Weavers House
RQIA ID:11974
Moneymore Road
Cookstown
BT80 8EH

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Unannounced Medicines Management Inspection of Weavers House

23 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 23 June 2015 from 10:50 to 16:40.

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.

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.

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 Weavers House, which provides both nursing and residential care.

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 6 June 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	4	2

The details of the QIP within this report were discussed with the registered manager, Mrs Brenda Rushe, 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:** Mrs Brenda Rushe
Person in Charge of the Home at the Time of Inspection: Mrs Brenda Rushe	**Date Manager Registered:** 16 January 2015
Categories of Care: NH-DE, RC-PH(E), RC-PH, RC-I, RC-DE	**Number of Registered Places:** 65
Number of Patients Accommodated on Day of Inspection: 54	**Weekly Tariff at Time of Inspection:** £470 - £593

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 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

Theme 1: Medicines prescribed on an "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 medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspectors met with the registered manager and registered nurses/senior care 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
Medicine refrigerator temperatures

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 May 2015. The completed QIP was approved by the care inspector on 30 June 2015.

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 once	The registered manager must ensure that bisphosphonate medicines are administered in accordance with the manufacturers' instructions. Records for prescribing and administration must reflect this practice.	**Partially Met**
	Action taken as confirmed during the inspection: The audit trails on most of the bisphosphonate medicines indicated that these medicines had been administered once weekly and separately from food or other medicines. The outcomes of two audit trails which could not be concluded were discussed with the registered manager; it was agreed this would be addressed after the inspection.	
Requirement 2 **Ref**: Regulation 13(4) Stated once	The registered manager must ensure that staff take appropriate corrective action if refrigerator temperatures outside the accepted range are observed.	**Met**
	Action taken as confirmed during the inspection: Daily maximum and minimum medicine refrigerator temperatures were being maintained. Temperatures for one refrigerator were outside the accepted range and staff advised this had been identified and reported for repair or replacement. No medicine which required cold storage was stored in this refrigerator.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 38 Stated once	Two nurses/senior carers should be involved in the disposal of medicines and both should sign the records in the disposal book.	**Partially Met**
	Action taken as confirmed during the inspection: The majority of medicine entries recorded in the disposal of medicines record had been signed by two trained staff. On a few occasions there was no signature or one signature. The registered manager advised that this would be discussed with staff and closely monitored.	
Recommendation 2 **Ref**: Standard 38 Stated once	The registered manager should ensure that stock balances for controlled drugs are brought to zero in the controlled drug records books when necessary.	**Partially Met**
	Action taken as confirmed during the inspection: A controlled drug record book was not in use at the time of the inspection. Records for previously held Schedule 2 controlled drugs indicated that balances had been brought to zero following disposals. However, in the last month, a new recording system had been implemented with the result that Schedule 2 and 3 controlled drugs which had been recorded in the controlled drug record book had been transferred to the new system. The transferred balance remained active in the controlled drug record book. The registered manager advised that the controlled drug record book would be updated with immediate effect.	
Recommendation 3 **Ref**: Standard 39 Stated once	The date of opening should be recorded on glucose control solutions in order to facilitate disposal at expiry.	**Not Met**
	Action taken as confirmed during the inspection: There was no evidence of ongoing control solution checks on blood glucometers or dates of opening on the control solutions. A number of control solutions had passed the manufacturers' expiry date. **This recommendation was subsumed into a requirement**	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audit trails which were performed on a variety of randomly selected medicines produced satisfactory outcomes indicating that these medicines were being administered in accordance with the prescribers' instructions. However, audit discrepancies were observed in the administration of some liquid medicines, inhaled medicines and eye preparations. A small number of audit trails could not be concluded as the date of opening or a record of the receipt of the medicine had not been recorded.

The process for the ordering and receipt of medicines was reviewed. Prescriptions were received and checked before being dispensed. There were arrangements in place to ensure short falls in medicine supplies were reported and the supply obtained in a timely manner.

There was evidence that arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. Medicine details were confirmed with the prescriber and personal medication records were completed and checked by two staff members.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The majority of the medicines examined at the inspection were labelled appropriately. A few medicine labels required replacement and one insulin pen was unlabelled and this was discussed with the registered manager and staff.

