Knockagh Rise
RQIA ID: 12186
236 Upper Road
Greenisland
BT38 8RP

Inspector: Rachel Lloyd
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Unannounced Medicines Management Inspection of Knockagh Rise

5 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 5 November 2015 from 10:00 to 14:20.

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) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to described those living in Knockagh Rise, which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Medicines Management 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 29 April 2015.

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	**0**	**4**

The details of the QIP within this report were discussed with the nurse in charge, Mrs Wendy Turkington as part of the inspection process. The registered manager, Mrs Anne McCracken, arrived towards the end of these discussions at 14:00. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Malcolm James Wilson/ Knockagh Rise Ltd	**Registered Manager:** Mrs Anne Florence Josephine McCracken
Person in Charge of the Home at the Time of Inspection: Mrs Wendy Turkington, Registered Nurse	**Date Manager Registered:** 17 December 2014
Categories of Care: NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)	**Number of Registered Places:** 29
Number of Patients Accommodated on Day of Inspection: 26	**Weekly Tariff at Time of Inspection:** £641 - £671

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 included the following:

Prior to the inspection, the management of incidents reported to RQIA since the last medicines management inspection was reviewed.

During the inspection we met with the two registered nurses on duty and the registered manager.

The following records were examined:

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 September 2015. The completed QIP was assessed and approved by the care inspector on 3 November 2015.

At the request of the care inspector an area to be followed up was the storage of dressings, thickening agents and external preparations in some bedrooms. Two of these bedrooms were examined with the patients' consent and storage arrangements were found to be satisfactory. Storage boxes were in use and the floor and furniture were free from clutter.

5.2 Review of Recommendations from the Last Medicines Management Inspection

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 28 **Stated once**	It is recommended that a competency assessment tool is developed in order to assess staff prior to assuming responsibility for the management of medicines.	**Met**
	Action taken as confirmed during the inspection: A competency assessment tool was developed. Written evidence of its use during induction was observed. The registered manager stated that this tool will also be used during annual appraisal for relevant staff.	
Recommendation 2 **Ref**: Standard 29 **Stated once**	It is recommended that the frequency of administration of "when required" medicines must be indicated by clear and definitely stated minimal intervals and a maximum daily dose on the personal medication records.	**Met**
	Action taken as confirmed during the inspection: These details were recorded on the personal medication records examined.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 3 **Ref**: Standard 28 **Stated once**	It is recommended that the procedures in place for the management of the use of "when required" medicines for pain relief and the management of distressed reactions are developed.	**Not Met**
	Action taken as confirmed during the inspection: The QIP returned following the last medicines management inspection stated that detailed care plans were in place where these categories of medicines were prescribed. However, this was not always evidenced during the inspection. In addition, the reason for and outcome of the use of "when required" medicines in the management of distressed reactions was not recorded. **This recommendation was stated for the second time.**	
Recommendation 4 **Ref**: Standard 28 **Stated once**	It is recommended that training is provided to staff regarding the management of medicines prescribed for Parkinson's.	**Met**
	Action taken as confirmed during the inspection: Training had taken place on 4 June 2015 and the registered manager had also held supervision sessions with relevant staff. This was evidenced during the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A sample of medicines and medicine records were audited at the inspection. The audits produced largely satisfactory outcomes indicating that medicines were administered as prescribed.

There was evidence of satisfactory arrangements to ensure the safe management of medicines during a patient's admission to the home and discharge from the home. Medicine details were confirmed in writing with the prescriber.

Systems to manage the ordering of prescribed medicines, to ensure that adequate supplies were available, were reviewed. These were found to be satisfactory. All of the medicines examined at the inspection were labelled appropriately.

There were robust arrangements for managing medicine changes, including high risk medicines such as warfarin and insulin.

Medicine records had been maintained in a satisfactory manner. Records of the prescribing, ordering, receipt, administration and disposal/transfer of medicines were maintained. Where transcribing of medicine details had occurred, this process usually involved two registered nurses to ensure the accuracy of the record which is good practice. Other good practice acknowledged included the additional records maintained for antibiotics, opioid transdermal patches, warfarin and other anticoagulants and insulin. However, where care staff were responsible for the administration of external preparations records were not always complete.

The receipt, storage, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility.

For those patients prescribed a thickening agent for the management of swallowing difficulty, the prescribed consistency level was clearly referenced on the personal medication record and a care plan was in place. Speech and Language therapist (SALT) reports were also observed.

Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which are uplifted by a waste disposal contractor. The disposal record indicated that most but not all Schedule 4 (Part 1) controlled drugs had been denatured prior to disposal. This was discussed and it was concluded that staff were not aware of the latest changes to the controlled drug schedules. A recommendation was made.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs were available.

Medicines were being managed by staff who have been trained and deemed competent to do so. An induction process was in place. The registered manager advised that the impact of training is monitored through supervision and appraisal. Training in medicines management is provided through completion of e-learning modules. Additional training sessions on the management of syringe drivers, anaphylaxis and dysphagia had been provided for relevant staff. Care staff who were responsible for delegated medicines related tasks had been provided with training in the management of dysphagia and the application of external preparations.

