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Inspector: Helen Mulligan
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Unannounced Medicines Management Inspection of The Tilery

24 August 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 82252544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 24 August 2015 from 10:15 to15:10.

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 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 Department of Health, Social Services and Public Safety (DHSSPS) DHSSPS Care Standards for Nursing Homes.

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 2 July 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 Ebixa liquid was issued to Mrs Martina McGovern, Registered Manager, at the end of the inspection. This action is required to be addressed without delay to ensure the safety and wellbeing of patients.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

The details of the QIP within this report were discussed with Mrs Martina McGovern, 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: The Tilery Ms Claire Stranney and Mr Stephen Stranney	**Registered Manager:** Mrs Martina McGovern
Person in Charge of the Home at the Time of Inspection: Mrs Martina McGovern	**Date Manager Registered:** 20 December 2012
Categories of Care: RC-I, NH-I	**Number of Registered Places:** 36
Number of Residents/Patients Accommodated on Day of Inspection: 30	**Weekly Tariff at Time of Inspection:** £593.00

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 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 previous medicines management inspection.

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 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 16 July 2015. The completed QIP was returned and approved by the specialist inspector.

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 registered manager must ensure that all designated members of staff have been trained and deemed competent to administer Ebixa (pump spray).	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that training had been provided following the last medicines management inspection. Staff on duty demonstrated the correct method for using the Ebixa pump during the inspection. However, a stock balance discrepancy was noted in a supply of Ebixa liquid during the inspection. A further requirement regarding the management of this medicine was made. On 26 August 2015, the registered manager confirmed by telephone and email that nursing staff had demonstrated their competency to administer doses of Ebixa liquid in accordance with the manufacturer's and prescriber's instructions.	
Requirement 2 **Ref**: Regulation 13(4) **Stated First time**	The registered manager must ensure that records of the administration of thickening agents by care and nursing staff and records of the administration of medicines for external use by care staff are maintained.	**Met**
	Action taken as confirmed during the inspection: Records of the administration of these medicines were in place.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref**: Regulation 13(4) **Stated First time**	The registered manager must ensure that the medicines refrigerator is maintained at the correct temperature for the cold storage of medicines	**Met**
	Action taken as confirmed during the inspection: Records showed that the refrigerator had been maintained at the correct temperature. However, staff are not recording the maximum and minimum temperatures each day. A recommendation regarding the recording of refrigerator temperatures was made.	
Requirement 4 **Ref**: Regulation 13(4) **Stated First time**	The registered manager must ensure that the arrangements in place for the management of thickening agents are reviewed and revised to ensure that personal medication records are adequately maintained, speech and language therapist reports are in place and care plans are adequately maintained.	**Met**
	Action taken as confirmed during the inspection: Arrangements for the management of thickening agents had been reviewed and revised and were noted to be acceptable.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37 **Stated Third time**	The home should keep a copy of current prescriptions on file.	**Met**
	Action taken as confirmed during the inspection: A copy of current prescriptions was in place.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref**: Standard **37** **Stated First time**	The registered manager should ensure that there is a current medicines reference source in the home.	**Met**
	Action taken as confirmed during the inspection: There was a current copy of the British National Formulary in the home on the day of the inspection.	
Recommendation 3 **Ref**: Standard 37 **Stated First time**	The registered manager should audit and monitor supplies of insulin and bisphosphonate medicines on a regular basis.	**Met**
	Action taken as confirmed during the inspection: Records of audits of supplies of insulin and bisphosphonate medicines were noted during the inspection.	
Recommendation 4 **Ref**: Standard 37 **Stated First time**	The registered manager should ensure that prescriptions are received into the home and checked against the order before being forwarded to the community pharmacist for dispensing.	**Not Met**
	Action taken as confirmed during the inspection: Prescriptions had not been received and checked by the home prior to being dispensed. This recommendation has been re-stated.	
Recommendation 5 **Ref**: Standard 37 **Stated First time**	The registered manager should review and revise the home's written policies and procedures to ensure they are current and cover each of the activities associated with the management of medicines.	**Met**
	Action taken as confirmed during the inspection: Written policies and procedures for the management of medicines were in place. These had been reviewed and updated in January 2014.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 6 **Ref**: Standard 37 **Stated First time**	The registered manager should ensure that Standard Operating Procedures for controlled drugs are in place.	**Met**
	Action taken as confirmed during the inspection: Written policies and procedures for the management of controlled drugs were in place.	
Recommendation 7 **Ref**: Standard 37 **Stated First time**	The registered manager should review and revise the home's arrangements for disposing of medicines to ensure they comply with legislative requirements and DHSSPS guidelines.	**Met**
	Action taken as confirmed during the inspection: Medicines for disposal had been collected by a licensed waste disposal company. Records of disposal showed that controlled drugs were denatured by two designated members of staff in the home prior to their disposal.	
Recommendation 8 **Ref**: Standard 38 **Stated First time**	The registered manager should ensure that records of medicines transferred out of the home and disposed of are adequately and securely maintained.	**Met**
	Action taken as confirmed during the inspection: Records of medicines transferred and disposed of were adequately maintained.	
Recommendation 9 **Ref**: Standard 38 **Stated First time**	The registered manager should ensure that the time of administration of Schedule 2 controlled drugs is recorded in the controlled drugs record book.	**Met**
	Action taken as confirmed during the inspection: The time of administration of controlled drugs was recorded in the controlled drugs register.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 10 **Ref**: Standard 39 **Stated First time**	The registered manager should ensure that medicines for internal use and external use are stored separately in locked cupboards. Medicines stored in patients' rooms should be subject to a risk assessment.	**Met**
	Action taken as confirmed during the inspection: Medicines for internal use and external use were stored separately. The registered manager confirmed that medicines were no longer stored in patients' rooms.	
Recommendation 11 **Ref**: Standard 39 **Stated First time**	The registered manager should ensure that oxygen cylinders are chained to a wall when not in use.	**Met**
	Action taken as confirmed during the inspection: Oxygen cylinders were chained to the wall.	
Recommendation 12 **Ref**: Standard 37 **Stated First time**	The registered manager should ensure that blood glucose meters are checked on a regular basis.	**Met**
	Action taken as confirmed during the inspection: Records showed that blood glucose meters had been checked on a weekly basis. The standard glucose solution for calibrating glucose meters was marked with the date of opening and had not exceeded its in-use shelf-life.	
Recommendation 13 **Ref**: Standard 37 **Stated First time**	The registered manager should ensure that individual patient protocols are in place for the management of rectal diazepam.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed this had been addressed following the last inspection. There were no patients prescribed rectal diazepam in the home on the day of the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audit trails performed on a variety of randomly selected medicines at the inspection produced broadly satisfactory outcomes, indicating that these medicines had been administered as prescribed. However, discrepancies were noted in some medicine audits, including audits of some liquid medicines and one supply of medicine patches. A discrepancy was also noted in the audit of one supply of Ebixa liquid, indicating that this medicine had not been administered as prescribed. An urgent action record regarding the safe management of this medicine was issued during the inspection.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. However, prescriptions had not been received into the home and checked against the order before being forwarded for dispensing, although a copy of each prescription had been obtained from the community pharmacy and was filed in the home. The registered manager was reminded that it is expected practice that homes are in control of the ordering process for medicines. There were some overstocks of nutritional supplements and supplies had not been used in date order.