There were robust arrangements for managing medicine changes; all changes were confirmed in writing and records were updated by two trained members of staff. This is safe practice.

Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. Some of the medicine records were legible and accurately maintained to ensure that there was a clear audit trail. Any transcribing on personal medication records and handwritten medication administration records involved two members of trained staff. This is safe practice. However, improvements in the standard of record keeping were identified and discussed at the inspection. The records of the prescribing of medicines must be reviewed. All medicines must be recorded on the personal medication record (PMR). Entries must not be amended. The date of writing should be recorded on each PMR. A system must be implemented to ensure that these records are accurate and correspond with the current printed medication administration records. The completion of administration records also requires review. Each administration must be accurately recorded. There was evidence that staff had signed the record of administration in error, as a result of code-copying. A number of unexplained omissions were observed for some medicines and discussed with staff. Staff must ensure that when a variable dose of medicine is prescribed, the actual quantity administered is recorded on every occasion.

Largely satisfactory arrangements were in place for the management of controlled drugs. One Schedule 2 controlled drug was held in stock. Records of the receipt and administration were being maintained on separate sheets. It was agreed that a bound controlled drug record book with numbered pages would be used from the day of the inspection onwards.

Any medicines which were discontinued or were unsuitable for use were usually disposed of and witnessed by two trained staff. The medicines were uplifted by a person holding a clinical waste licence. Controlled drugs were denatured prior to disposal using denaturing kits.

Is Care Effective? (Quality of Management)

There were written policies and procedures for the management of medicines in Weavers House.

Medicines were managed by staff who had been trained and deemed competent to do so. The impact of training is monitored through team meetings, supervision and annual appraisal. Competency assessments had been completed in the last year. Training in general medicines management had included the annual completion of e-learning modules. Care staff responsible for delegated medicines tasks had received training in the application of external preparations and the management of dysphagia. The registered manager advised that upcoming training included Parkinson's.

There were procedures in place to audit medicines. Staff had completed daily audits on a number of medicines not included within the 28 day monitored dosage medicine system. Management and the community pharmacist also complete audits. As some discrepancies were observed in the audit trails and improvement is required in the record keeping for medicines, the audit procedures must be reviewed to ensure that they are effective and cover the areas identified at the inspection.

A system was in place to report and learn from medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

The registered manager confirmed that compliance with prescribed medicine regimes is monitored and any omissions or refusals likely to have an adverse effect on the patients' health are reported to the prescriber.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of patients who were prescribed medicines for the management of distressed reactions, on a "when required" basis, were observed at the inspection. The name of the medicine was documented on the personal medication record and the frequency of dosing was recorded. The evidence indicated that these medicines were administered infrequently. A record of each administration was not always recorded. It was acknowledged that specific records had been implemented for this purpose. A care plan is maintained for some but not all patients prescribed these medicines. The registered manager confirmed that staff were familiar with circumstances when to administer anxiolytic/ antipsychotic medicines. Staff had the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain.

Medicines which were prescribed to treat pain were recorded on the personal medication record. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included transdermal opioid patches and also analgesics which were prescribed for administration on a "when required" basis. A separate sheet to record the administration of controlled drug patches was in use. A care plan was maintained

for some but not all patients prescribed pain controlling medicines. A pain tool is in use for those patients who cannot verbally express pain. From discussion with the staff, it was evident that staff were aware of the signs, symptoms and triggers of pain in patients. Where pain controlling medicines were prescribed, staff were aware that ongoing monitoring is necessary to ensure the pain is well controlled and the patient is comfortable. The registered manager advised of the recent training and work in this area.

Where a patient was responsible for the self-administration of their medicines, a risk assessment was completed and a care plan maintained. Competency was reviewed regularly.

Areas for Improvement

Staff should ensure that the date of opening is recorded for all medicine containers. Close monitoring of the administration of liquid medicines, inhaled medicines and eye preparations should be included in the audit process. All medicine labels must be legible. The audit procedures in place for medicines management must be reviewed. A requirement was made.

Robust systems must be in place to ensure that PMRs are fully and accurately maintained at all times. A requirement was made.

