St Josephs
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Warrenpoint
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Inspector: Cathy Wilkinson
Inspection ID: IN022455

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Unannounced Medicines Management Inspection of St Joseph's

12 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 12 May 2015 from 11:25 to 13:35.

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 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 section, 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last

The last medicines management inspection of this home was on 7 January 2015. The outcome of that inspection found that improvement was required in most areas of the management of medicines. Feedback on the outcome of this inspection was provided to the responsible person, Mrs Peggy O'Neill, by telephone on 8 January 2015. Following discussion with senior pharmacist inspector after the inspection it was decided to give the registered persons a period of time to address the issues evidenced during the inspection.

An urgent actions letter was issued to the registered manager requiring confirmation that all patients had a supply of their prescribed medicines available for administration as prescribed. This confirmation was received by telephone on 8 January 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	1

The details of the QIP within this report were discussed with the Mrs Jacqueline Rooney, 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: Kilmorey Care Ltd/ Mrs Peggy O'Neill	**Registered Manager:** Mrs Jacqueline Rooney
Person in Charge of the Home at the Time of Inspection: Mrs Jacqueline Rooney	**Date Manager Registered:** 29 April 2008
Categories of Care: NH-LD, NH-I, NH-LD(E), NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)	**Number of Registered Places:** 50
Number of Patients Accommodated on Day of Inspection: 49	**Weekly Tariff at Time of Inspection:** £593

3. Inspection Focus

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Care Standards for Nursing Homes, April 2015 and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection, the inspector met with the registered manager and staff on duty.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records
Controlled drug record book
Medicine audits

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection dated 7 January 2015. The completed QIP was returned and approved by the pharmacist inspector. (See section 5.2 for further information)

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

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 37 **Stated once**	The registered manager must confirm that all patients have a supply of their prescribed medicines available for administration as prescribed.	**Met**
	Action taken as confirmed during the inspection: This confirmation was received by telephone on 8 January 2015.	
Requirement 2 **Ref:** Regulation 37 **Stated once**	The registered manager must ensure that the appropriate documentation for self-administration is in place.	**Not examined**
	Action taken as confirmed during the inspection: The registered manager advised that no patients self-administer medicines and that this was unlikely to change. This requirement has previously been carried forward and cannot be examined. It has been decided not to include it in the QIP from this inspection.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 **Ref:** Regulation 38 **Stated twice**	Staff must ensure that MARs sheets are fully and accurately maintained. The reason for any non-administration must be documented. The date of administration must be accurately documented on all occasions.	**Met**
	Action taken as confirmed during the inspection: The MARs sheets examined during this inspection had been fully and accurately maintained.	
Requirement 4 **Ref:** Regulation 37 **Stated once**	The registered manager must ensure a robust audit system is implemented and completed regularly.	**Partially met**
	Action taken as confirmed during the inspection: The audit system has been enhanced and audits are completed regularly. However, discrepancies were noted in supplies of liquid medicines audited during this inspection and this had not been identified in the internal audit process. The audit process should focus on these medicines to ensure that they are administered as prescribed. This requirement is restated.	
Requirement 5 **Ref:** Regulation 37 **Stated once**	The registered manager must ensure that the arrangements in place for the management of anticoagulants are robust.	**Met**
	Action taken as confirmed during the inspection: The management of anticoagulants prescribed for three patients was examined and found to be satisfactory.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 6 **Ref:** Regulation 37 **Stated once**	The registered manager was required to investigate the incident regarding the administration of simvastatin and enoxaparin and submit a report to RQIA which should detail any action taken to prevent a recurrence.	**Met**
	Action taken as confirmed during the inspection: These incidents were investigated and the reports were received by RQIA.	
Requirement 7 **Ref:** Regulation 37 **Stated once**	The registered manager must ensure that robust stock management systems are in place to ensure that patients do not run out of their prescribed medicines.	**Met**
	Action taken as confirmed during the inspection: There was no evidence that any patients had missed any doses of medicines due to stock supply issues.	
Requirement 8 **Ref:** Regulation 37 **Stated once**	The registered manager must ensure that controlled drugs are denatured prior to disposal.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs are now denatured prior to disposal and this is appropriately documented.	
Requirement 9 **Ref:** Regulation 37 **Stated once**	The registered manager must submit copies of any audits completed in January, February and March 2015 to RQIA.	**Met**
	Action taken as confirmed during the inspection: These audits were completed and received by RQIA.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 10 **Ref:** Regulation 38 **Stated once**	The registered manager must ensure that personal medication records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: Personal medication records that were examined during this inspection had been satisfactorily maintained.	
Requirement 11 **Ref:** Regulation 39 **Stated once**	The registered manager must ensure that medicines are stored in accordance with the manufacturers' instructions.	**Met**
	Action taken as confirmed during the inspection: Medicines were observed to be stored at the correct temperature. In use insulin pens were observed on the medicine trolley and food supplements were appropriately refrigerated.	
Requirement 12 **Ref:** Regulation 39 **Stated once**	The registered manager must ensure that the maximum and minimum refrigerator temperature are recorded and are maintained within the acceptable range (2^{o}C and 8^{o}C).	**Met**
	Action taken as confirmed during the inspection: The maximum and minimum refrigerator temperatures had been monitored and recorded daily. They had been maintained within the acceptable range. On the day of the inspection, the refrigerator thermometer was broken, however staff advised that a replacement had been ordered.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated once**	The registered manager should ensure that the SOPs for controlled drugs are reviewed to ensure that they adhere to the regulations regarding the denaturing of controlled drugs prior to disposal and are reflective of current practice within St Joseph's.	**Met**
	Action taken as confirmed during the inspection: The SOPs have been reviewed and a copy was observed on the medicines trolley.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref:** Standard 37 **Stated once**	The registered manager should ensure further training is provided for the registered nurses on the management of medicines.	**Met**
	Action taken as confirmed during the inspection: The registered manager and staff confirmed that further training had been provided.	
Recommendation 3 **Ref:** Standard 38 **Stated once**	The registered manager should ensure that the record of medicines disposed of is fully and accurately maintained.	**Not examined**
	Action taken as confirmed during the inspection: The disposal record could not be examined as it was at the pharmacy at the time of the inspection. This recommendation will be carried forward to be examined at the next medicines management inspection.	
Recommendation 4 **Ref:** Standard 38 **Stated once**	The registered manager should closely monitor the completion of the controlled drugs record book ensure that all entries are fully documented.	**Met**
	Action taken as confirmed during the inspection: The controlled drug record book had been fully and accurately completed.	
Recommendation 5 **Ref:** Standard 39 **Stated once**	The registered manager should ensure that Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: This is now routine practice and Schedule 4 controlled drugs are also included.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are being administered in accordance with the prescribers' instructions. The majority of audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

