Clonlee
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Muckamore
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BT41 2ET

Inspector: Cathy Wilkinson
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Unannounced Medicines Management Inspection of Clonlee

25 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 25 June 2015 from 10:30 to 13:30.

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) 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 the 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.

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 inspection on 8 January 2013.

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 Ms Lynne Mellon, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Hutchinson Homes Ltd Ms Naomi Carey Ms Janet Montgomery	**Registered Manager:** Ms Perpetua Latta
Person in Charge of the Home at the Time of Inspection: Ms Lynne Mellon	**Date Manager Registered:** 11 December 2014
Categories of Care: NH-I, NH-PH	**Number of Registered Places:** 53
Number of Patients Accommodated on Day of Inspection: 48	**Weekly Tariff at Time of Inspection:** £623 - £633

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 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 announced finance inspection dated 19 March 2015. The completed QIP was returned and any outstanding issues will be followed up by the finance 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 once**	The registered manager must ensure that robust systems for the audit of all aspects of the management of medicines are in place.	**Met**
	Action taken as confirmed during the inspection: A robust audit system has been implemented.	
Requirement 2 **Ref: Regulation 13(4)** **Stated once**	A written report of the outcome of the specified investigations must be submitted with the completed Quality Improvement Plan resulting from this inspection.	**Met**
	Action taken as confirmed during the inspection: This was received following the last medicines management inspection.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref: Regulation 13(4)** **Stated once**	The personal medication record must contain the details of all prescribed medicines.	**Met**
	Action taken as confirmed during the inspection: The personal medication records had been well maintained.	
Requirement 4 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that an accurate record of the time of administration of bisphosphonates is made.	**Met**
	Action taken as confirmed during the inspection: This was observed during the inspection.	
Requirement 5 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that a complete record of all medicines received by the home is kept.	**Met**
	Action taken as confirmed during the inspection: All medicines audited had been appropriately receipted.	
Requirement 6 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that medicines are stored appropriately and are promptly removed from stock once the expiry date has been reached.	**Met**
	Action taken as confirmed during the inspection: All medicines were appropriately stored and no out of date medicines were observed.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 7 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that medicines remain in the container as dispensed by the pharmacist.	**Met**
	Action taken as confirmed during the inspection: All medicines were appropriately stored and labelled.	
Requirement 8 **Ref: Regulation 13(4)** **Stated once**	The registered manager must ensure that blood glucometers are maintained in accordance with the manufacturers' instructions.	**Met**
	Action taken as confirmed during the inspection: Control checks are completed on the blood glucometers weekly and a record is kept.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref: Standard 37** **Stated once**	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs have been implemented.	**Met**
	Action taken as confirmed during the inspection: Standard operating procedures for controlled drugs have implemented.	
Recommendation 2 **Ref: Standard 37** **Stated once**	The receipts for the uplift of disposed medicines should be attached to/included in the disposal record to ensure that all necessary information is recorded and to facilitate audit.	**Met**
	Action taken as confirmed during the inspection: The deputy manager advised that by telephone after the inspection that a licensed contractor uplifted the medicines and a receipt was retained.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 3 **Ref: Standard 39** **Stated once**	The registered manager should review the times at which the reconciliation checks on controlled drugs are completed.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs are reconciled at each shift change.	

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. Medication details were confirmed with the prescriber and personal medication record sheets were completed and checked by two registered nurses.

All of the medicines examined at the inspection were available for administration 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 copies of prescriptions had been retained for reference.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility.

Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins which are uplifted by the community pharmacist. The deputy manager advised by telephone following the inspection that a licensed contractor uplifts the medicines from the home. Controlled drugs were being denatured by two registered nurses prior to disposal.

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 checklist is completed and an associated action plan prepared, which is followed up at the next audit. The community pharmacist complements this audit activity by performing a medicines audit quarterly and provides a written report of the outcome. 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 staff, it was evident they 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

Whilst the majority of medicines are commenced on the same date each month and can therefore be audited, medicines that are administered on a "when required" basis cannot be audited as the date of opening had not been recorded. To facilitate the audit process this should be recorded. A recommendation was made.

Written confirmation of warfarin dosage changes is obtained. This instruction should be held on the medicines file for reference during the administration process. This was discussed with the deputy manager who agreed that this would be done from the inspection onwards.

A care plan which details the circumstances under which "when required" anxiolytic 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:	**0**	**Number of Recommendations**:	**3**

5.4 Additional Areas Examined

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. Satisfactory arrangements were in place for the security of medicine keys.

The temperature of the medicines refrigerator is monitored however there were several days each month where the temperature had been outside of the required range of 2^{o}C and 8^{o}C.

This was discussed with the deputy manager who agreed that this would be included in the monthly audit.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Lynne Mellon, 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 the 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

Recommendations	
Recommendation 1 **Ref: Standard 28** **Stated: First time** **To be Completed by: 27 July 2015**	It is recommended that the date of opening is recorded for all medicines to facilitate the audit process.
	Response by Registered Person(s) Detailing the Actions Taken: Feedback of inspection given to staff and dates of opening recorded on medicines
Recommendation 2 **Ref: Standard 29** **Stated: First time** **To be Completed by: 27 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: staff informed of recommendation, and the management of distressed residents included in individuals care plan and reviewed monthly.
Recommendation 3 **Ref: Standard 29** **Stated: First time** **To be Completed by: 27 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: staff informed of recommendation and management of pain included in careplan and reviewed monthly

Registered Manager Completing QIP	Perpetua Latta.	**Date Completed**	23/7/15.
Registered Person Approving QIP		**Date Approved**	31.7.15
RQIA Inspector Assessing Response		**Date Approved**	

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

REGULATION AND QUALITY
03 AUG 2015
IMPROVEMENT AUTHORITY

The Regulation and Quality Improvement Authority

RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	10/08/2015