Drumary House
RQIA ID: 1152
Knockmore Road
Derrygonnelly
BT93 6GA

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Unannounced Medicines Management Inspection of Drumary House

6 July 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 6 July 2015 from 10:00 to 14:40.

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 11 June 2012.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

An urgent action record regarding the management of bisphosphonate medicines was issued to Mr Deane McMorris, Manager, at the end of the inspection. This action was required to be addressed without delay.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

The details of the QIP within this report were discussed with Mr Deane McMorris, Manager (registration pending) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Potensial Ltd Ms Rachel Farragher and Mr John Farragher	**Registered Manager:** Mr Deane McMorris
Person in Charge of the Home at the Time of Inspection: Mr Deane McMorris	**Date Manager Registered:** Registration pending
Categories of Care: RC-LD, RC-LD(E)	**Number of Registered Places:** 17
Number of Residents Accommodated on Day of Inspection: 16	**Weekly Tariff at Time of Inspection:** £470.00 - £714.21

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 incidents reported to RQIA since the last medicines management inspection.

During the inspection, the inspector met with the manager of the home and two members of care staff employed in the home.

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 unannounced follow-up care inspection dated 2 July 2015. The report of this inspection has not yet been issued to the home.

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:** First time	The acting manager must implement additional monitoring/auditing arrangements for supplies of Epilim tablets and any further discrepancies must be reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: Daily monitoring arrangements for Epilim tablets were in place and daily stock balances have been recorded. No further discrepancies were noted.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must ensure that records of medicines transferred out of the home are maintained.	**Met**
	Action taken as confirmed during the inspection: Records of medicines transferred out of the home have been maintained.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must review and revise arrangements for the storage of refrigerated medicines.	**Met**
	Action taken as confirmed during the inspection: Appropriate storage arrangements were in place for medicines which require to be refrigerated.	

Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must review and revise the management of non-prescribed medicines to ensure that stock balance records are adequately maintained and only authorised medicines are administered.	**Partially Met**
	Action taken as confirmed during the inspection: Records showed that only authorised medicines have been administered. Some discrepancies in the current stock balances were noted. Staff on duty advised that the management of non-prescribed medicines is currently being reviewed in consultation with the community pharmacist. The manager agreed that stocks of home non-prescribed medicines will continue to be included in the home's auditing and monitoring procedures on a regular basis. This requirement has been partially met and given the progress made will not be restated.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 32 **Stated:** Second time	The acting manager should ensure that stocks of Schedule 2 and 3 controlled drugs are reconciled at each handover of responsibility.	**Met**
	Action taken as confirmed during the inspection: Records showed that stocks of controlled drugs, including Schedule 4 controlled drugs were reconciled at each handover of responsibility.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	The acting manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	**Partially Met**
	Action taken as confirmed during the inspection: Policies and procedures for the management of controlled drugs were included in the home's medicines policy and procedures. The manager agreed that these policies and procedures will be further reviewed to ensure that all areas of the management of controlled drugs are included in the policy document. This requirement has been partially met and given the progress made will not be restated.	

Recommendation 3 **Ref:** Standard 30 **Stated:** First time	The acting manager should ensure that written policies and procedures cover all areas of the management of medicines including thickening agents and dysphagia and that they make reference to the legislation governing registered homes in Northern Ireland.	**Partially Met**
	Action taken as confirmed during the inspection: The policies and procedures for the management of medicines were updated in 2014. There were written policies and procedures in place for the management of dysphagia and thickening agents. There was no reference to the legislation governing registered homes in northern Ireland. The manager advised this would be added to the policy document at the earliest opportunity. This requirement has been partially met and given the progress made will not be restated.	
Recommendation 4 **Ref:** Standard 31 **Stated:** First time	The acting manager should ensure that photographic identification is available for each resident in the home.	**Met**
	Action taken as confirmed during the inspection: Photographic identification was in place for residents in the home.	
Recommendation 5 **Ref:** Standard 31 **Stated:** First time	The acting manager should ensure that the time of administration of bisphosphonate medicines is accurately recorded.	**Not Met**
	Action taken as confirmed during the inspection: During the inspection, it was noted that bisphosphonate medicines have not been administered at the correct time and records of administration were not adequately maintained. An urgent action record regarding the management of bisphosphonate medicines was issued to Mr Deane McMorris, Manager, at the end of the inspection. This action was required to be addressed within one week to ensure the safety and wellbeing of patients.	

