Our Mother of Mercy
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Unannounced Medicines Management Inspection of Our Mother of Mercy

29 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 29 July 2015 from 11:00 to 15:30.

Overall on the day of the inspection it was found that improvements in the management of medicines were necessary in order for care to be safe, effective and compassionate. The outcome of the inspection found areas of concern (regarding the storage and availability of medicines) which will be initially addressed through a serious concerns meeting - see Section 2.0 and the Quality Improvement Plan (QIP) within this report.

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 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.

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 medicines management inspection on 24 May 2012.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action resulted from the findings of this inspection.

The outcome of this inspection identified that requirements in relation to the availability and storage of medicines would be repeated for three and four times respectively. Following discussion with senior management in RQIA a decision was made to invite the Registered Person into a meeting to discuss these concerns. A meeting was held with Mrs Lucy Holt, (representing Mrs Peggy O'Neill, Registered Person) and Mrs Elizabeth Doran, Registered Manager, in RQIA, Belfast Office on 5 August 2015. Frances Gault, Senior Pharmacy Inspector and Helen Daly, RQIA Pharmacist Inspector were in attendance. At this meeting, Mrs Holt and Mrs Doran provided a full account of the actions that have already been taken and arrangements which have or will be implemented to ensure that the issues would be addressed to ensure compliance with legislative requirements and the minimum standards. RQIA considered the matter and confirmed that the registered person would be given a period of time to address the matters. A further medicines management inspection will be arranged. Failure to address these concerns may result in further enforcement action.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

The details of the QIP within this report were discussed with Mrs Elizabeth Doran, Registered Manager, on the day of the inspection and with Mrs Peggy O'Neill, Registered Person, (via telephone call, 30 July 2015) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Kilmorey Care Limited Mrs Peggy O'Neill	**Registered Manager:** Mrs Elizabeth Doran
Person in Charge of the Home at the Time of Inspection: Mrs Elizabeth Doran	**Date Manager Registered:** 4 November 2013
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), RC-I, RC-MP, RC-MP(E), NH-LD, NH-LD(E)	**Number of Registered Places:** 48
Number of Patients Accommodated on Day of Inspection: 48	**Weekly Tariff at Time of Inspection:** Nursing care: £593 - £637 Residential care: £461

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 any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager and the two registered nurses on duty.

The following records were examined:

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

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 11 February 2015. The completed Quality Improvement Plan was evaluated by the care inspector and approved on 24 April 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection 24 May 2012

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Third time	Nurses must receive additional training on the accurate recording of refrigerator temperatures. A system must be in place to ensure that any deviation from +2°C to +8°C is reported to the registered manager to facilitate immediate corrective action.	**Partially Met**
	Action taken as confirmed during the inspection: The registered manager advised that nurses had received additional training on the accurate recording of refrigerator temperatures. However the evidence seen indicated that the training had not been embedded into practice. A system was not in place to ensure that any deviation from 2°C to 8°C was reported to the registered manager to facilitate immediate corrective action. The daily records of refrigerator temperatures indicated that the maximum and minimum refrigerator temperatures were frequently outside the accepted range. The consistent readings indicated that the thermometer was not being reset each day. Any corrective action which had been taken by management after the last inspection had not lead to sustained improvement. **Given that this requirement had been stated three times it was discussed in detail at the serious concerns meeting and has been stated for the fourth and final time.**	

Requirement 2 **Ref**: Regulation 13 (4) **Stated:** Second time	All medicines must be available for administration as prescribed.	**Not Met**
	Action taken as confirmed during the inspection: On the day of the inspection all medicines were available for administration as prescribed. However a review of the medication administration records indicated that 15 medicines had been omitted due to being out of stock (for between one and seven doses) from 13 July 2015. **This requirement was discussed in detail at the serious concerns meeting and RQIA were advised that investigation by the registered persons had highlighted that this had not occurred in previous months. This requirement will be stated for the third and final time.**	
Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	In-use insulin pens must be labelled to denote ownership and marked with the date of opening.	**Partially Met**
	Action taken as confirmed during the inspection: Two insulin pens were in use. Both were labelled to denote ownership. The date of opening was recorded on one pen only. The registered nurse advised that it was the usual practice to record the date of opening and this was addressed at the inspection; therefore the requirement has not been restated.	
Requirement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must maintain a record of the training and competency assessments which have been completed by care staff, in relation to the administration of external medicines and thickening agents.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that this training was now completed as part of induction and annually thereafter; it is scheduled annually on the same day as mandatory 'moving and handling' training. Records were available for inspection.	

