Unannounced Medicines Management Inspection Report
21 July 2016

Granard

Type of Service: Residential Care Home
Address: 12 Hospital Road, Omagh, BT79 0AN
Tel No: 028 8224 1143
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Granard took place on 21 July 2016 from 09:20 to 12:50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?
The management of medicines generally supported the delivery of safe care. Staff administering medicines were trained and competent. Systems were largely in place to ensure that the management of medicines was in compliance with legislative requirements and standards. However, a requirement was made relating to the confirmation of medication details for new admissions and a recommendation was made relating to the accurate completion of controlled drugs stock reconciliation checks.

Is care effective?
The management of medicines generally supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. However, a requirement was made relating to the investigation of a medicine stock discrepancy. Also, a recommendation was made regarding handwritten entries on the personal medication records and medicine administration records being signed by two staff.

Is care compassionate?
The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Residents consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

Is the service well led?
A restated requirement relating to the development and implementation of a robust medicines management audit tool was made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	2

Details of the QIP within this report were discussed with Ms Carmel Rodgers, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 20 April 2016.

2.0 Service details

Registered organisation/ registered provider: East Eden Ltd/ Dr Brendan McDonald	**Registered manager:** Ms Carmel Rodgers
Person in charge of the home at the time of inspection: Ms Carmel Rodgers	**Date manager registered:** 11 March 2014
Categories of care: RC-MP(E), RC-I, RC-MP, RC-LD, RC-LD(E), RC-DE	**Number of registered places:** 26

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

During the inspection, the inspector met with four residents, the registered manager and three care staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. No-one availed of this opportunity.

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
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 April 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection

4.2 Review of requirements and recommendations from the last medicines management inspection dated 17 July 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must closely monitor the administrations of the six medicines that produce unsatisfactory audit outcomes in order to ensure compliance with the prescribers' instructions.	**Met**
	Action taken as confirmed during the inspection: The six medicines had been closely monitored to ensure compliance with the prescribers' instructions.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must develop and implement a robust medicines management audit tool.	**Not Met**
	Action taken as confirmed during the inspection: A robust medicines management audit tool had not been developed and implemented by the registered person. The evidence indicated that the audits performed by management consisted solely of stock balance checks on randomly selected boxed medicines, performed at approximately three monthly intervals. **This requirement is restated.**	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that eye-treatment medicines are fully recorded on the personal medication record.	**Met**
	Action taken as confirmed during the inspection: Whilst no residents were currently prescribed eye-treatment medicines, the registered manager confirmed the arrangements for recording these medicines on the personal medication records.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	The medication ordering process should be reviewed to ensure that prescriptions are initially received by the home for checking before being sent to the pharmacy.	**Met**
	Action taken as confirmed during the inspection: The medication ordering process had been appropriately reviewed to ensure that prescriptions were initially received by the home for checking before being sent to the pharmacy.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The arrangements for the management of warfarin should be reviewed and revised to ensure that two staff receive and record verbal dosage instructions and also to ensure that individual running stock balance records are maintained.	**Met**
	Action taken as confirmed during the inspection: The arrangements for the management of warfarin had been appropriately reviewed and revised to ensure that two staff received and recorded verbal dosage instructions and also to ensure that individual running stock balance records were maintained.	
Recommendation 3 **Ref**: Standard 32 **Stated:** First time	A purpose-built, metal controlled drugs cabinet should be obtained for the safe storage of those controlled drugs that are subject to safe custody regulations.	**Met**
	Action taken as confirmed during the inspection: A purpose-built, metal controlled drugs cabinet had been obtained for the safe storage of those controlled drugs that are subject to safe custody regulations.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for care staff with responsibility for the management of medicines. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

The procedures in place to ensure the safe management of medicines during a resident's admission to the home needed to be reviewed. For two residents, the prescribers had not been requested to confirm medication details. A requirement was made.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. However, on 4 May 2016, the quantity of one controlled drug had been inaccurately written on the handover stock balance reconciliation check and this error had continued to be copied and signed for by two staff at each shift handover since that date. This observation highlighted the fact that staff were not actually reconciling controlled drugs stocks at each shift handover; when presented with this observation, the registered manager agreed with this deduction. A recommendation was made.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts for warfarin was acknowledged. For one resident, the insulin dose was self-administered after the dose had been drawn up by two care staff.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The temperature range of the medicine refrigerator was checked daily.

Areas for improvement

The prescribers must be routinely requested to confirm medication details for new admissions. A requirement was made.