Recommendation 6 **Ref:** Standard 32 **Stated:** First time	The acting manager should ensure that medicines for internal use and medicines for external use are stored separately.	**Met**
	Action taken as confirmed during the inspection: Medicines for internal use and medicines for external use were stored separately.	
Recommendation 7 **Ref:** Standard 30 **Stated:** First time	The acting manager should ensure that policies and procedures for the management of thickening agents are reviewed and revised to ensure all records are adequately maintained and the management of thickening agents is included in the home's auditing arrangements.	**Met**
	Action taken as confirmed during the inspection: Thickening agents were being managed appropriately. Entries on personal medication records for thickening agents and records of the receipt and administration of thickening agents were adequately maintained. During the inspection, further improvements in the management of records of the administration of thickening agents were discussed and agreed with the manager.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A randomly selected sample of medicines was audited during the inspection. The majority of these produced satisfactory results indicating that medicines have been administered as prescribed. Some discrepancies were noted during the audit of supplies of Movicol sachets; some additional monitoring of this medicine is necessary. The management of a bisphosphonate medicine was examined during the inspection. Staff on duty confirmed that the medicine is not being administered 30 minutes clear of food and other medicines and records of the administration of this medicine were not adequately maintained. During the inspection the manager was advised that the management of this weekly medicine must be reviewed and revised to ensure that the next dose is administered in accordance with the manufacturer's instructions and that the record of administration is adequately maintained. An urgent action record regarding the management of bisphosphonate medicines was issued to Mr Deane McMorris, Manager, at the end of the inspection. On 7 July 2015, the manager confirmed by telephone and email that the necessary actions had been taken to ensure bisphosphonate medicines are being administered appropriately, in accordance with the manufacturer's instructions.

Appropriate systems were in place to manage the ordering of medicines to ensure adequate supplies are available and to prevent wastage. Orders for medicines have been made in writing to the prescriber and staff confirmed that prescriptions are collected by the home and checked against the order before being forwarded to the community pharmacist for dispensing.

Records showed that discontinued and expired medicines have been returned to the community pharmacist for disposal.

There was evidence that suitable arrangements are in place to ensure the safe management of medicines during a resident's admission to the home. Medication details had been confirmed with the prescriber in writing. A personal medication record signed by the prescriber was in place for a resident receiving a short period of respite care.

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

The majority of medicine records were adequately maintained and facilitated the audit process. Some improvements are necessary in the management of personal medication records; all prescribed medicines, including supplements must be recorded, personal medication records should be marked with the date they are brought into use and cancelled and signed and dated when they are replaced. Some improvements were necessary in the filing and archiving of medicine records. During the inspection, members of staff were also reminded that where changes to prescribed medicines are required, entries on personal medication records and computer generated medication administration records (MAR sheets) should be cancelled and re-written; the original entries should not be amended.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place. There was evidence these had been reviewed and revised in 2014. Some policies and procedures detailing the management of controlled drugs were in place. The manager agreed that these would be reviewed to ensure they address all areas regarding the safe use and control of controlled drugs.

Records showed that medicines were managed by staff who have been trained and deemed competent. An induction process was in place. The manager provided evidence of annual update training on medicines management and confirmed that the next update is due in July 2015. Staff competency in the management of medicines has been reviewed on an annual basis.

There was evidence that a small, randomly selected sample of medicines in the home has been audited by staff on a weekly basis. The need for more robust auditing and monitoring of medicines was discussed and agreed with the manager during the inspection.

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

Is Care Compassionate? (Quality of Care)

The use of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for three residents in the home. Comprehensive care plans detailing the management of these medicines were not in place and this should be addressed. The parameters for the administration of these medicines were detailed on the residents' personal medication record (PMR), although a recent change to the prescription for one resident had not been recorded on the resident's PMR. Daily notes detailing why doses of these "when required" medicines had been administered and their effect were incomplete.

The management of pain was reviewed during the inspection. Analgesia care plans were not in place and residents have not had pain reviewed as part of their admission assessment. Pain tools were not in place where necessary. The management of pain should be reviewed and revised to address these issues.

Areas for Improvement

During the inspection, further improvements in the management of records of the administration of thickening agents were discussed and agreed with the manager.

It was agreed with the registered manager that the home's written policies and procedures would be further reviewed to ensure they address all areas regarding the safe use and control of controlled drugs and make reference to the legislation governing Northern Ireland.

Bisphosphonate medicines must be administered 30 minutes clear of food and other medicines, in accordance with the prescriber's instructions, and records of the administration of these medicines must adequately maintained. A requirement was made.

Personal medication records must be adequately managed; records should be dated when brought into use, obsolete records should be cancelled, signed and dated and archived, and all prescribed medicines must be recorded on the record. A requirement was made

Arrangements for filing and archiving medicine records should be reviewed and revised. A recommendation was made.

There should be robust arrangements in place for auditing and monitoring medicines and additional auditing arrangements for supplies of Movicol sachets and non-prescribed medicines should be implemented. A recommendation was made.

The arrangements for the management of distressed reactions should be reviewed and revised to ensure appropriate care plans are in place and records of the administration of medicines in the management of distressed reactions detail why the medicine was required to be administered and its effect. A recommendation was made

The arrangements for pain management should be reviewed and revised to ensure all residents have pain reviewed as part of their admission assessment, analgesic care plans are in place where analgesic medicines are prescribed regularly and pain tools/scales are in use where appropriate. A recommendation was made.

