Karina Lodge
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40 Drumsaragh Road
Kilrea
BT51 5XN

Inspector: Judith Taylor
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Unannounced Medicines Management Inspection of Karina Lodge

22 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 22 February 2016 from 10.55 to 13.55.

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.

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 10 November 2015.

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 Mrs Mary Doherty, 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: Mr Thomas Girvan	**Registered Manager:** Mrs Mary A Doherty
Person in Charge of the Home at the Time of Inspection: Mrs Mary A Doherty	**Date Manager Registered:** 1 April 2005
Categories of Care: NH-LD(E), NH-I	**Number of Registered Places:** 15
Number of Patients Accommodated on Day of Inspection: 15	**Weekly Tariff at Time of Inspection:** £593

3. Inspection Focus

The inspection on 10 November 2015 had shown that robust arrangements were not in place for the management of medicines and that improvement was required.

The purpose of this inspection was to determine what progress had been made in addressing the five requirements and eight recommendations made during the last medicines management inspection, to assess the level of compliance with legislative requirements and the following DHSSPS Care Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

Standard 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

The following theme was also examined:

Theme 1: Medicines prescribed on a 'when required' basis for the management of distressed reactions are administered and managed appropriately.

4. Methods/Process

Specific methods/processes used included the following:

Prior to the inspection it was ascertained that there had been no medicines related incidents reported to RQIA since the last medicines management inspection.

We met with the registered manager and the staff on duty.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines 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 23 November 2015. The completed QIP was returned and approved by the care 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:** Second time	The registered manager must ensure that robust arrangements are in place for the cold storage of medicines.	**Met**
	Action taken as confirmed during the inspection: There was evidence of improvement in the management of medicines which require cold storage. Daily medicine refrigerator temperatures were monitored and recorded and there were details of the action taken when temperatures deviated from the accepted range.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must closely monitor the administration of inhaled medicines and liquid medicines; any further discrepancies must be investigated and reported to RQIA.	**Not Met**
	Action taken as confirmed during the inspection: There was no evidence of any arrangements to closely monitor the administration of inhaled medicines or liquid medicines. There were further discrepancies noted in the outcomes of the audit trails performed on inhaled medicines. This requirement was not met and has been stated for a second time.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must develop robust systems for the management of medicine changes.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place to manage changes in medicines.	

Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that records for the administration of medicines are fully and accurately maintained at all times. **Action taken as confirmed during the inspection**: The sample of medicine administration records which were audited indicated that these had been maintained in a satisfactory manner.	**Met**
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must develop robust arrangements for the management of controlled drugs. **Action taken as confirmed during the inspection**: An improvement in the management of controlled drugs was evidenced. The controlled drug records had been accurately maintained and there were arrangements in place to denature controlled drugs prior to disposal. The registered manager confirmed that stocks of controlled drugs held in the controlled drug cabinet were physically counted at each shift. However, the controlled drug cupboard continued to be used for the storage of a variety of non-medicinal items. This was discussed at length with the registered manager, who advised that alternative storage would be located with immediate effect. This requirement was partially met, however, due to the assurances provided by the registered manager, it has not been stated for a second time.	**Partially Met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 38 **Stated:** Second time	The registered manager should ensure that obsolete personal medication records are discontinued and securely archived. **Action taken as confirmed during the inspection**: Only the current personal medication records were located in the folder on the day of the inspection.	**Met**

Recommendation 2 **Ref:** Standard 29 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The drug allergy status, date of writing and the relevant staff signatures were recorded on the sample of personal medication records examined.	
Recommendation 3 **Ref:** Standard 28 **Stated:** First time	The registered person should develop a suitable system which ensures that injectable medicines are administered on time.	**Met**
	Action taken as confirmed during the inspection: A new system to record the administration of injectable medicines and ensure adherence to the prescribers' instructions had been developed and implemented; this was facilitated by the completion of an injection chart located with the patient's administration records.	
Recommendation 4 **Ref:** Standard 28 **Stated:** First time	Staff should be provided with further training in the management of medicines.	**Met**
	Action taken as confirmed during the inspection: The staff had been provided with update training following the last inspection in November 2015 and also from the community pharmacist in January 2016.	
Recommendation 5 **Ref:** Standard 28 **Stated:** First time	The auditing process for medicines management should be further developed to ensure it covers the areas for improvement identified within the report.	**Partially Met**
	Action taken as confirmed during the inspection: There had been some development in the auditing process and a new system to perform weekly audits had been implemented. However, evidence seen during this inspection identified that the audit system did not address the areas highlighted for improvement at the last inspection and has been stated for second time.	