Controlled drugs stock reconciliation checks should be accurately completed. A recommendation was made.

Number of requirements	**1**	**Number of recommendations**:	**1**

4.4 Is care effective?

The sample of medicines examined had largely been administered in accordance with the prescriber's instructions. However, one medicine indicated a stock discrepancy which needed to be investigated; a requirement was made. The registered manager gave an assurance that the use of this medicine would be closely monitored.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, fortnightly, monthly and three monthly medicines were due.

Whenever a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the parameters for administration were recorded on the personal medication record. A care plan was maintained. The medication had not been administered recently. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that the residents could verbalise any pain.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records generally facilitated the audit process. A few medicines had not been documented on the personal medication record sheets; the registered manager agreed to immediately rectify this matter. Handwritten entries on the personal medication records and medicine administration records were not signed by two members of staff; a recommendation was made. For one resident, obsolete warfarin dosage instruction sheets had not been removed from the medicines kardex file; the registered manager gave an assurance that this matter would be rectified without delay.

The community pharmacist had performed quarterly medicines management audits and had provided written reports to management. However, as stated in section 4.6, a robust medicines management audit tool had not been developed and implemented by the registered person. The dates of opening were recorded on most containers to facilitate audit activity; this good practice was acknowledged.

Following discussion with the registered manager and staff, it was evident that staff have good working relationships with other healthcare workers, including the community pharmacist and prescribers.

Areas for improvement

The stock discrepancy in one medicine must be investigated and RQIA informed of the outcome in the QIP response. A requirement was made.

The personal medication records must be accurately maintained. A requirement was made.

Handwritten entries on the personal medication records and medicine administration records should be signed by two members of staff. A recommendation was made.

Number of requirements	**1**	**Number of recommendations**:	**1**

4.5 Is care compassionate?

The administration of medicines to several residents was observed during the inspection. Medicines were administered to residents in the dining room or living room. The care staff administering the medicines spoke to the residents in a kind and caring manner.

Residents were given time to swallow each medicine. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident.

The residents spoken to advised that they had no concerns in relation to the management of their medicines and were very satisfied with the care they received.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following discussion with staff, it was evident that they were knowledgeable of the policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. The medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A robust medicines management audit tool had not been developed and implemented by the registered person. The evidence indicated that audits performed by management consisted solely of stock balance checks on a small sample of randomly selected boxed medicines, performed at approximately three monthly intervals. Observations made during this inspection, including the lack of a robust admission procedure, inaccuracies in a few personal medication records and the inaccurate controlled drug stock balance checks highlighted the need for more robust audit arrangements. The requirement made at the previous medicines management inspection was restated.

As one requirement, made at the last medicines management inspection, had not been addressed effectively it was suggested that the QIP should be regularly reviewed as part of the quality improvement process to ensure that requirements and recommendations are fully addressed and the improvement sustained.

Following discussion with the registered manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that if there were any concerns in relation to medicines management they would be raised with management.

Areas for improvement

The registered person must develop and implement a robust medicines management audit tool. The requirement made at the previous medicine management inspection was restated.

Number of requirements	1	Number of recommendations:	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Carmel Rodgers, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to *pharmacists@rqia.org.uk* for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 20 August 2016	The registered person must develop and implement a robust medicines management audit tool.
	Response by registered provider detailing the actions taken: Robust audit tool now in place. Will be audited monthly.
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 20 August 2016	The registered provider must ensure that the prescribers are routinely requested to confirm medication details for new admissions.
	Response by registered provider detailing the actions taken: G.P. Medication prescriptions now requested prior to residents admission. Emergency admissions GP surgery contacted as soon as possible.
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 20 August 2016	The registered provider must ensure that the stock discrepancy in one medicine is investigated and RQIA informed of the outcome in the QIP response.
	Response by registered provider detailing the actions taken: Thorough investigation carried out. Poor recording found to be result of discrepancy. Twice daily checks of this medication now in place.

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 20 August 2016	The registered provider should ensure that controlled drugs stock reconciliation checks are accurately completed.
	Response by registered provider detailing the actions taken: Emergency staff meeting held. All staff made aware of importance of checking control drugs at each handover, Two signatures required and audit carried out by manager on a daily basis.
Recommendation 2 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 20 August 2016	The registered provider should ensure that handwritten entries on the personal medication records and medicine administration records are signed by two members of staff.
	Response by registered provider detailing the actions taken: Medication Mar sheets have now two signatures, all staff now made aware of this. This will be audited monthly.

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

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