Number of Requirements:	**2**	**Number of Recommendations**:	**4**

5.4 Additional Areas Examined

Medicines were stored safely and securely.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Deane McMorris, Manager (registration pending) 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 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 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:** First time	It is a requirement that the registered person must ensure bisphosphonate medicines are administered 30 minutes clear of food and other medicines, in accordance with the prescriber's instructions, and records of the administration of these medicines are adequately maintained.
To be Completed by: 10 July 2015	**Response by Registered Person(s) Detailing the Actions Taken:** The records for the administration of bisphosphonate have been up-dated and signed off by the GP..A protocol has been developed to instruct staff on the administration of the bisphosphonate medication (alendronic acid) for staff to follow. The kardex has also been up-dated to ensure that the medication has been administred 30 minutes clear of food and other medications.The care plan for the individual has been up-dated and reflects the need to administration the medication appropriately. Action completed on the 6th July 2015.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	It is a requirement that the registered person must ensure personal medication records are adequately managed; records should be dated when brought into use, obsolete records should be cancelled, signed and dated and archived, and all prescribed medicines must be recorded on the record.
To be Completed by: 5 August 2015	**Response by Registered Person(s) Detailing the Actions Taken:** A full audit has been undertaken regarding each persons medication records. The records have been dated when brought into use. Obsolete records have also been dated and signed to ensure a clear audit trail when medication has been changed or when the records have been up-dated. A medication audit planner has been developed and is displayed in the medication room to ensure that 3-4 residents medication will be audited on a weekly basis. This will ensure a full audit of every residents medication has been undertaken each month. Action completed on the 30th July 2015

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 5 August 2015	It is a recommendation that the registered person should ensure there are robust arrangements in place for auditing and monitoring medicines and additional auditing arrangements for supplies of Movicol sachets and non-prescribed medicines should be implemented.
	Response by Registered Person(s) Detailing the Actions Taken: A full audit of all medication held has taken place since the inspection.. A medication audit planner has been developed and is displayed in the medication room to ensure that 3-4 residents medication will be audited on a weekly basis. This will ensure a full audit of every residents medication has been undertaken each month. The home remedies record has been up-dated and a full audit will be completed weekly. A monitoring sheet has been added to each person who requires movical. A daily count will be recorded to ensure the correct amounts are held at all times. Excess movicol has been returned to the pharmacy for disposal. Action completed on the 30th July 2015
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 5 August 2015	It is a recommendation that the registered person should review and revise the arrangements for filing and archiving medicine records.
	Response by Registered Person(s) Detailing the Actions Taken: All records have been reviewed and revised and filed appropriately in each persons medication file. The records have been dated and signed to ensure a clear audit trail of any changes made. The kardex`s are renewed after each monthly audit and stored chronologicially by the person completing the audit. The registered manager will sign each kardex`s to ensure the records are correct. Action completed on the 30th July 2015
Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 5 August 2015	It is a recommendation that the registered person should review and revise the arrangements for the management of distressed reactions to ensure appropriate care plans are in place and records of the administration of medicines in the management of distressed reactions detail why the medicine was required to be administered and its effect.
	Response by Registered Person(s) Detailing the Actions Taken: All care plans have been up-dated to include the use of distress reaction medication. PRN protocols have been implemented for all distress reaction medications. Staff are to record onto the back of the kardex when distress reaction medication has been given and will include the effect of the medication has on the individual. Staff will also record onto the daily records the reason the medication has been given and the results when administrated. Action completed on the 30th July 2015

Recommendation 4 **Ref**: Standard 30 **Stated:** First	It is a recommendation that the registered person should review and revise the arrangements for pain management to ensure all residents have pain reviewed as part of their admission assessment, analgesic care plans are in place where analgesic medicines are prescribed regularly and pain tools/scales are in use where appropriate.
To be Completed by: 5 August 2015	**Response by Registered Person(s) Detailing the Actions Taken:** The management team has reviewed the arrangements for pain management for each resident and developed aPRN protocoal for the use of pain medication. All residents care plans have been up-date to instruct staff on the administration of pain medication. The management have introduced the Abbey pain scale developed by NICE to ensure that staff are able to monitor individuals with limited communication. This is done by a scoring system to ensure staff are more aware of residents with non verbal communication and how they may display pain or distress to include facial expressions, body lanauage and behaviorial changes. Action completed on the 30th July 2015.

Registered Manager Completing QIP	Deane McMorris	**Date Completed**	3rd August 2015
Registered Person Approving QIP	Neil Wadge	**Date Approved**	03/08/2015
RQIA Inspector Assessing Response	**Helen Mulligan**	**Date Approved**	**04/08/2015**

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