Requirement 5 **Ref**: Regulation 13 (4) **Stated:** First time	Accurate records for the administration of thickening agents must be maintained.	**Met**
	Action taken as confirmed during the inspection: Four patients were prescribed thickening agents. Charts, which included the required consistency level, were available. These were reviewed for two patients and found to be satisfactory.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	An up to date medicines reference source should be made available.	**Met**
	Action taken as confirmed during the inspection: An up to date medicines reference source was available.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The date and time of opening should be recorded on all medicines.	**Partially Met**
	Action taken as confirmed during the inspection: The date and time of opening had not been recorded on a number of medicines including limited shelf-life medicines. **This recommendation was restated.**	

Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered manager should implement a robust audit system to monitor stock availability, the maintenance of the personal medication records, the accuracy of the administration records for thickening agents and the refrigerator temperatures.	**Partially Met**
	Action taken as confirmed during the inspection: The findings of this inspection indicated that the auditing system was not robust. Improvements were noted in the maintenance of the personal medication records and the accuracy of the administration records for thickening agents but there were ongoing issues with regards to addressing issues identified with stock control and the refrigerator temperatures. **This recommendation has been partially met and given the evidence seen during the inspection will be restated for a second time.**	
Recommendation 4 **Ref**: Standard 37 & 38 **Stated:** First time	The consistency level of thickened fluids should be recorded on the personal medication records and records for administration.	**Met**
	Action taken as confirmed during the inspection: The consistency level of thickened fluids had been recorded on the personal medication records and records for administration which were reviewed at the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A randomly selected sample of medicines was audited; the majority of these audits produced satisfactory outcomes, indicating that medicines had been administered as prescribed. Discrepancies were noted in a small number of medicines and these were discussed for close monitoring.

RQIA were concerned that the systems in place for ensuring that all patients have a continuous supply of their prescribed medicines and that medicines were stored at the correct temperatute were not robust. The information received from the registered person on the returned QIP following the last medicines management inspection indicated that the issues had been addressed. However this was not evident at this inspection. The home's auditing system had failed to identify and address the ongoing issues. On the day of the inspection the registered manager had not been made aware of the stock supply issues of prescribed medicines or the inappropriate refrigerator temperatures.

Prescriptions were being received into the home before being forwarded to the pharmacy for dispensing. However, there was evidence that "missing" prescriptions were not being followed up in a satisfactory manner as medicines doses had been omitted due to medicines not being available. All medicines were available on the day of the inspection. Medicines were observed to be labelled appropriately.

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 in writing with the prescriber. The personal medication record sheets and hand-written medication administration records were completed and checked by two registered nurses.

The management of warfarin and thickening agents was reviewed and found to be satisfactory.

Medicine records had been maintained in a satisfactory manner. However, a number of recent updates on the personal medication records had not been recorded and there were a number of missed signatures of administration of medicines on the medication administration records.

Records for the administration of emollient preparations and thickening agents by care staff were maintained.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included Schedule 4 (Part 1) controlled drugs, which is good practice. Controlled drugs were being denatured by two registered nurses prior to their disposal.

Records showed that two nurses were involved in the disposal of medicines and both had signed the records of disposal. Discussion took place regarding the current storage arrangements for medicines awaiting disposal.

Is Care Effective? (Quality of Management)

Written 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 registered nurses who had been trained and deemed competent to do so. Update training on the management of medicines had been provided by the community pharmacist in October 2014. Clinical supervisions were planned to occur twice each year. There was annual staff appraisal. A sample of the annual competency assessments for registered nurses was provided for inspection.

Accurate stock balances were observed for several medicines which were not contained within the blister pack system. In addition the community pharmacist carried out medication audits. The registered manager had also completed audits. These audits had failed to identify and address the issues raised at this inspection.

The registered manager advised that 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.

Is Care Compassionate? (Quality of Care)

The use of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for two patients in the home. The parameters for the administration of these medicines were detailed on the patients' personal medication records. However, comprehensive care plans detailing the management of these medicines were not in place for either patient. Daily notes detailing why doses of these "when required" medicines had been administered and their effect had not been recorded.

The registered nurses on duty confirmed that all patients have their pain reviewed as part of their admission assessment. The medicines were recorded on the personal medication records. Examination of the administration of these medicines indicated that analgesics had been administered as prescribed (with the exception analgesic tablets which had been out of stock on two occasions since 13 July 2015). Registered nurses were knowledgeable about the different ways that individual patients showed that they were in pain but pain assessment tools were not being used and detailed care plans were not in place.

