The Regulation and Quality Improvement Authority

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Unannounced Medicines Management Inspection of Karina Lodge

10 November 2015

1. Summary of Inspection

An unannounced medicines management inspection took place on 10 November 2015 from 11.05 to 16.20.

Although there were areas of medicines management which were found to be satisfactory, some areas of concern in relation to record keeping, audit, storage and controlled drugs were identified. These are required to be addressed to ensure that practices for medicines management are safe, effective and compassionate and are set out in the quality improvement plan (QIP) within this report.

This inspection was underpinned by the DHSSPS Care Standards for Nursing Homes, April 2015.

Recommendations made as a result of this inspection relate to the Department of Health, Social Services and Public Safety (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 Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 19 April 2012.

1.2 Actions/Enforcement Resulting from this Inspection

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

As areas of concern were identified, the findings of the inspection were discussed with Frances Gault, Senior Pharmacy Inspector. It was decided that the registered manager would be given a period of time to address the concerns raised. A further medicines management inspection will be undertaken to ensure compliance with the requirements and recommendations.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	8

The details of the QIP within this report were discussed with the nurse in charge of each shift, Staff Nurse Anne-Marie O'Neill and Staff Nurse Anne-Marie McKernan, as part of the inspection process. The findings were discussed with the registered manager, Mrs Mary Doherty, by telephone on 12 November 2015. The timescales for completion commence from the date of inspection.

Number of Requirements	1	Number of Recommendations	1

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the nurses in charge, Staff Nurse Anne-Marie O'Neill and Staff Nurse Anne-Marie McKernan, and the Registered Manager, Mrs Mary Doherty, 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 DHPSS (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 DHSSPS Care Standards for Nursing Homes (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 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be Completed by:** 10 December 2015	The registered manager must ensure that robust arrangements are in place for the cold storage of medicines. **Response by Registered Person(s) Detailing the Actions Taken:** A new fridge has been installed in the treatment room. The readings are recorded daily and are maintained 2°c - 8°C.
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** 10 December 2015	The registered person must closely monitor the administration of inhaled medicines and liquid medicines; any further discrepancies must be investigated and reported to RQIA. **Response by Registered Person(s) Detailing the Actions Taken:** A book has been started for recording openings of new liquids and inhalers
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** 10 December 2015	The registered person must develop robust systems for the management of medicine changes. **Response by Registered Person(s) Detailing the Actions Taken:** A new line on the Kardex is commenced for each change of medication and staff reminded of change at nurse hand-over
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** 10 December 2015	The registered person must ensure that records for the administration of medicines are fully and accurately maintained at all times. **Response by Registered Person(s) Detailing the Actions Taken:** R/N's reminded to sign after each dispensing of medication and this to be highlighted again at pharmacy training on 20th January

Requirement 5 **Ref**: Regulation 13(4) **Stated:** First time **To be Completed by:** 10 December 2015	The registered person must develop robust arrangements for the management of controlled drugs.
	Response by Registered Person(s) Detailing the Actions Taken: R/N's reminded of the importance of ordinary medication management but especially the management of controlled drugs. These must be signed at the time of dispensing. R/N's to check controlled drug audits at each nursing hand-over.
Recommendations	
Recommendation 1 **Ref**: Standard 38 **Stated:** Second time **To be Completed by:** 10 December 2015	The registered manager should ensure that obsolete personal medication records are discontinued and securely archived.
	Response by Registered Person(s) Detailing the Actions Taken: All ~~obs~~ obsolete personal medication records are now stored with the patients other records in the filing cabinets
Recommendation 2 **Ref**: Standard 29 **Stated:** First time **To be Completed by:** 10 December 2015	The writing or rewriting of personal medication records should be reviewed to ensure that the patient's drug allergy status and date of writing are recorded; the record is verified by two trained staff and both staff initial the record and any updates to the record.
	Response by Registered Person(s) Detailing the Actions Taken: Date of writing/re-writing medication records including drug allergies and now dated at the time of recording and verified by two trained staff.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 10 December 2015	The registered person should develop a suitable system which ensures that injectable medicines are administered on time.
	Response by Registered Person(s) Detailing the Actions Taken: There is a system now in place when an injection is administered and when the next one is due. This record is kept in the patients Kardex which is looked at every day.

Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 31 January 2016	Staff should be provided with further training in the management of medicines. **Response by Registered Person(s) Detailing the Actions Taken:** A date has been agreed with the pharmacist for training in the management and administration of medicines. This is on January 19th 2016. Staff have been notified to attend.
Recommendation 5 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 10 December 2015	The auditing process for medicines management should be further developed to ensure it covers the areas for improvement identified within the report. **Response by Registered Person(s) Detailing the Actions Taken:** A new auditing process has been implemented to cover areas for improvement.
Recommendation 6 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 10 December 2015	A system should be developed and implemented to ensure that any ongoing non-administration of a regularly prescribed medicine is identified and reported to the prescriber. **Response by Registered Person(s) Detailing the Actions Taken:** G.P. contacted re non-compliance with dispensing instructions. Drug to be discontinued or made P.R.N by prescriber
Recommendation 7 **Ref**: Standard 18 **Stated:** First time **To be Completed by:** 10 December 2015	The management of distressed reactions should be reviewed to ensure that a detailed care plan is maintained for any patient prescribed medicines on a "when required" basis. **Response by Registered Person(s) Detailing the Actions Taken:** Care-plans for 'when required' medicines have been implemented at this time.

Recommendation 8 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 10 December 2015	The storage of medicines in patients' bedrooms should be risk assessed to ensure all medicines are stored safely and securely.
	Response by Registered Person(s) Detailing the Actions Taken: This medication has been removed from the patients bedroom and is now in a locked cupboard in the treatment room. It is taken to the patient for administration.

Registered Manager Completing QIP	Una Doherty	**Date Completed**	22/12/15.
Registered Person Approving QIP		**Date Approved**	22/12/15
RQIA Inspector Assessing Response		**Date Approved**	

Please ensure this document is completed in full and returned to RQIA Belfast Office

RQIA Inspector Assessing Response	Judith Taylor	Date Approved	4 Jan 2016

Medicines Management Inspection to Karina Lodge - 10 November 2015