Innisfree
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Unannounced Medicines Management Inspection of Innisfree

2 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 2 July 2015 from 10:50 to 13:40.

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) Residential Care Homes Minimum Standards (2011).

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 9 May 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	0	2

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

2. Service Details

Registered Organisation/Registered Person: Mrs Shauna Anne Stanford	**Registered Manager:** Mrs Shauna Anne Stanford
Person in Charge of the Home at the Time of Inspection: Mrs Caroline Forsythe, Deputy Manager	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-I, RC-LD, RC-PH, RC-PH(E), RC-DE	**Number of Registered Places:** 28
Number of Residents Accommodated on Day of Inspection: 27	**Weekly Tariff at Time of Inspection:** £470

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 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 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 inspector met deputy manager throughout the inspection and briefly with the registered manager.

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
- Medicine 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 on 21 May 2015. The completed QIP was assessed and approved by the care inspector on 15 June 2015.

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 put robust systems in place for the management of controlled drugs. **Action taken as confirmed during the inspection**: Robust systems for the management of controlled drugs were evidenced at the inspection. Stock reconciliation checks occur at each change of responsibility and include controlled drugs which are awaiting return to the community pharmacy for disposal.	**Met**
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must put robust arrangements in place for the management of eye drops. **Action taken as confirmed during the inspection**: No further concerns were found in the management of eye drops. All of the eye preparations examined at the inspection had been marked with the date of opening, were labelled appropriately and had been administered as prescribed.	**Met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 30 **Stated:** First time	The registered manager should develop and implement written standard operating procedures for controlled drugs. **Action taken as confirmed during the inspection**: These had been developed in June 2012 and there was evidence of annual review.	**Met**

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref:** Standard 31 **Stated:** First time	The registered manager should ensure that completion of personal medication records is closely monitored and is included in the medicines audit process.	**Met**
	Action taken as confirmed during the inspection: The samples of personal medication records examined at the inspection were well maintained. The deputy manager confirmed that these records were included in the monthly audit process.	
Recommendation 3 **Ref:** Standard 32 **Stated:** First time	The registered manager should closely monitor the records of the medicine refrigerator temperatures to ensure that both the maximum and minimum temperatures are recorded.	**Met**
	Action taken as confirmed during the inspection: Maximum and minimum medicine refrigerator temperatures were being monitored and recorded each day.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were administered in accordance with the prescribers' instructions. The audit trails which were performed on a variety of randomly selected medicines at the inspection produced satisfactory outcomes. There was evidence that bisphosphonate medicines had been administered at the correct time.

Robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home and on their discharge from the home. Written confirmation of medicine regimes had been obtained for all new residents admitted or readmitted to the home. Two trained staff had recorded and verified the medicines on the resident's personal medication record.

The process for the ordering and receipt of medicines was reviewed. Prescriptions were received into the home and checked for accuracy before being dispensed. Medicines were only ordered as the need arises.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed. All of the medicines examined at the inspection were labelled appropriately.

Medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines were maintained. Two members of trained staff were involved in the transcribing of new medicine details on personal medication records to ensure the accuracy of the record. This is safe practice. This should also occur for handwritten medicine entries on the medication administration records.

Satisfactory arrangements were in place for the management of controlled drugs. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility.

There were procedures in place to ensure that written confirmation of medicine regimes was obtained for high risk medicines such as insulin and warfarin. The community nursing team were responsible for the administration of insulin and blood glucose monitoring for the relevant residents. Separate administration records were maintained for warfarin and these indicated that two staff were involved in each administration and a daily stock balance for each strength of warfarin prescribed was recorded.

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

Is Care Effective? (Quality of Management)

A copy of the company's written policies and procedures for the management of medicines including Standard Operating Procedures for controlled drugs in Innisfree was in place.

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training had been monitored through team meetings, supervision and annual appraisal. A sample of training and competency records were made available at the inspection. A list of the names and sample initials of trained staff was also observed.

There were arrangements in place to audit practices for the management of medicines. Medicines were audited each month and had focused on medicines which were not supplied in the 28 day blister packs. A review of the audit records indicated that satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the date of opening on the container.

A system was in place to report and learn from medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

The deputy manager confirmed that compliance with prescribed medicine regimes is continually monitored and any omissions or refusals likely to have an adverse effect on the residents' health would be reported to the prescriber.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of residents who were prescribed medicines for the management of distressed reactions, on a "when required" basis were observed at the inspection. The name of the medicine was documented on the personal medication record and the frequency of dosing was recorded. A record of each administration including the reason for the administration was maintained. The outcome of the administration should also be recorded and a care plan should be in place. The deputy manager confirmed that staff had received training in this area and were aware of when to administer anxiolytic/ antipsychotic medicines. They 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.

Medicines which were prescribed to treat pain were recorded on the residents' personal medication record. Examination of the administration of medicines which were prescribed to treat or prevent pain indicated that these medicines were administered as prescribed. This included prescribed controlled drug patches and also analgesics which were prescribed for administration on a "when required" basis. A separate administration record was maintained for controlled drug patches. There was recorded evidence that these patches were checked daily to ensure the patch remained intact and also of the action taken to replace the patch if this fell off. When pain controlling medicines were prescribed on a "when required" basis a care plan should be in place.

The deputy manager confirmed that staff were aware of the signs, symptoms and triggers of pain in residents. They were aware that ongoing monitoring is necessary to ensure that the pain was well controlled and the resident was comfortable. It was also confirmed that all current residents could verbally express pain. The need to ensure that a pain assessment was undertaken for all new residents was discussed.

Areas for Improvement

It was agreed that any transcribing of medicine details on medication administration records would include two members of trained staff and both would initial the entry.

In relation to medicines which are administered on a "when required" basis for the management of distressed reactions, the outcome of the medicine administration should be recorded on every occasion. A care plan should be developed for the relevant residents and the parameters for administration recorded. A recommendation was made.

With regard to pain management, staff should ensure that a pain assessment is undertaken for new residents and reassessed as necessary. In the instances where a resident is prescribed pain controlling medicines on a "when required" basis, this should be clearly referenced in a care plan. A recommendation was made.

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

5.4 Additional Areas Examined

Medicines were being stored safely and securely and the arrangements for medicine keys were satisfactory.

It was agreed that the two medicine trolleys would be chained to the wall at the earliest opportunity.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the deputy manager, Mrs Caroline Forsythe, as part of the inspection process. The timescales commence from the date of inspection.

The registered manager/person 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 manager/person 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, The Residential Care 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) 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 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.

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

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	It is recommended that the management of distressed reactions should be reviewed to ensure that a detailed care plan is developed for any resident prescribed anxiolytic/antipsychotic medicines on a “when required” basis. Staff should record the outcome of the administration of the medicine on each occasion.
To be Completed by: **2 August 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** Staff have commenced recording the outcome of the administration of "when required" anxiolytic/antipsychotic medicines. The development of Care Plan have been commenced.
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	It is recommended that the registered person should review the management of pain, to ensure that a pain assessment is completed for all new residents; and a care plan is developed for those residents who are prescribed medicines on a “when required” basis to treat or prevent pain.
To be Completed by: **2 August 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** Pain assessment wil be completed for all new residents as part of the admission process and a care plan will be developed for all residents who receive pain relief on a "when required" basis.

Registered Manager Completing QIP	Shauna Stanford	**Date Completed**	21/07/15
Registered Person Approving QIP	Shauna Stanford	**Date Approved**	21/07/15
RQIA Inspector Assessing Response	**Frances Gault**	**Date Approved**	**22/7/15**

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