Recommendation 6 **Ref:** Standard 28 **Stated:** First time	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.	**Partially Met**
	Action taken as confirmed during the inspection: The ongoing non-administration of one medicine due to the patient being asleep each time had been reported to the prescriber and an alternative dosage time had been prescribed. However, when a medicine was refused by the patient on an ongoing basis, this had not been reported to the prescriber. This recommendation was partially met and has been stated for a second time.	
Recommendation 7 **Ref:** Standard 18 **Stated:** First time	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.	**Not Met**
	Action taken as confirmed during the inspection: There was no evidence that these care plans had been developed. This recommendation has been stated for a second time.	
Recommendation 8 **Ref:** Standard 30 **Stated:** First time	The storage of medicines in patients' bedrooms should be risk assessed to ensure all medicines are stored safely and securely.	**Met**
	Action taken as confirmed during the inspection: All medicines were stored in locked cupboards in the clinical room.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Some improvements in the management of medicines were evidenced since the last medicines management inspection; these were acknowledged and it was emphasised that these improvements must be sustained.

The audit trails performed on a range of randomly selected medicines at the inspection indicated that the majority of medicines had been administered in accordance with the prescribers' instructions. However, some further discrepancies were found in the administration

of inhaled medicines and the requirement in relation to inhaled medicines was stated for a second time.

The procedures for the admission of new patients should be reviewed. There was no written confirmation regarding a small number of inhaled medicines. Two of these medicines were unlabelled and it could not be determined if these inhaled medicines were prescribed on a "regular" or on a "when required" basis. A recommendation regarding new patient's' medicines was made.

Most of the medicine records including those for controlled drugs were well maintained and their completion facilitated the audit process. Significant improvements were noted in the standard of maintenance of personal medication records. These had been recently rewritten by two registered nurses. Obsolete medicine records had been archived and were readily retrievable for inspection. It was noted that a record of the receipt of three new medicines had not been recorded and the audit trails could not be concluded. This was further discussed and it was agreed that the registered manager would remind staff and monitor the receipt of medicines within the audit process.

Robust systems were in place for the management of injectable medicines.

Satisfactory arrangements were in place for the disposal of medicines.

Is Care Effective? (Quality of Management)

The registered manager advised that all registered nurses had been provided with details of the outcomes of the last medicines management inspection and had also received training in November 2015 and January 2016.

The procedures to audit the management of medicines had been reviewed. Named nurses were responsible for completing audits on one patient's medicines each week. A review of the audit records indicated that only solid dosage medicines i.e. tablets and capsules were audited. There was no evidence of any audits performed on liquid or inhaled medicines. The auditing process should include a variety of medicine formulations and cover all aspects of medicines management. It was suggested that the QIP should be included within the audit process. The recommendation regarding the development of the audit process was stated for a second time.

It was found that there were three medicines which were being refused on an ongoing basis; there was no evidence that this had been reported to the prescriber. This issue had been raised previously and the recommendation was stated for a second time.

The management of incidents was discussed. Although there had been no reported medicine related incidents since the last medicines management inspection, the registered manager advised of an incident that had occurred within the month, but had yet to be reported. The registered manager was reminded of the timeframe for reporting incidents. Details of the incident were discussed and the relevant report form was received by RQIA later on the day of the inspection.

Is Care Compassionate? (Quality of Care)

In the instances where a patient was prescribed medicines for the management of distressed reactions, the medicine records were maintained in a largely satisfactory manner. These medicines were infrequently administered. The registered manager was advised that a record of the outcome of any administration should be recorded and it was agreed that this would be addressed. A detailed care plan was not in place. The recommendation made at the last medicines management inspection was stated for a second time.

Areas for Improvement

Close monitoring of inhaled medicines is necessary. A requirement was stated for a second time.

The management of medicines for new patients should be reviewed to ensure that written confirmation of medicine regimes is obtained from the prescriber. A recommendation was made.

Robust systems must be in place to ensure that any ongoing refusal of a medicine is reported to the prescriber. A recommendation was stated for a second time.

The auditing process for medicines management should be further developed to ensure it covers all aspects of medicines management. A recommendation was stated for a second time.

