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Inspection ID: IN022431

Unannounced Medicines Management Inspection of Kings Castle

23 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 23 June 2015 from 10:30 to 15:40.

Overall on the day of the inspection it was found that improvements in the management of medicines were necessary in order for care to be safe, effective and compassionate. The outcome of the inspection found areas of concern which will be initially addressed through a follow up inspection. See Section 1.2 and 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.

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 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.

For the purposes of this report the term 'patients' will be used to describe those living in Kings Castle 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 8 January 2013.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection. However, a follow up inspection to monitor the progress that is required will be planned for later in the year.

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with Ms Wendy Minnis, Deputy Manager, as part of the inspection process. The registered manager, Mr James Murphy, was called away prior to the feedback. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Messana Investments Ltd Mr Gerald Ward	**Registered Manager:** Mr James Henry Murphy
Person in Charge of the Home at the Time of Inspection: Mr James Henry Murphy	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 40
Number of Patients Accommodated on Day of Inspection: 34	**Weekly Tariff at Time of Inspection:** £593 – Nursing £470 - Residential

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 medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspectors met with the registered manager, deputy manager, registered nurses and staff on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicines administration records	Care plans
Medicines disposed of or transferred	Controlled drug record book

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 12 January 2015. The completed QIP was returned and approved by the care 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 twice**	The necessary arrangements must be made to ensure that the temperature of the medicine refrigerator is maintained within the recommended limits of +2ºC and +8ºC.	**Met**
	Action taken as confirmed during the inspection: The refrigerator temperature had been maintained within the required range.	
Requirement 2 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that the administration of bisphosphonate tablets is closely monitored during the routine audit process.	**Not met**
	Action taken as confirmed during the inspection: Bisphosphonates were not being adequately monitored as discrepancies were again noted in the administration of bisphosphonate tablets. **This requirement has been restated**	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref: Regulation 13(4)** **Stated once**	The registered manager must review and revise the management of warfarin within the home.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin was satisfactory.	
Requirement 4 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that the personal medication records and care plans contain all of the required information with regard to thickened fluids.	**Partially met**
	Action taken as confirmed during the inspection: Some further improvement is required in these records as detailed in Section 5.3 of this report. **This requirement has been restated**	
Requirement 5 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that a copy of the medicine order is retained in the home.	**Met**
	Action taken as confirmed during the inspection: A copy of the medicine order is now retained.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref: Standard 37** **Stated once**	The registered manager should ensure that the date of opening is recorded to facilitate audit.	**Partially met**
	Action taken as confirmed during the inspection: The date of opening was recorded on most medicine containers, however there were a number of medicines that could not be audited because the date of opening had not been recorded. **This recommendation has been subsumed into a requirement**	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref: Standard 37** **Stated once**	A daily running balance of warfarin tablets should be maintained.	**Met**
	Action taken as confirmed during the inspection: A daily running balance was maintained for warfarin tablets.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Audit trails were performed on a variety of randomly selected medicines and most produced satisfactory outcomes. However a significant number of medicines could not be audited as the date of opening had not been recorded. It could not therefore be verified by the inspectors that these medicines had been administered in accordance with prescribed instructions. Discrepancies in the audits of inhaled medicines and bisphosphonates were noted. The current auditing system within the home had not highlighted the concerns identified during the inspection (detailed below).

The stock control systems within the home require improvement to ensure that medicines are available for administration at all times. There was evidence that three medicines had not been administered for several days as they had been out of stock. There was evidence a medicine had been lent/borrowed between patients as individual supplies had been allowed to run out of stock. This is unacceptable. Each patient must have their own supply of medicine available for administration.

The registered person should review the procedures in place for ordering prescribed medicines. It is good practice that prescriptions are reviewed by staff in the home before being sent to the pharmacy for dispensing. This was discussed with the deputy manager.

The medicine records had been maintained in a generally satisfactory manner. Records of the ordering, receipt, administration and non-administration were maintained. Where transcribing of medicine details had occurred, the process involved two registered nurses to ensure the accuracy of the record. Other good practice acknowledged included the additional records for the management of warfarin.

The care records of a recent admission were examined and it was noted that whilst a pre-admission assessment had been done, care plans were not in place. A comprehensive and holistic assessment should be completed for each patient. The assessment should commence on the day of admission and be completed within five days of admission to the home. A detailed plan of care should be generated from this assessment in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015. This was discussed with the deputy manager and it was agreed that care plans would be in place without delay.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility. Additional checks were also completed on Schedule 4 controlled drugs and pregabalin.

Discontinued or expired medicines were discarded into pharmaceutical clinical waste bins which were uplifted by a waste disposal contractor. Controlled drugs were being denatured prior to disposal. The records of disposal of waste medicines were examined. This record should be signed by two nurses who witness the disposal. Controlled drugs which are disposed of should also be signed by two nurses who witness the disposal.

Is Care Effective? (Quality of Management)

The registered manager should ensure that Standard Operating Procedures (SOPs) for the management of controlled drugs are drafted and implemented. These SOPs must be reflective of the practice within King's Castle

Medicines were being managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through supervision and appraisal. Training in medicines management was provided through training sessions and completion of e-learning modules. Competency assessments were completed annually.

There were arrangements in place to audit practices for the management of medicines. A monthly spot check of a sample of medicines had been completed. Areas for improvement were noted on the audit, however there was no evidence that the action required had been completed and followed up. The outcome of this inspection indicated that the audit system in place was not robust.

