unit, the records pertaining to a small number of patients who are prescribed medicines for the management of pain were reviewed. Medicines which are prescribed to treat or prevent pain are recorded on the personal medication record. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and also analgesics which are prescribed for administration on a "when required" basis. In each instance there was a care plan in place which detailed the management of the patient's pain. The care plans are evaluated monthly. A pain assessment had recently been completed for each patient. From discussion with staff, it was evident they were aware of the signs, symptoms and triggers of pain in patients and that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable.

Areas for Improvement

The Quality Improvement Plan from the inspection of 16 February 2015 contained a recommendation that the responsible individual should ensure that the management of nutritional supplements in Slemish Suite is reviewed. There was no evidence that this review had taken place. The recommendation is, therefore, restated.

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

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Elaine Allen, Manager, and three other members of the Runwood Homes Ltd management team, 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 Nursing 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) 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 manager/registered person 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

No requirements were made at this inspection.

Recommendations

Recommendation 1 **Ref**: Standard 37 **Stated:** Second time **To be Completed by:** 11 July 2015	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: Home Manager has implemented weekly audits, and agreed with pharmacy weekly delivery of supplements to Slemish Unit

Registered Manager Completing QIP	Elaine Allen	**Date Completed**	16th July 2015
Registered Person Approving QIP	Logan N Logeswaran	**Date Approved**	19th July 2015
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**21/07/2015**

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