Karingmore
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Carnlough
BT44 0EY

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Unannounced Medicines Management Inspection of Karingmore

8 June 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 8 June 2015 from 11:00 to 14:50

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 26 November 2012.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

An urgent action record regarding one antipsychotic medicine was issued to the registered manager at the end of the inspection. The action was required to be addressed without delay to ensure the safety and wellbeing of the resident.

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 the registered manager, Mrs Mary Hamill, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Liam Hamill & Mrs Mary Theresa Hamill	**Registered Manager:** Mrs Mary Theresa Hamill
Person in Charge of the Home at the Time of Inspection: Mrs Mary Theresa Hamill	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-MP, RC-PH, RC-DE, RC-I	**Number of Registered Places:** 16
Number of Residents Accommodated on Day of Inspection: 13	**Weekly Tariff at Time of Inspection:** £495 - £525

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:

During the inspection the inspector met with the registered manager and one member of senior care staff.

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 books
Medicine audits
Policies and procedures
Training records
Medicine storage 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 30 October 2014. No requirements or recommendations were made following the inspection.

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 arrangements for the cold storage of medicines must be reviewed to ensure refrigerated medicines are held securely and maximum and minimum temperatures are recorded.	**Met**
	Action taken as confirmed during the inspection: The medicine refrigerator is locked when not in use. Daily maximum and minimum temperatures are being recorded. The temperatures had been maintained within the accepted range of 2 to 8^{o}C. See also Section 5.4	
Requirement 2 **Ref**: Regulation 13(4) Stated once	The registered manager must investigate the observations made in chloramphenicol eye drops. A written report of the findings and action taken must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: The written response was received by RQIA following the inspection.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 31 Stated twice	Two members of designated staff should be involved in the transcribing of new medicine details on personal medication records. **Action taken as confirmed during the inspection**: The majority of personal medication records are rewritten following changes in medicine details and are signed by two members of trained staff. A few new medicine entries had not been signed by the staff; this was being addressed at the end of the inspection and was further discussed with the registered manager.	**Partially Met**
Recommendation 2 **Ref**: Standard 30 Stated once	The registered manager should review the management warfarin to ensure this includes the areas detailed in the report. **Action taken as confirmed during the inspection**: Improvement was noted in the management of warfarin. Warfarin dosage regimes are received by telephone; two staff listen to and verify the instructions. On most occasions this is followed up with written confirmation by facsimile, usually within 48 hours. A separate warfarin administration record is maintained. Each dose administered is signed by two trained staff and a daily stock balance is recorded. No discrepancies were observed in the audit trails performed on warfarin at the inspection.	**Met**
Recommendation 3 **Ref**: Standard 30 Stated once	The registered manager should develop and implement written standard operating procedures for controlled drugs. **Action taken as confirmed during the inspection**: These have not been developed and were further discussed at the inspection. **The recommendation was restated**	**Not Met**

Last Inspection Recommendations		Validation of Compliance
Recommendation 4 **Ref**: Standards 30 & 31 Stated once	The registered manager should review the arrangements for auditing to ensure these are performed on a regular basis and include all aspects of medicines management.	**Partially Met**
	Action taken as confirmed during the inspection: Audit trails are performed on a monthly basis. The audits mostly include tablets and capsules and very occasionally, liquid medicines. At the inspection there were discrepancies noted in liquid medicines and an inhaled medicine. Some of the records had not been accurately maintained. **This recommendation was subsumed into a requirement**	
Recommendation 5 **Ref**: Standard 31 Stated once	The registered manager should monitor the completion of the controlled drug record book to ensure that this is maintained accurately.	**Met**
	Action taken as confirmed during the inspection: The entries in the controlled drug record books were accurately maintained.	
Recommendation 6 **Ref**: Standard 32 Stated once	The registered manager should monitor the management of limited shelf life medicines.	**Partially Met**
	Action taken as confirmed during the inspection: Only one medicine (eye drop) with a limited shelf life once opened was held in stock at the time of the inspection. This had expired on 27 May 2015 and remained in current use. This was removed from stock at the time of the inspection. The registered manager advised that eye preparations would be a focus within the monthly audit process.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of medicines were administered in accordance with the prescriber's instructions. Most of the audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes.

The registered manager advised that written confirmation of medicine regimes is obtained for each resident. This was evidenced for one resident recently admitted to the home. The personal medication records examined had been signed by two members of staff.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The ordering process was discussed and it was advised that the prescriptions should be received and checked into the home before being dispensed by the community pharmacy. This was discussed in relation to the HSCB guidance. It was confirmed that the current system worked well and the medicines, the medicine order and personal medication records used to check medicines at the time of receipt.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed. With the exception of one seven day blister pack, all of the medicines examined at the inspection had been labelled appropriately. The registered manager advised that this would be addressed after the inspection.

There were largely satisfactory systems in place to manage warfarin and changes in warfarin dosage regimes.

Medicine records were legible and were well 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. All of the personal medication records examined had been signed by two members of staff. A communication book was in use to detail any new medicines information.

The management of controlled drugs was reviewed. Records were maintained for Schedule 2 controlled drugs when held in stock and Schedule 3 controlled drugs. A more suitable record layout was discussed at the inspection. A separate book is maintained for Schedule 4 controlled drugs and is good practice.

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

There were procedures in place to report and learn from any medicine related incidents that have occurred in the home. There had been no reported incidents since the last medicines management inspection.

Is Care Effective? (Quality of Management)

There were written policies and procedures which covered most areas of the management of medicines in Karingmore.