The majority of medicine records reviewed during the inspection were maintained in a satisfactory manner.

The controlled drug record book and records of stock reconciliation checks on controlled drugs were maintained in a satisfactory manner. Stocks of Schedule 4 controlled drugs had not been included in the home's auditing and monitoring procedures on a regular basis.

Medicines for disposal had been managed by two members of staff and waste bins had been collected by a licensed waste disposal contractor.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place. There was evidence these were reviewed and updated in January 2014.

The registered manager confirmed that medicines have been managed by staff who had been trained and deemed competent to do so. Records showed that staff received training on the management of medicines as part of the induction process for new members of staff and as a regular update. Records also showed that staff competency in the management of medicines had been reviewed on an annual basis.

There were systems in place to audit practices for the management of medicines. Staff had audited medicines on a monthly basis and records of audits were maintained. However, discrepancies noted during the audits had not been reported to the registered manager and there was no evidence that any action had been taken where discrepancies in audits were identified. Supplies of nutritional supplements had not been included in the home's auditing procedures.

Errors or incidents involving medicines had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records for four patients prescribed medication for administration on a "when required" basis for the management of distressed reactions were examined. A care plan detailing the management of distressed reactions and the parameters for administration of medication was not in place for each of the four patients. Some of the administration records and the corresponding daily notes for the patient detailed why a medicine was required to be administered and the outcome of administration, but these were sometimes incomplete.

The records for three patients prescribed medicines for the management of pain were examined. There was evidence that patients have had pain reviewed as part of their admission assessment. Appropriate pain tools were in place. An analgesia care plan was in place for two of the patients. Where pain care plans were in place, there was evidence these had been reviewed on a monthly basis.