Medicine records were legible and accurately maintained to ensure that there is a clear audit trail. The good practice of two registered nurses initialling handwritten entries on personal medication records, in the absence of the prescriber's signature, was acknowledged.

Disposal of medicines no longer required is undertaken by trained and competent staff. Staff advised that any discontinued or expired medicines are discarded by two registered nurses into the pharmaceutical clinical waste bin. The record of returns was unavailable for inspection and will be examined at the next medicines management inspection. The registered manager advised that controlled drugs are denatured prior to disposal and this was evidenced in the controlled drug record book.

The receipt, administration and disposal of all controlled drugs subject to record keeping requirements are maintained in a controlled drug record book. The record book had been fully and accurately completed.

Stock balances of controlled drugs which are subject to safe custody requirements are reconciled on each occasion when the responsibility for safe custody is transferred.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place. There are up to date Standard Operating Procedures for the management of controlled drugs. A laminated copy is attached to the medicine trolleys.

Suitable arrangements are in place to ensure that the management of medicines is undertaken by qualified, trained and competent staff and systems are in place to review staff competency in the management of medicines. Staff had received further training in the management of medicines following the last medicines management inspection.

There are arrangements in place to audit all aspects of the management of medicines. A medicines audit is carried out by the registered manager on a monthly basis and she advised that the findings, along with any actions required, are communicated to staff. Copies of these audits were available for inspection. There are also daily audits and running stock balances completed by the registered nurses.

Is Care Compassionate? (Quality of Care)

There was evidence that staff had considered the implications of mixing medicines with food and drink. A laminated advice sheet was available for staff to reference. There was also evidence that professional advice is sought whenever medicines are to be crushed to aid compliance.

Areas for Improvement

A number of discrepancies were noted in the audit of liquid medicines. The audit process must focus on liquid medicines to ensure that they are being administered as prescribed. The requirement made previously has been restated.

The returns record book could not be examined during this inspection, therefore the recommendation made previously has been carried forward to be examined at the next medicines management inspection.

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

5.4 Additional Areas Examined

Medicines were safely and securely stored in accordance with the manufacturers' instructions.

The practice of storing opened tubes of cream in accordance with infection control guidance was discussed with the staff.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jacqueline Rooney, 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (Northern Ireland) 2005/The Residential Care Homes Regulations (Northern Ireland) 2005 and The Children's Home 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 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.

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: 12 June 2015**	The registered manager must ensure a robust audit system is implemented and completed regularly.
	Response by Registered Person(s) Detailing the Actions Taken: The audit tool for medication now includes the measurement of liquid medication.

Recommendations	
Recommendation 1 **Ref: Standard 38** **Stated: First time** **To be Completed by: On-going**	The registered manager should ensure that the record of medicines disposed of is fully and accurately maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Please find attached some pages of the pharmacy returns book which was not available at the time of inspection.

Registered Manager Completing QIP	Jacqueline Rooney	**Date Completed**	12/06/15
Registered Person Approving QIP	Mrs Peggy O Neill	**Date Approved**	12/06/15
RQIA Inspector Assessing Response	**Cathy Wilkinson**	**Date Approved**	**24/06/2015**

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