Medicines were being managed by staff who had been trained and deemed competent to do so. General medicine management training was provided by the community pharmacist and internally by the registered manager. The impact of training was monitored through supervision and appraisal. Recent training included warfarin and dementia. Records of staff training and competency assessment in relation to medicines were maintained.

Practices for the management of medicines had been audited each month. The audits had focused on tablets and capsules and very occasionally liquid medicines. As part of the audit process, daily balance checks were maintained for warfarin tablets and controlled drugs. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date of opening on the majority of the medicine containers.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of residents who are 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 on occasion, the frequency of dosing was recorded. The evidence indicated that these medicines were administered infrequently. A record of each administration was maintained. The registered manager confirmed that staff were familiar with circumstances of when to administer anxiolytic/antipsychotic medicines. Staff 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 personal medication record. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on a “when required” basis. From discussion with the staff, it was evident that staff were aware of the signs, symptoms and triggers of pain in residents. Where pain controlling medicines were prescribed, staff were aware that ongoing monitoring is necessary to ensure the pain is well controlled and the resident was comfortable.

Areas for Improvement

Whilst largely satisfactory outcomes were observed in the audit outcomes, discrepancies were observed in liquid medicines and one inhaled medicine. These were highlighted at the inspection and close monitoring is necessary. A requirement was made. In relation to one antipsychotic medicine, a significant discrepancy was observed. An urgent action was identified and the registered manager was requested to contact the prescriber as approximately 65mls could not be accounted for. The registered manager confirmed by email later on the day of the inspection that this had been reported to the prescriber and advice taken.

The management of warfarin was further discussed. Staff were reminded that any telephoned instructions recorded on the warfarin administration records should be checked and initialled by two staff. It was suggested that the written confirmation of the warfarin dosage regime should be kept with the administration record for reference during the administration process.

At the time of the inspection, only one controlled drug which required safe custody was held in stock. The frequency of stock reconciliation checks of controlled drugs should be reviewed. These take place once per day. This was discussed with reference to the minimum standards and staff were advised that checks should be performed at each transfer of responsibility of controlled drugs. The registered manager advised that this would be implemented from the day of the inspection onwards. Standard operating procedures for controlled drugs were not in place and the recommendation was restated.

A small number of medicines were being administered covertly. Although the registered manager advised that the resident's family and prescriber were aware of this, there was no written procedure or care plan in place. A recommendation was made.

In relation to medicines which were administered on a "when required" basis for the management of distressed reactions, the reason for and outcome of the medicine administration were not recorded on every occasion. This should be recorded on each occasion. A care plan should be developed 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:	**1**	**Number of Recommendations:**	**4**

5.4 Additional Areas Examined

Medicines were stored safely and securely. Appropriate arrangements were in place for the management of medicine keys.

The cold storage of medicines was reviewed. Only one medicine required cold storage at the time of the inspection. The consistent recording of the same medicine refrigerator temperatures indicated that the thermometer was not reset each day or is not working accurately. The medicine was removed to a locked cashbox for storage in the domestic refrigerator. It was agreed that the registered manager would review these arrangements as needed.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mary Hamill, registered manager, 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 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 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 RQIA's Belfast office 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.

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Quality Improvement Plan	
Statutory Requirement	
Requirement 1 **Ref**: Regulation 13(4) **Stated: First time** **To be Completed by:** **8 July 2015**	The registered person must closely monitor the administration of liquid medicines and inhaled medicines. Any further discrepancies must be investigated and reported to RQIA.
	Response by Registered Person(s) Detailing the Actions Taken: REGULAR HONITORING OF LIQUIDS AND INHALATION HEDICATION NOW IN PLACE. STAFF PROVIDED WITH TRAINING AS PER RECOHHENDATION.
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated: Second time** **To be Completed by:** **8 September 2015**	The registered manager should develop and implement written standard operating procedures for controlled drugs.
	Response by Registered Person(s) Detailing the Actions Taken: CONTROLLED DRUGS POLICIES AND PROCEDURES HAVE BEEN REVIEWED AND POLICY UP DATED.
Recommendation 2 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **8 September 2015**	It is recommended that the registered person should review the management of medicines which are administered in disguised form to ensure that a written policy and procedure is in place and a care plan is developed for the relevant resident(s).
	Response by Registered Person(s) Detailing the Actions Taken: WRITTEN POLICY ON COVERT HEDICATION IN PLACE. CLEAR PROCEDURE FOR PERHISSION TO ADHINISTER IN PLACE.
Recommendation 3 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **8 July 2015**	It is recommended that the registered person should review the management of distressed reactions to ensure that a care plan is developed, the parameters for administration are detailed and the reason for and outcome of the administration are recorded on every occasion.
	Response by Registered Person(s) Detailing the Actions Taken: BEHAVIOUR CHARTS AND ANTIPSYCHOTIC ASSESSHENTS NOW INCLUDED IN CARE PLAN.

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Recommendations	
Recommendation 4 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **8 July 2015**	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. **Response by Registered Person(s) Detailing the Actions Taken:** PAIN ASSESSMENT NOW ADDED TO PERSONAL CARE PLANS.

Registered Manager Completing QIP	Mary T. Hamill MARY THERESA HAMILL	**Date Completed**	04.07.15.
Registered Person Approving QIP	Mary T. Hamill	**Date Approved**	04.07.15
RQIA Inspector Assessing Response	[signature] FEARLY	**Date Approved**	15/7/15

Please ensure the QIP is completed in full and returned to RQIA, Belfast office