Medicines for one patient had been administered covertly. The registered manager advised that this patient lacked capacity to refuse their medication, the management of which had been reviewed in consultation with the prescriber. The prescriber had provided written authorisation for medicines to be crushed and/or capsules to be opened and added to food to aid the administration process. However, there was no evidence that staff had obtained pharmaceutical advice regarding the suitability of crushing the medicines and/or opening the capsules and adding medicines (including liquid medicines) to food prior to administration.

Areas for Improvement

Prescriptions should be received into the home and checked against the order before being forwarded for dispensing. A recommendation was re-stated.

The maximum and minimum refrigerator temperatures should be recorded on a daily basis. A recommendation was made.

Ebixa liquid must be administered in accordance with the prescriber's and manufacturer's instructions. An urgent action record detailing this requirement was issued to the registered manager during the inspection. A requirement was made.

The system for auditing medicines must be reviewed and revised. All aspects of the management of medicines, including liquid medicines, patches and nutritional supplements must be included in the home's auditing and monitoring procedures and any discrepancies must be investigated and action taken where appropriate. A requirement was made.

Supplies of Schedule 4 controlled drugs should be included in the home's auditing and monitoring procedures on a regular basis. A recommendation was made.

Staff were reminded that, where medicine doses are variable, e.g. one or two, the quantity administered on each occasion should be recorded on the record of medicines administered.

The use of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure comprehensive care plans are in place and records of administration of medicines detail why the medicine was administered and its effect. A recommendation was made.

The registered manager was reminded that a comprehensive care plan should be in place for each patient prescribed an analgesic medicine.

Evidence of professional advice must be in place for any crushing or disguising of medicines. A requirement was made.

Number of Requirements:	**3**	**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 Mrs Martina McGovern, registered manager, 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 Nursing 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) 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 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** **25 August 2015**	The registered person must ensure that Ebixa liquid is administered in accordance with the prescriber's and manufacturer's instructions.
	Response by Registered Person(s) Detailing the Actions Taken: Manager discussed with Nursing Staff the need for accurate administration of Ebixa Liquid. Nursing staff have demonstrated accurate calculation and administration of Ebixa drops as per prescriber's and manufacturer's instructions.
Requirement 2 **Ref:** Regulation13(4) **Stated:** First time **To be Completed by:** **22 September 2015**	The registered person must ensure that there are robust arrangements in place to audit all aspects of the management of medicines and any discrepancies must be investigated and managed appropriately.
	Response by Registered Person(s) Detailing the Actions Taken: Nursing staff have been advised to bring to the attention of the Manager any discrepancies identified at medication audits. The Manager will then investigate the discrepancy and manage appropriately.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** **22 September**	The registered person must ensure that evidence of professional advice is in place for any crushing or disguising of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: The Manager will ensure advice is sought from Pharmacist or medicine information services regarding crushing or disguising medication.
Recommendations	
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time **To be Completed by:** **22 September 2015**	The registered manager should ensure that prescriptions are received into the home and checked against the order before being forwarded to the community pharmacist for dispensing.
	Response by Registered Person(s) Detailing the Actions Taken: **Prescriptions will be received into the home and checked prior to forwarding to pharmacist for dispensing.**

Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be Completed by:** **22 September 2015**	It is recommended that the registered person should ensure maximum and minimum refrigerator temperatures are monitored and recorded on a daily basis.
	Response by Registered Person(s) Detailing the Actions Taken: **Staff have been advised to record minimum and maximum medicine refrigerator temperature on daily basis.**
Recommendation 3 **Ref:** Standard 28 **Stated:** First time **To be Completed by:** **22 September 2015**	It is recommended that the registered person should ensure supplies of Schedule 4 controlled drugs are included in the home's auditing and monitoring procedures on a regular basis.
	Response by Registered Person(s) Detailing the Actions Taken: **Schedule 4 (as required) drugs are audited on weekly basis and record of audits maintained.**
Recommendation 4 **Ref:** Standard 28 **Stated:** First time **To be Completed by:** **22 September 2015**	It is recommended that the registered person should ensure comprehensive care plans are in place for patients prescribed medicines on a "when required" basis for the management of distressed reactions and records of the administration of such medicines should include the reason for the administration and the observed effect.
	Response by Registered Person(s) Detailing the Actions Taken: **Care plans are now in place for those who are prescribed when required medication for distressed reactions. Reason for administration and efficacy of the drug is recorded on daily evaluation record.**

Registered Manager Completing QIP	Martina McGovern	**Date Completed**	08/09/15
Registered Person Approving QIP	Claire Stranney	**Date Approved**	08/09/15
RQIA Inspector Assessing Response	**Helen Mulligan**	**Date Approved**	**21/09/2015**

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