No medication incidents have been reported since the last medicines inspection on 8 January 2013. The outcome of this inspection suggested that medicine incidents have not been identified, managed and reported appropriately.

Is Care Compassionate? (Quality of Care)

The records relating to a small number of patients who were prescribed medicines for the management of distressed reactions were examined. A care plan which detailed the circumstances under which the medicine was to be administered was not in place. The parameters for administration were recorded on the personal medication records. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions. The reason for and the outcome of administration had not been recorded.

The records relating to a small number of patients who were prescribed medicines for the management of pain were reviewed. Medicines which were prescribed to treat or prevent pain were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and other analgesics which were prescribed for administration on either a regular or "when required" basis. A care plan was not in place for one patient to detail the management of the patient's pain.

The care plans for the other patient was evaluated monthly, however, there was no evidence that this patient's pain had been assessed; a pain assessment chart was in place, however it had not been completed. Whilst the dosage directions for these medicines were recorded on the personal medication records, care plans were not in place to direct when they should be used.

Areas for Improvement

The administration of bisphosphonate tablets must be closely monitored during the routine audit process. A requirement was restated.

The personal medication records and care plans must contain all of the required information with regard to thickened fluids. A requirement was restated.

Robust stock management systems must be in place to ensure that patients do not run out of their prescribed medicines. A requirement was made.

A robust auditing system must be implemented within the home. All notifiable incidents must be managed and reported appropriately. A requirement was made.

Care plans to direct the care required by patients should be in place within five days of admission to the home. This was discussed with the deputy manager.

The record of medicines disposed of must be fully and accurately maintained. A recommendation has been made.

Standard Operating Procedures (SOPs) for the management of controlled drugs should be drafted and implemented. These SOPs must be reflective of the practice within Kings Castle. A recommendation was made.

The management of medicines prescribed on a "when required" basis for distressed reactions needs to be reviewed. A recommendation was made.

Improvement is required in the management of medicines prescribed to manage pain. A recommendation was made.

Prescriptions should be reviewed by staff in the home before being sent to the pharmacy for dispensing. This was discussed with the deputy manager.

Number of Requirements:	**4**	**Number of Recommendations**:	**4**

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

Medical oxygen cylinders were not chained to the wall. The deputy manager agreed to ensure that this matter was addressed without delay.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Wendy Minnis, Deputy 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 HPSS (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 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 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: Second time** **To be Completed by: 23 July 2015**	The registered manager must ensure that the administration of bisphosphonate tablets is closely monitored during the routine audit process.
	Response by Registered Person(s) Detailing the Actions Taken: New auditing process is now in place to enable closer monitoring of bisphosphonate tablets
Requirement 2 **Ref: Regulation 13(4)** **Stated: Second time** **To be Completed by: 23 July 2015**	The registered manager must ensure that the personal medication records and care plans contain all of the required information with regard to thickened fluids.
	Response by Registered Person(s) Detailing the Actions Taken: All patients personal medication records and care plans have been updated with regards to thickened fluids
Requirement 3 **Ref: Regulation 13(4)** **Stated: First time** **To be Completed by: 23 July 2015**	The registered person must ensure that robust stock management systems are in place to ensure that patients do not run out of their prescribed medicines.
	Response by Registered Person(s) Detailing the Actions Taken: Ordering procedure has been changed to meet best practice guidelines
Requirement 4 **Ref: Regulation 13(4)** **Stated: First time** **To be Completed by: 23 July 2015**	The registered person must ensure that a robust auditing system is implemented within the home and notifiable incidents are managed and reported appropriately.
	Response by Registered Person(s) Detailing the Actions Taken: All notifiable incidents are made aware to all Nursing Staff - displayed within the Nursing Home

Recommendations	
Recommendation 1 **Ref: Standard 29** **Stated: First time** **To be Completed by: 23 July 2015**	It is recommended that the registered person should ensure that the record of medicines disposed of is fully and accurately maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Record of disposal medicines are witnessed and signed by two members of staff
Recommendation 2 **Ref: Standard 29** **Stated: First time** **To be Completed by: 23 September 2015**	It is recommended that the registered person should ensure that Standard Operating Procedures (SOPs) for the management of controlled drugs are drafted and implemented.
	Response by Registered Person(s) Detailing the Actions Taken: SOPs has been drafted and implemented within the Home
Recommendation 3 **Ref: Standard 29** **Stated: First time** **To be Completed by: 23 July 2015**	It is recommended that the management of medicines prescribed on a "when required" basis for distressed reactions is reviewed and revised.
	Response by Registered Person(s) Detailing the Actions Taken: Care plans in place for "PRN" Medication for distressed reactions. Reasons given and outcome also documented in patients evaluation
Recommendation 4 **Ref: Standard 29** **Stated: First time** **To be Completed by: 23 July 2015**	It is recommended that the management of medicines prescribed for the management of pain is reviewed and revised.
	Response by Registered Person(s) Detailing the Actions Taken: Pain assessments have been implemented into the patients personal Care Plans. The management of analgesics have now been reviewed and revised

Registered Manager Completing QIP	James Murphy	**Date Completed**	10.08.2015
Registered Person Approving QIP	Gerald Ward	**Date Approved**	10.08.2015
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	11/08/2015

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