Bluegate Lodge
RQIA ID: 11111
1 Plantation Road
Garvagh
BT51 5ES

Inspector: Rachel Lloyd
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Unannounced Medicines Management Inspection of Bluegate Lodge

2 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 2 June 2015 from 10:15 to 13:00.

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 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 15 January 2013.

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	1	2

The details of the QIP within this report were discussed with Mrs Mairead Brolly (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: Mrs Mairead Brolly	**Registered Manager:** Mrs Mairead Brolly
Person in Charge of the Home at the Time of Inspection: Mrs Mairead Brolly	**Date Manager Registered:** 24 August 2010
Categories of Care: RC-DE, RC-I	**Number of Registered Places:** 5
Number of Residents Accommodated on Day of Inspection: 5	**Weekly Tariff at Time of Inspection:** £485

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 staff on duty.

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 announced care inspection dated 3 February 2015. The completed QIP was returned and was approved by the care inspector on 13 April 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 15 January 2013

Last Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 13(4) Stated once	The registered manager must ensure that all incoming medicines are recorded appropriately.	**Met**
	Action taken as confirmed during the inspection: This was evidenced during the inspection on records examined.	
Requirement 2 **Ref**: Regulation 13(4) Stated once	The registered manager must ensure that all Schedule 3 controlled drugs which are subject to safe custody legislation are stored in the controlled drugs cabinet.	**Met**
	Action taken as confirmed during the inspection: This was evidenced during the inspection.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 30 Stated once	The registered manager should ensure that Standard Operating Procedures (SOPs) for the management of controlled drugs, specific to Bluegate Lodge, are developed and implemented.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures include SOPs for the management of controlled drugs. These were most recently reviewed in February 2013.	

Recommendation 2 **Ref**: Standard 31 Stated once	The registered manager should ensure that rewritten personal medication records and new entries on personal medication records are signed by two members of staff, in the absence of the prescriber's signature, to ensure accuracy in transcription.	**Partially met**
	Action taken as confirmed during the inspection: This was not evidenced on some records examined. It was discussed and agreed that in the interests of safe practice this procedure should be routinely followed.	
Recommendation 3 **Ref**: Standard 32 Stated once	The registered manager should ensure that arrangements are put in place to ensure that the maximum, minimum and current fridge temperature are monitored and recorded each day.	**Met**
	Action taken as confirmed during the inspection: There were no medicines requiring cold storage on the day of the inspection. The registered manager confirmed that arrangements are in place so that medicines requiring cold storage are stored separately and securely in the kitchen refrigerator. Temperatures are monitored and recorded each day for this refrigerator.	
Recommendation 4 **Ref**: Standard 32 Stated once	The registered manager should ensure that quantities of Schedule 3 controlled drugs are reconciled on each occasion when responsibility for safe custody is transferred.	**Partially met**
	Action taken as confirmed during the inspection: The registered manager is responsible for the administration of most medicines; however it was discussed and agreed that controlled drugs should be reconciled on the occasions when responsibility for safe custody is transferred.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of audit trails completed on a variety of randomly selected medicines produced satisfactory outcomes indicating that the majority of medicines had been administered in accord with the prescriber's instructions.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. Medication details are routinely confirmed with the prescriber.

Medicines are prepared immediately prior to their administration from the container in which they are dispensed. All of the medicines examined were available for administration and with two exceptions all were labelled appropriately.

Medicine records were generally legible and accurately maintained so as to ensure a clear audit trail. Records of the receipt and transfer or disposal of medicines were maintained in a satisfactory manner.

Controlled drug record books were generally well maintained.

Any medicines which are discontinued or are unsuitable for use are returned to the community pharmacy for disposal.

There are procedures in place to report and learn from any medicine related incidents that may occur in the home.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place. These include Standard Operating Procedures for the management of controlled drugs.

Medicines are managed by staff that have been trained and deemed competent to do so. An induction process is in place. Medicines management training has been provided by both the registered manager and an external training agency. Records of training and competency assessment were in place. Medicines are mostly managed and administered by the registered manager.

There are arrangements in place to note any compliance issues with medicine regimes and these are reported to the resident's family/carer and/or prescriber.

Is Care Compassionate? (Quality of Care)

The records for residents prescribed medication for administration 'when required' for the management of distressed reactions were examined. The medicine administration records indicated that the medicines were being administered in accordance with the prescribers' instructions. The parameters for administration were recorded on the personal medication records.

The records for residents prescribed medication for the management of pain were examined. The parameters for administration were recorded on the personal medication records. From discussion with the staff on duty, it was evident that staff are aware of the signs, symptoms and triggers of pain in residents. Staff are aware that ongoing monitoring is necessary to ensure that any pain is well controlled and that residents are comfortable.

Areas for Improvement

It was discussed and agreed that rewritten personal medication records and new entries on personal medication records should be signed by two members of trained staff, in the absence of the prescriber's signature, to ensure accuracy in transcription.

It was discussed and agreed that quantities of Schedule 3 controlled drugs should be reconciled on the occasions when responsibility for safe custody is transferred.

Several audit trails could not be completed as the date of opening of some medicines was not recorded. It was agreed that this would be reinforced as routine practice to facilitate audit.

Two unlabelled medicines were observed during the inspection. It was discussed and agreed that all medicines should be stored in their original container with the pharmacy label attached at all times.

Records of the administration of medicines administered on a weekly basis e.g. bisphosphonates and analgesic patches, and some analgesics prescribed for use 'when required' were not completed accurately. Records of the administration of medicines the night before and the morning of the inspection had not been completed. Records of the administration of all medicines must be completed accurately. A requirement is stated.

The management of medicines prescribed for use on a 'when required' basis for the management of distressed reactions should be reviewed to ensure that a care plan is in place for their use and that the reason for administration and the outcome are recorded on each occasion. A recommendation is stated.

Practices for the management of medicines had not been audited since June 2014. The home's own medicines management policy states that this will take place weekly. A robust system of audit of the management of medicines should be developed and implemented. A recommendation is stated.

Number of Requirements:	**1**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines were safely and securely stored in accordance with the manufacturers' instructions.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mairead Brolly (Registered Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered manager/person 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 The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (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 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.

Quality Improvement Plan

Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** 2 July 2015	The registered person must ensure that records of the administration of all medicines are completed accurately. **Response by Registered Person(s) Detailing the Actions Taken:** This has been taken on board and all records are completed accurately. KArdex have all been re-written and signed by the prescribing GP.

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be Completed by**: 2 July 2015	It is recommended that the management of medicines prescribed on a 'when required' basis for the management of distressed reactions is reviewed to ensure that a care plan is in place for their use and that the reason for administration and the outcome are recorded on each occasion. **Response by Registered Person(s) Detailing the Actions Taken:** Care plans have been updated to include this information
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be Completed by**: 2 July 2015	It is recommended that a robust system of audit of the management of medicines is developed and implemented. **Response by Registered Person(s) Detailing the Actions Taken:** Medicines Management audit now carried out on a regular basis.

Registered Manager Completing QIP	Mairead Brolly	**Date Completed**	22/07/15
Registered Person Approving QIP	Mairead Brolly	**Date Approved**	22/07/15
RQIA Inspector Assessing Response	**R Lloyd**	**Date Approved**	**11/8/15**

Please ensure the QIP 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 requirement and recommendations set out in this report will provide the registered manager/person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.