Limetree House
RQIA ID: 12241
133/133A Comber Road
Dundonald
BT16 2BJ

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Announced Medicines Management Inspection of Limetree House

26 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced post-registration medicines management inspection took place on 26 November 2015 from 10.00 to 13.00.

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 Medicines Management Inspection

This was the first medicines management inspection of the home since registration on 26 January 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	3

The details of the QIP within this report were discussed with the registered manager, Mrs Deborah Moore, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Gertrude Alexandra Priscilla Nixon	**Registered Manager:** Mrs Deborah Cecilia Moore
Person in Charge of the Home at the Time of Inspection: Mrs Deborah Moore	**Date Manager Registered:** 26 January 2015
Categories of Care: RC-DE	**Number of Registered Places:** 35
Number of Residents Accommodated on Day of Inspection: 31	**Weekly Tariff at Time of Inspection:** £515 - £520

3. Inspection Focus

The inspection sought 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 included the following:

Prior to the inspection the management of any incidents reported to RQIA since registration was reviewed. None had been reported.

We met with the registered manager and the deputy 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 storage temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced care inspection dated 15 January 2015. No requirements or recommendations were made.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

This was the first medicines management inspection of the home since registration on 26 January 2015.

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A sample of medicines and medicine records were audited. The audits produced largely satisfactory outcomes indicating that medicines were administered as prescribed. One discrepancy in a liquid laxative preparation was observed. The registered manager agreed to monitor the administration of this medicine and to ensure that a range of liquid medicines are included in the audit process.

The management of medicines during a resident's admission to the home and discharge from the home was examined and found to be satisfactory. 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 and found to be satisfactory. All prescribed medicines were available and all of the medicines examined at the inspection were labelled appropriately.

The arrangements for managing medicine changes, including high risk medicines such as warfarin and insulin were examined. Warfarin dosage directions were received in writing from the prescriber following a telephone call involving two members of staff. However, the dose was then transcribed onto a separate record by one member of staff. Staff should be able to refer to the original dosage directions at each administration and where transcribing is necessary, a second member of trained staff should check and sign the record to ensure accuracy. A recommendation was made.

Medicine records had been maintained in a satisfactory manner. Records of the prescribing, ordering, receipt, administration and disposal/transfer of medicines were maintained. The process of verifying personal medication records involved two trained members of staff which is good practice. The registered manager should update records regarding the management of diabetes to ensure that prescribed insulin is included on the personal medication record and that a care plan is maintained for the management of hypo/hyperglycaemia for each identified resident. A recommendation was made.

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

Any medicines which had been discontinued or were unsuitable for use had been returned to the community pharmacy for disposal.

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. These had been reviewed following advice provided by Frances Gault, Senior Pharmacist Inspector, in February 2015, when submitted to RQIA prior to registration.

Medicines were being managed by staff who had been trained and deemed competent. An induction process was in place. The registered manager advised that the impact of training was monitored through supervision and appraisal.

Arrangements were in place to audit the practices for the management of medicines. Satisfactory outcomes had been achieved. The community pharmacist complemented this audit activity by performing medicines audits and providing a written report of the outcome. The audit process was facilitated by the good practice of recording the date and time of opening on the medicine container.

There were arrangements in place to note any compliance issues with medicine regimes and these had been reported to the resident's prescriber where necessary.

There were procedures in place to identify, record, report, analyse and learn from medicine related incidents. No medicine related incidents had been reported since registration.

Is Care Compassionate? (Quality of Care)

The records for a small number of residents 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. A record of each administration was recorded including the reason for and outcome of each administration. Staff were familiar with circumstances when to administer these anxiolytic medicines and had the knowledge 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 management of medicines prescribed to manage pain were examined. 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 resident was comfortable. Care plans were in place.

Areas for Improvement

The management of warfarin should be reviewed to ensure that staff are able to refer to the original dosage directions at each administration and where transcribing is necessary, a second member of trained staff checks and signs the record to ensure accuracy. A recommendation was made.

Records regarding the management of diabetes should be reviewed to ensure that prescribed insulin is included on the personal medication record and that a care plan is maintained for the management of hypo/hyperglycaemia for each identified resident. A recommendation was made.

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

5.4 Additional Areas Examined

Medicines were securely stored in accordance with the manufacturers' instructions. The registered manager was advised to ensure that all staff are aware that the medicines refrigerator thermometer must be reset after recording temperatures on every occasion.

The temperature of the medicines storage room was in excess of 25°C. Records indicated that this had occurred on a number of occasions. The temperature should be maintained at or below 25°C at all times. A recommendation was made.

Number of Requirements	**0**	**Number of Recommendations**	**1**

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 Deborah Moore, 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 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 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

No Requirements were made

Recommendations

Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 26 December 2015	The management of warfarin should be reviewed to ensure that staff are able to refer to the original dosage directions at each administration and where transcribing is necessary, a second member of trained staff checks and signs the record to ensure accuracy. **Response by Registered Person(s) Detailing the Actions Taken:** In place from day of inspection, completed.
Recommendation 2 **Ref**: Standard 31 **Stated:** First time **To be Completed by:** 26 December 2015	Records regarding the management of diabetes should be reviewed to ensure that prescribed insulin is included on the personal medication record and that a care plan is maintained for the management of hypo/hyperglycaemia for each identified resident. **Response by Registered Person(s) Detailing the Actions Taken:** In place; completed.
Recommendation 3 **Ref**: Standard 32 **Stated:** First time **To be Completed by:** 26 December 2015	Arrangements should be reviewed to ensure that the temperature of the medicines storage room is maintained at or below 25°C at all times. **Response by Registered Person(s) Detailing the Actions Taken:** Staff fully aware of required temperature - recorded twice daily.

Registered Manager Completing QIP	[signature]	**Date Completed**	23/12/15
Registered Person Approving QIP	[signature]	**Date Approved**	29.12.15
RQIA Inspector Assessing Response		**Date Approved**	

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

RQIA Inspector Assessing Response	Rachel Lloyd	**Date Approved**	5/1/16