Redburn Clinic
RQIA ID: 1287
89 Belfast Road
Ballynahinch
BT24 8EB

Inspector: Cathy Wilkinson
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Unannounced Medicines Management Inspection of Redburn Clinic

6 July 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 6 July 2015 from 10:35 to 13:00.

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.

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 Redburn Clinic 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 15 October 2012.

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	1	4

The details of the QIP within this report were discussed with Mr Michael Bagood, 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: Spa Nursing Homes Ltd Mr Chris Arnold	**Registered Manager:** Mr Michael Bagood
Person in Charge of the Home at the Time of Inspection: Mr Michael Bagood	**Date Manager Registered:** 11 March 2015
Categories of Care: RC-I, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 27
Number of Patients Accommodated on Day of Inspection: 22	**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 previous medicines management inspection.

During the inspection the inspector met with the registered manager, Mr Michael Bagood.

The following records were examined during the inspection:

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

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 8 January 2015. The completed QIP was returned and approved by the care inspector. It was noted during this inspection that part of a requirement made during the care inspection regarding pain assessment has not been addressed. The registered manager had advised that this had been actioned in the completed QIP. Pain assessment and analgesia was reviewed again during this medicines management inspection and a further recommendation was made.

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

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref: Standard 37** **Stated once**	The nurse manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: A Standard Operating Procedure was available for the management of controlled drugs.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. There was evidence that medication details were received from the hospital on admission.

All of the medicines examined at the inspection were available for administration, or were to be delivered before the next dose was due and were labelled appropriately.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration, non-administration and disposal of medicines 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 included reminders for highlighting when weekly and monthly medicines were due to be administered and extra records for the administration of insulin and antibiotics.

The management of warfarin was reviewed. Written confirmation of the warfarin dosage regime is obtained and a separate record of the administration of warfarin is made. A running stock balance is maintained. During the inspection it was noted that warfarin had not been administered on the two days prior to the inspection. This was brought to the attention of the registered manager.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility. It was noted during the inspection that the receipt of a controlled drugs patch had not been entered into the controlled drugs record book. This had not been identified through the reconciliation checks. The process of reconciliation of controlled drugs was discussed with the registered manager.

Discontinued or expired medicines were discarded by one registered nurse and the community pharmacist into the waste disposal bins. A licensed contractor uplifts the medicines from the home. The registered manager was advised that controlled drugs could be denatured by two registered nurses prior to disposal and there was no need for the community pharmacist to oversee the process. Advice was given on the disposal of controlled drugs during the inspection.

Is Care Effective? (Quality of Management)

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

There were robust arrangements in place to audit practices for the management of medicines. The registered manager performs a monthly medication audit. A review of the audit records indicated that largely satisfactory outcomes had been achieved.

Is Care Compassionate? (Quality of Care)

The records relating to a small number of patients who are prescribed medicines for the management of distressed reactions were observed at the inspection. 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 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 are prescribed for administration on either a regular or "when required" basis. From discussion with the registered manager, it was evident that staff were aware of the signs, symptoms and triggers of pain in patients and that ongoing monitoring is necessary to ensure the pain is well controlled and the patient was comfortable.

Areas for Improvement

The registered manager must investigate the non-administration of warfarin to the specified patient. A requirement was made.

The registered manager should review the process of reconciling controlled drugs to ensure the process is robust. A recommendation was made.

The registered manager should review the arrangements for disposal of medicines. This was discussed and advice given.

A care plan which details the circumstances under which "when required" medicines for the management of distressed reactions should be in place for each patient prescribed these medicines. The reason for and the outcome of administration of these medicines should also be recorded. A recommendation was made.

A care plan for the management of pain should be in place for each patient who requires regular analgesia. Pain should be assessed and the care plans should be evaluated regularly. A recommendation was made.

Number of Requirements:	**1**	**Number of Recommendations**:	**3**

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. There is limited storage space for medicines.

The temperature of the medicines refrigerator is monitored however there were a significant number of days each month where the temperature had been outside of the required range of $2^{o}C$ and $8^{o}C$. The consistent nature of the readings indicated that the thermometer was not being reset daily. The temperature of the medicines refrigerator should be closely monitored. A recommendation was made.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Michael Bagood, 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 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 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 inspector.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref: Regulation 13(4)** **Stated: First time** **To be Completed by: 5 August 2015**	The registered person must investigate the non-administration of warfarin to one patient and send an incident report to RQIA with the outcome.
	Response by Registered Person(s) Detailing the Actions Taken: A copy of the incident report and outcomes of investigation was already forwarded on 7/7/15.
Recommendations	
Recommendation 1 **Ref: Standard 31** **Stated: First time** **To be Completed by: 5 August 2015**	It is recommended that the registered person reviews the process for reconciling controlled drugs to ensure it is robust.
	Response by Registered Person(s) Detailing the Actions Taken: A monthly audits and spot checks carried out on regular basis to ensure all controlled drugs are in accordance with the NMC guidelines.
Recommendation 2 **Ref: Standard 26** **Stated: First time** **To be Completed by: 5 August 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: A continues monitoring of the condition of the resident and appropriate intervention given before administering the required medicines. A rationale is written down on the Kardex why the medication "when required" is given and reflect also in the care plan of a particular resident. All staff nurses has been informed regarding this matter.
Recommendation 3 **Ref: Standard 28** **Stated: First time** **To be Completed by: 5 August 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 management assessment chart is maintain for any resident who has a pain problem. Analgesia or pain reliever is reviewed on a regular basis as well as the reason why the pain reliever medication was given. Advised all nurses to write down on the comment section of the Kardex why pain reliever given as well as on their daily nurses notes or care plan.

Recommendation 4 **Ref: Standard 30** **Stated: First time** **To be Completed by: 5 August 2015**	It is recommended that the registered person should closely monitor the temperature of the medicines refrigerator to ensure it is maintained within the required range of 2^{o}C and 8^{o}C.
	Response by Registered Person(s) Detailing the Actions Taken: A weekly audits conducted by the manager to ensure the system in place is followed according.

Registered Manager Completing QIP	Michael Bagood	**Date Completed**	10/8/15
Registered Person Approving QIP	Chris Arnold	**Date Approved**	10/8/15
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	12/08/2015

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