Cherry Tree House
RQIA ID: 1433
79 North Road
Carrickfergus
BT38 7QZ

Inspectors: Rachel Lloyd & Judith Taylor
Inspection ID: IN022406

Tel: 028 9336 5652
Email: cherrytreehouse1@btinternet.com

Unannounced Medicines Management Inspection of Cherry Tree House

10 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 10 September 2015 from 10:30 to 15:40.

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) 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.

For the purposes of this report, the term 'patients' will be used to described those living in Cherry Tree House which provides both nursing and residential care.

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 21 November 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	1	2

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

2. Service Details

Registered Organisation/Registered Person: Dr Dean Harron	**Registered Manager:** No registered manager
Person in Charge of the Home at the Time of Inspection: Mrs Emeliza Insauriga (Acting Manager)	**Date Manager Registered:** Not applicable
Categories of Care: NH-LD, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH A maximum of 22 residential places. Category NH-LD for one identified patient only.	**Number of Registered Places:** 56 (55 in use)
Number of Patients Accommodated on Day of Inspection: 51 (30 nursing and 21 residential)	**Weekly Tariff at Time of Inspection:** £470 - £637

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 inspectors reviewed the management of incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspectors met with the acting manager and other members of staff on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicine administration records	Care plans
Medicines disposed of or transferred	Training records
Controlled drug record book	Medicines storage temperature records

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 21 July 2015. The completed QIP was returned and approved by the care inspector on 3 September 2015.

5.2 Review of Recommendations from the Last Medicines Management Inspection

<table>
<tr><th colspan="2">Last Care Inspection Statutory Requirements</th><th>Validation of Compliance</th></tr>
<tr><td rowspan="2">Requirement 1

Ref: Regulation 13(4)

Stated: Twice</td><td>The temperature range of the medicines refrigerators must be appropriately managed to ensure that temperatures remain within the accepted range of 2°C to 8°C at all times.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The temperature range of each of the medicines refrigerators in use was satisfactory at the time of the inspection. Records of recent refrigerator temperature monitoring, performed twice daily, were examined and were generally satisfactory. There was evidence that action had been taken when the maximum temperature had deviated from the accepted range. The staff on duty were reminded that the thermometer must be reset on every occasion.</td></tr>
</table>

Requirement 2 **Ref:** Regulation 13(4) **Stated:** Once	The registered person must ensure that the management of external preparations is reviewed to ensure that the preparation applied is identified on every occasion and that a system is in place to audit the records.	**Partially met**
	Action taken as confirmed during the inspection: The management of external preparations was satisfactory when prescribed with dosage instructions and applied by registered nurses. When designated care staff were responsible, a separate record was in place which is good practice. However, these were difficult to audit since some preparations were prescribed for use 'as directed'. The acting manager had already identified this for attention and agreed to ensure that staff are provided with dosage instructions and that the senior staff review these records regularly within the audit process. Due to the progress made and the assurance provided by the acting manager this requirement has not been restated.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** Once	The registered person must ensure that staff involved in monitoring refrigerator temperatures are trained and competent in the operation of the refrigerator thermometers, and the action to be taken if temperatures fall outside of the acceptable range.	**Met**
	Action taken as confirmed during the inspection: The acting manager confirmed that registered nurses and senior care staff are trained and competent. A protocol for managing refrigerator temperatures was attached to the medicines refrigerators. There was evidence of action taken when temperatures had fallen outside of the acceptable range.	

Requirement 4 **Ref:** Regulation 13(4) **Stated:** Once	The registered person must ensure that the management of inhaled medicines is monitored. Any further discrepancies must be investigated and reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: Inhaler preparations had been included within the audit process and running stock balances were maintained for some preparations which is good practice. Audits undertaken during the inspection produced generally satisfactory outcomes; staff were reminded to record the date of opening to facilitate the audit process.	
Requirement 5 **Ref:** Regulation 13(4) **Stated:** Once	The registered person must ensure that robust arrangements are in place for the management of self-administered medicines.	**Not applicable**
	Action taken as confirmed during the inspection: No medicines were being self-administered at the time of the inspection. **This requirement is carried forward**	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** Twice	The procedures for the management of thickening agents should be reviewed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that procedures were reviewed following the last inspection. Care plans and speech and language therapy reports were in place and thickening agents were recorded on the personal medication record. Administration by registered nurses was recorded on the medication administration record. A chart was available for staff reference detailing the consistency of thickened fluid required for relevant patients. Administration by designated care staff was recorded on some occasions. The acting manager had already identified this for attention to ensure that this is recorded on every occasion and that senior staff monitor this within the audit process.	

Recommendation 2 **Ref**: Standard 37 **Stated:** Twice	Standard Operating Procedures (SOPs) for the management of controlled drugs, specific to Cherry Tree House, should be developed.	**Met**
	Action taken as confirmed during the inspection: SOPs specific to Cherry Tree House were in place. These had been reviewed in March 2015.	
Recommendation 3 **Ref**: Standard 37 **Stated:** Once	The registered person should ensure that policies and procedures are revised to include the new disposal arrangements for medicines.	**Met**
	Action taken as confirmed during the inspection: These could not be located during the inspection but were forwarded to the inspector by email on 16 September 2015. These were dated September 2012. The acting manager agreed to make these documents available for staff reference at all times.	
Recommendation 4 **Ref**: Standard 38 **Stated:** Once	The registered person should ensure that a physical stock reconciliation of Schedule 2 and 3 controlled drugs also takes place on each occasion when responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: This has been satisfactorily addressed. Records of stock reconciliation were in place.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on a range of randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines were available for administration on the day of the inspection.

Arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. The admission process was reviewed for two recently admitted patients. Their medicine regimes had been confirmed in writing. Two designated members of staff had verified and signed the personal medication records.

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

Medicine records had largely been maintained in a satisfactory manner to ensure that there was a clear audit trail. Records of the ordering, receipt, administration, non-administration and disposal of medicines were examined. Personal medication records examined were written and signed by two designated staff, this is safe practice.

Two designated members of staff were involved in the disposal of any medicines which were discontinued or were unsuitable for use. These medicines were uplifted by a company holding a clinical waste licence. Controlled drugs were denatured prior to disposal using denaturing kits. The acting manager agreed to maintain a list of controlled drugs which require denaturing prior to disposal to ensure that all Schedule 4 (Part 1) are disposed of appropriately.

Satisfactory arrangements were in place for the management of controlled drugs. The controlled drug record books had been maintained in a satisfactory manner. Records of stock reconciliation checks for controlled drugs, which are subject to the safe custody legislation, were in place for each transfer of responsibility. In addition, close monitoring of Schedule 4 (Part 1) and some Schedule 5 controlled drugs also takes place.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs were in place.

There was evidence that medicines were being managed by staff who had been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training records and competency assessments were provided. Regular update training on the management of medicines had been provided by the community pharmacist. Training in the management of dysphagia and external preparations had been provided for relevant staff in 2014. A list of the names, signatures and initials of registered nurses was maintained.

There were satisfactory auditing systems in place for medicines. Running stock balances were maintained for a number of medicines which were not contained within the monitored dosage system. The acting manager and community pharmacist had also completed audits. Audit was facilitated by the routine practice of recording the date of opening on most medicine containers. The date of opening was not recorded on all insulin pen devices, although it is acknowledged that those in use at the time of inspection had not exceeded the expiry date.

There were procedures 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.

There were arrangements in place to note any compliance issues with medicine regimes and these had been reported to the patient's prescriber.

The care plans for the management of diabetes for relevant patients in the residential unit did not detail what action would be taken in the event of hypoglycaemia.

Is Care Compassionate? (Quality of Care)

The records for a number of patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. The parameters for administration were recorded on personal medication records. Care plans were in place for some of these patients and there was evidence that some of these were being reviewed monthly. Records of administration were in place, however the reason for and outcome of administration had not always been recorded. From discussion, it was concluded that staff had the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain.

The acting manager confirmed that all patients have pain reviewed as part of the admission assessment. Examination of records of administration of medicines prescribed to treat or prevent pain indicated that these medicines had been administered as prescribed. The medicines and the parameters for administration had been recorded on the personal medication records. The reason for the administration and a pain assessment score were being recorded. Care plans for the management of pain were not always in place and/or regularly reviewed.

Areas for Improvement

The registered person must ensure that robust arrangements are in place for the management of self-administered medicines. A requirement was carried forward from the last inspection.

The management of medicines prescribed for use "when required" for distressed reactions should be reviewed to ensure that a care plan is in place and that the reason for and outcome of administration is recorded on every occasion. A recommendation was made.

Care plans for the management of pain should be in place and reviewed regularly where analgesia is prescribed, to include guidance for staff on how pain may be expressed by individual patients. A recommendation was made.

The acting manager agreed to review the management of record keeping and the governance arrangements for delegated medicines tasks undertaken by care staff.

The acting manager agreed that a sample list of the names, signatures and initials of designated care staff authorised to undertake delegated medicines tasks would be maintained.

Staff were reminded to record the date of opening on all medicine containers to facilitate the audit process.

It was agreed that care plans for the management of hypoglycaemia for relevant patients in the residential unit would be updated following the inspection.

Number of Requirements:	1	**Number of Recommendations**:	2

5.4 Additional Areas Examined

Medicines were stored safely and securely and storage areas were clean, tidy and well organised. Satisfactory arrangements were in place for the management of medicines keys.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Emeliza Insauriga (Acting 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 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 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 pharmacists@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time (carried forward) **To be Completed by:** Ongoing	The registered person must ensure that robust arrangements are in place for the management of self-administered medicines.
	Response by Registered Person(s) Detailing the Actions Taken: Policy of this was forwarded to Judith&Rachel on Monday 14th September 2015, we still do not have a resident that self administrers.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 10 October 2015	The registered person should review the management of medicines prescribed for use "when required" for distressed reactions to ensure that a care plan is in place and that the reason for and outcome of administration is recorded on every occasion.
	Response by Registered Person(s) Detailing the Actions Taken: Care Plan of a resident with prescribed medicines for distress reaction are now in place and the reason for administration and the outcome are being recorded.
Recommendation 2 **Ref**: Standard 4 **Stated:** First time **To be Completed by:** 10 October 2015	The registered person should ensure that care plans for the management of pain are further developed and reviewed regularly where analgesia is prescribed, to include guidance for staff on how pain may be expressed by individual patients.
	Response by Registered Person(s) Detailing the Actions Taken: Care Plans for the Residents who are on pain relief have been reviewed & improved to where the analgesia is prescribed for ie: back pain, osterarthritis etc, and if the Resident can express pain verbally or non verballly by using abbey pain chart.

Registered Manager Completing QIP	Emeliza Insauriga	**Date Completed**	06/10/15
Registered Person Approving QIP	Dr Dean Harron	**Date Approved**	06/10/2015
RQIA Inspector Assessing Response	**Rachel Lloyd**	**Date Approved**	**8/10/15**

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 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.