Areas for Improvement

Nurses must receive additional training on the accurate recording of refrigerator temperatures. A system must be in place to ensure that any deviation from +2°C to +8°C is reported to the registered manager to facilitate immediate corrective action. A requirement was made for the fourth and final time.

All medicines must be available for administration as prescribed. A requirement was made for the third and final time.

The date and time of opening should be recorded on all medicines. A recommendation was made for the second time.

The registered manager should implement a robust audit system to monitor stock availability, the maintenance of the personal medication records, the accuracy of the administration records for thickening agents and the refrigerator temperatures. A recommendation was made for the second time.

The arrangements for the management of medicines prescribed to be administered on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure appropriate care plans are in place and that the reason for and effect of administration are recorded. A recommendation was made.

The arrangements for pain management should be reviewed and revised to ensure that pain assessment tools and care plans are in use where appropriate. A recommendation was made.

The registered manager gave an assurance that the discrepancies in the administration of the medicines highlighted at this inspection would be closely monitored to ensure compliance with the prescribers' instructions.

It was agreed that the accurate maintenance of the personal medication records and medication administration records would continue to be monitored and addressed through the home's auditing system.

The registered manager should request the recommended clinical waste disposal bins from their contracted clinical waste company.

Number of Requirements:	2	Number of Recommendations:	4

5.4 Additional Areas Examined

Medicines were stored securely.

It was agreed that the treatment room temperature would be monitored daily to ensure that it is maintained at or below 25^{o}C.

A number of out of date eye preparations and glyceryl trinitrate sprays were removed for disposal.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Elizabeth Doran, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/registered 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/registered 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 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.

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:** Fourth and final time	Nurses must receive additional training on the accurate recording of refrigerator temperatures. A system must be in place to ensure that any deviation from +2°C to +8°C is reported to the registered manager to facilitate immediate corrective action.
To be Completed by: **29 August 2015**	**Response by Registered Person(s) Detailing the Actions Taken:** A new fridge was purchased, temperatures are being recorded and are within acceptable ranges. All Nurses attended a meeting on 4th August 2015 and received training on accutate recording of refrigerator temperatures.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Third and final time **To be Completed by:** **29 August 2015**	All medicines must be available for administration as prescribed. **Response by Registered Person(s) Detailing the Actions Taken:** Meeting was held with all nurses to discuss the outcome of the inspection on 4th August 2015. The nurses received individual counselling between 6th and 7th August 2015 about the importance of medicines being available for administration as prescribed. Copies of completed audits are available.
Recommendations	
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time **To be Completed by:** **29 August 2015**	The date and time of opening should be recorded on all medicines. **Response by Registered Person(s) Detailing the Actions Taken:** At audit all medicines have a date and time of opening and are highlighted on MARs sheets.
Recommendation 2 **Ref:** Standard 37 **Stated:** Second time **To be Completed by:** **29 August 2015**	The registered manager should implement a robust audit system to monitor stock availability, the maintenance of the personal medication records, the accuracy of the administration records for thickening agents and the refrigerator temperatures. **Response by Registered Person(s) Detailing the Actions Taken:** Audits have taken place, stock has been available, personal medication records have been maintained and records for thickening agents have been accurate. Refrigerator temperatures have been accurate.

Recommendation 3 **Ref:** Standard 18 **Stated:** First time **To be Completed by:** **29 August 2015**	The registered manager should review and revise the arrangements for the management of medicines prescribed to be administered on a "when required" basis for the treatment of distressed reactions to ensure appropriate care plans and records are in place.
	Response by Registered Person(s) Detailing the Actions Taken: Nurses have been instructed to insure that care plans and records are in place when a medication is prescribed on a "when required" basis for the treatment of distressed reactions.
Recommendation 4 **Ref:** Standard 26 **Stated:** First time **To be Completed by:** **29 August 2015**	The registered manager should review and revise the arrangements for pain management to ensure that care plans and pain assessment tools are in use where appropriate.
	Response by Registered Person(s) Detailing the Actions Taken: Where appropriate pain charts and care plans are in place and have been checked at each audit.

Registered Manager Completing QIP	Elizabeth Doran	**Date Completed**	14/09/2015
Registered Person Approving QIP	Peggy O Neill	**Date Approved**	14/09/2015
RQIA Inspector Assessing Response	**Helen Daly**	**Date Approved**	**15/09/2015**

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