Competency assessments had been completed since the last medicines management inspection. A list of the names, initials and sample signatures of staff responsible for administering medicines was maintained.

Arrangements were in place to audit the practices for the management of medicines. Registered nurses routinely complete audits when a medicines container is empty. The registered manager also performs a medication audit. A checklist is completed and an associated action plan prepared, which is followed up at the next audit. The community pharmacist complements this audit activity by performing medicines audits and providing a written report of the outcome. A review of the audit records indicated that largely satisfactory

outcomes had been achieved. The audit process was facilitated by the good practice of recording the date and time of opening on the medicine container.

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

There was a system in place to report, analyse and learn from incidents. No medicine related incidents had been reported.

Is Care Compassionate? (Quality of Care)

The records for a small number of patients who were prescribed medicines for the management of distressed reactions, on a "when required" basis, were examined. The name of the medicine and the frequency of dosing were recorded on the personal medication record. A care plan was in place in some cases. A record of each administration was recorded; however there was no record of the reason for and outcome of each administration. Staff were familiar with circumstances when to administer anxiolytic/ antipsychotic medicines and 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.

The management of medicines prescribed to manage pain were examined for a sample of patients. The medicines prescribed were recorded on the personal medication record and records indicated that they had been administered as prescribed. This included regularly prescribed transdermal opioid patches and analgesics which were prescribed for administration on a "when required" basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Care plans in relation to pain management were not always in place, the registered nurses on duty advised that this has been identified as an area for improvement.

A recommendation made at the last medicines management inspection was stated for the second time.

Areas for Improvement

It was advised and agreed that a second member of trained staff should check and sign all personal medication records to ensure accuracy of transcription.

It was advised and agreed that where care staff are responsible for the administration of external preparations, records should be completed on every occasion.

Robust arrangements should be in place to ensure that all relevant controlled drugs are denatured prior to disposal. A recommendation was made.

Procedures in place for the management of the use of "when required" medicines for pain relief and the management of distressed reactions should be further developed. Care plans should be in place and the reason for and outcome of the use of "when required" medicines in the management of distressed reactions should be recorded on every occasion. The recommendation made at the last medicines management inspection was stated for the second time.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines were largely stored safely and securely and storage areas were tidy and organised. Satisfactory arrangements were in place for the security of medicine keys. As discussed at the last medicines management inspection, the registered manager should review the siting of controlled drugs cupboard to ensure it meets the necessary requirements (Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973 (Nursing Homes). This was discussed with the Senior Inspector following the inspection and a recommendation was made.

The management of blood glucometers should be reviewed; to ensure that these are maintained according to the manufacturers' instructions and that records are maintained. A recommendation was made.

It was advised that the temperature of the medicines storage area should be monitored and recorded. The temperature was satisfactory at the time of the inspection.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the nurse in charge, Mrs Wendy Turkington as part of the inspection process. The registered manager, Mrs Anne McCracken, arrived towards the end of these discussions at 14:00. 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 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 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 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

Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated: Second time** **To be Completed by: 5 December 2015**	It is recommended that the procedures in place for the management of the use of "when required" medicines for pain relief and the management of distressed reactions are developed.
	Response by Registered Person(s) Detailing the Actions Taken: The Abbey Pain Tool will be used for Residents to express pain along side the administration chart .A care plan for 'when required ' medicines for distressed reactions is in place detailing the reason for adminstration ,the effectiveness and other action required .
Recommendation 2 **Ref**: Standard 28 **Stated: First time** **To be Completed by: 5 December 2015**	It is recommended that procedures are reviewed to ensure that all relevant controlled drugs are denatured prior to disposal.
	Response by Registered Person(s) Detailing the Actions Taken: All CDs and those in Schedules 3 and 4 that are subject to safe custody requirements will be denatured prior to disposal.
Recommendation 3 **Ref**: Standard 31 **Stated: First time** **To be Completed by: 5 December 2015**	It is recommended that the siting of controlled drugs cupboard is reviewed to ensure it meets the necessary requirements (Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973 (Nursing Homes)).
	Response by Registered Person(s) Detailing the Actions Taken: A metal plate has been fixed to the wall and the controlled drugs cupboard bolted onto the plate.
Recommendation 4 **Ref**: Standard 45 **Stated: First time** **To be Completed by: 5 December 2015**	It is recommended that management of blood glucometers is reviewed, to ensure they are maintained according to the manufacturer's instructions and that records are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: The blood glucometers are maintained as per the manufacturer's instructions and all relevant records kept.

Registered Manager Completing QIP	Anne McCracken	**Date Completed**	10th December 2015
Registered Person Approving QIP	James Wilson	**Date Approved**	14th December 2015
RQIA Inspector Assessing Response	**Rachel Lloyd**	**Date Approved**	**15/12/15**

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