A detailed care plan should be maintained for any patient prescribed medicines on a "when required" basis for the management of distressed reactions. A recommendation was stated for a second time.

Number of Requirements	**1**	**Number of Recommendations**	**4**

5.4 Additional Areas Examined

The date of opening was recorded on most medicines with a limited shelf-life once opened. However, it was not recorded on two in use insulin pens. Although it was acknowledged that each insulin pen would have been completed prior to the in use expiry date, the date of opening should be recorded. The registered manager agreed to discuss this with staff.

Number of Requirements	**0**	**Number of Recommendations**	**0**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mary Doherty, 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 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 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 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:** 23 March 2016	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:**
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** Second time **To be Completed by:** 23 March 2016	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:**
Recommendation 2 **Ref**: Standard 28 **Stated:** Second time **To be Completed by:** 23 March 2016	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:**
Recommendation 3 **Ref**: Standard 18 **Stated:** Second time **To be Completed by:** 23 March 2016	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:**

Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 23 March 2016	The management of medicines for new patients should be reviewed to ensure that written confirmation for all medicines is received from the prescriber.
	Response by Registered Person(s) Detailing the Actions Taken:

Registered Manager Completing QIP		**Date Completed**	
Registered Person Approving QIP		**Date Approved**	
RQIA Inspector Assessing Response		**Date Approved**	

Please ensure this document is completed in full and returned to RQIA's office

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13(4) **Stated:** Second time **To be Completed by:** 23 March 2016	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:** STAFF RESPONSIBLE FOR THE ADMINISTRATION OF INHALED MEDICINES AND LIQUID MEDICINES HAVE BEEN OBSERVED DOING SO. THE AMOUNT AND TIME OF ADMINISTRATION HAS BEEN DOCUMENTED ALL NURSING STAFF HAVE RECEIVED A COPY OF THE REPORT OF THE UNANNOUNCED MEDICINE INSPECTION AND THIS REQUIREMENT HAS BEEN HIGH-LIGHTED.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** Second time **To be Completed by:** 23 March 2016	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 MORE ROBUST AUDITING PROCESS OF MEDICINES INCLUDING INHALED AND LIQUID MEDICINES HAS BEEN IMPLEMENTED.
Recommendation 2 **Ref**: Standard 28 **Stated:** Second time **To be Completed by:** 23 March 2016	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:** WHEN PATIENTS REGULARLY REFUSE PRESCRIBED MEDICATIONS OVER A PERIOD OF TIME OR NO LONGER REQUIRE THEM. THEN THEIR G.P. IS NOTIFIED WITH THE VIEW TO RECEIVING THE CONSENT TO DISCONTINUE THE MEDICATION.

Recommendation 3 **Ref**: Standard 18 **Stated:** Second time **To be Completed by:** 23 March 2016	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:** THE REGISTERED NURSES HAVE BEEN ADVISED TO INCLUDE A CARE PLAN FOR MEDICINES PRESCRIBED "WHEN REQUIRED" BASIS THE NURSES HAVE BEEN ALLOCATED PATIENTS AND ARE RESPONSIBLE FOR THE CARE-PLAN AND REVIEWING IT EVERY MONTH OR SOONER IF DEEMED NECESSARY
Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 23 March 2016	The management of medicines for new patients should be reviewed to ensure that written confirmation for all medicines is received from the prescriber. **Response by Registered Person(s) Detailing the Actions Taken:** WRITTEN CONFIRMATION OF ALL MEDICINES FOR NEWLY ADMITTED PATIENTS IS OBTAINED FROM THEIR G.P. THE HOSPITAL THEY ARE ADMITTED FROM OR ANY OTHER PRESCRIBER

Registered Manager Completing QIP	Una Doherty (Mary)	**Date Completed**	24/3/16
Registered Person Approving QIP		**Date Approved**	28/3/16
RQIA Inspector Assessing Response		**Date Approved**	

Please ensure this document is completed in full and returned to RQIA's office

KARINA LODGE P.N.H
KILREA.
RQIA ID: 1392

REGULATION AND QUALITY
15 APR 2016
IMPROVEMENT AUTHORITY

RQIA Inspector Assessing Response	Judith Taylor	**Date Approved**	15 April 2016

Karina Lodge – Medicines Management Inspection – 22 February 2016

Inspection ID: IN024166