The registered manager must ensure that the records of administered medicines are fully and accurately maintained on each occasion. A requirement was made.

Staff were reminded that a record of all incoming medicines must be maintained.

The management of distressed reactions should be reviewed to ensure that a detailed care plan is developed for any patient prescribed anxiolytic/ antipsychotic medicines on a "when required" basis. Staff should record the reason for and outcome of the administration of the medicine on each occasion. A recommendation was made.

A detailed care plan should be maintained for each patient prescribed medicine to control pain. A recommendation was made.

Number of Requirements:	3	**Number of Recommendations:**	2

5.4 Additional Areas Examined

Medicines were being stored safely and securely.

Staff were reminded that the controlled drug cupboard key should be held separately from the other medicine cupboard keys.

One of the medicine cupboards was very full and there was little room to segregate each patients stock. It was discussed and agreed that this would be reviewed at the earliest opportunity.

The management of blood glucometers was examined. Quality control checks must be completed in accordance with the manufacturer's instructions and records of the outcomes should be maintained. Control solutions should be dated when opened and removed when the expiry date following opening, has been reached. (See also Section 5.2). The registered

person must review the arrangements in place for the management of blood glucometers. A requirement was made.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Brenda Rushe, 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 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 DHSSPS Care Standards for Nursing Homes (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 inspectors.

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** **To be Completed by:** **23 July 2015**	The registered person must develop a robust audit process for the management of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: Daily audit of one resident per unit per night is being completed by night staff threfore 4 residents medications per night are audited. Managers monthly audit completed. Staff self auditing all boxed medications each time they administer.
Requirement 2 **Ref**: Regulation 13(4) **Stated: First time** **To be Completed by:** **23 July 2015**	The registered person must implement effective systems to ensure that personal medication records are fully and accurately maintained at all times.
	Response by Registered Person(s) Detailing the Actions Taken: The registered manager has implemented effective systems to ensure that personal medication records are fully and accurately maintained at all time.
Requirement 3 **Ref:** Regulation 13(4) **Stated: First time** **To be Completed by:** **23 July 2015**	The registered person must ensure that the records of administered medicines are fully and accurately maintained on each occasion.
	Response by Registered Person(s) Detailing the Actions Taken: New MAR's have been developed from Mon 29th June. Staff meeting held with all CTM's and nurses and discussed the importance of accurately recording each medication administration. Supervision also completed with all CTM's and nurses.
Requirement 4 **Ref:** Regulation 13(4) **Stated: First time** **To be Completed by:** **23 July 2015**	The registered person must put robust arrangements in place for the management of blood glucometers.
	Response by Registered Person(s) Detailing the Actions Taken: All residents with diabetes have their own blood glucometers and calabration solution. All glucometers are calibarated and recorded in the folder. Robust process is now in place.

Recommendations	
Recommendation 1 **Ref**: Standard 18 **Stated: First time** **To be Completed by:** **23 July 2015**	It is recommended that the registered person should ensure that where medicines are prescribed on a “when required” basis for the treatment of distressed reactions, a care plan is in place and staff record the reason for and the outcome of the administration of the medicine on every occasion.
	Response by Registered Person(s) Detailing the Actions Taken: Distressed reaction forms continue to be in place with the kardex and is to be completed every time a "when required" medication is administered. Residents who present with distressed reactions have a care plan in place for their "when required" medication.
Recommendation 2 **Ref**: Standard 4 **Stated: First time** **To be Completed by:** **23 July 2015**	It is recommended that the registered person should ensure that where medicines are prescribed for the management of pain, this is clearly referenced in a care plan.
	Response by Registered Person(s) Detailing the Actions Taken: Abbey pain scales are now in place in all residents kardex's to ensure pain is being managed adequately, these are to be done at least monthly but more often if required. Residents who are on medication for pain management now have a person centred care plans in place.

Registered Manager Completing QIP	Brenda Rushe	**Date Completed**	20/07/15
Registered Person Approving QIP	Logan N Logeswaran	**Date Approved**	06/08/15
RQIA Inspector Assessing Response	**Frances Gault**	**Date Approved**	**7/8/15**

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