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Rostrevor
BT34 3BL

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Unannounced Medicines Management Inspection of Kilbroney House

21 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 21 July 2015 from 10:00 to 13:40.

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 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 Inspection

There were no actions required to be taken following the last medicines management inspection on 10 January 2013.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action resulted from the findings of this inspection.

An urgent action form regarding one action was issued to Mrs Pauline Campbell, Nurse Manager at the end of the inspection. This action was required to be addressed without delay to ensure the safety and wellbeing of patients. The urgent action was also discussed with the registered manager, via telephone, on 24 July 2015. On 21 July 2015 and 24 July 2015, the nurse manager provide RQIA with confirmation, by email and phone respectively, that the prescribers had been contacted and had provided the necessary clarification:

Following discussion with senior management in RQIA a decision was made to invite the registered person into a meeting to discuss the areas which had been identified for improvement. A meeting was held with Ms Jacqueline Ann Campbell, Registered Person in RQIA, Belfast Office on 30 July 2015. Frances Gault, Senior Pharmacy Inspector and Mr Paul Nixon, RQIA Pharmacist Inspector were in attendance. At this meeting, the registered person provided a full account of the actions that have already been taken and arrangements which have or will be implemented to ensure that 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 monitoring inspection will be arranged.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7	2

The details of the QIP within this report were discussed with Mrs Pauline Campbell, Nurse Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Jacqueline Ann Campbell	**Registered Manager:** Jacqueline Ann Campbell
Person in Charge of the Home at the Time of Inspection: Pauline Campbell (Nurse Manager)	**Date Manager Registered:** 1 October 2009
Categories of Care: NH-PH, NH-PH(E), NH-MP, NH-MP(E), NH-DE, NH-I	**Number of Registered Places:** 19
Number of Patients Accommodated on Day of Inspection: 19	**Weekly Tariff at Time of Inspection:** £593

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 nurse manager.

The following records were examined during the inspection:

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

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 22 June 2015. The report was approved for issue on 30 June 2015 and the completed Quality Improvement Plan will be evaluated by the care inspector when it is returned to RQIA.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 10 January 2013

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated once**	The registered manager must ensure that the completion of the personal medication records is monitored as part of the medicine auditing procedures to ensure that all information is documented.	**Not met**
	Action taken as confirmed during the inspection: Whilst examination of the personal medication records is included by the management in their medicines management audit activity, three patients' personal medication record sheets were observed to be inaccurate. Also, in some instances, the medicine name on the personal medication record did not match that printed on the medicine label. **This requirement is restated.**	

Requirement 2 **Ref**: Regulation 13 (4) **Stated once**	The registered manager must ensure that all registered nurses are trained and competent in the use of the refrigerator thermometer.	**Met**
	Action taken as confirmed during the inspection: The nurse manager confirmed that all registered nurses had been trained and deemed competent in the use of the medicine refrigerator thermometer. The medicine refrigerator temperature range was observed to have been appropriately monitored.	
Requirement 3 **Ref**: Regulation 13 (4) **Stated once**	The registered manager must ensure that there is a procedure in place to inform management when the temperature of the medicines refrigerator is outside the recommended range.	**Met**
	Action taken as confirmed during the inspection: The nurse manager stated that she is informed by the nursing staff when the temperature of the medicines refrigerator is outside the recommended range and of the corrective action that has been taken.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated once**	The registered manager should ensure that standard operating procedures are in place for controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Standard operating procedures were observed to be in place for the management of controlled drugs.	
Recommendation 2 **Ref**: Standard 37 **Stated once**	The registered manager should ensure that safe practices are in place for the management of medicine cassettes when a dosage change occurs.	**Met**
	Action taken as confirmed during the inspection: The nurse manager confirmed that, when a dosage change occurs, the monitored dosage cassette is promptly returned to the community pharmacy for the necessary changes to be made.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

RQIA is concerned that the systems in place for the management of medicines have broken down. Robust systems are not in place for the use of the monitored dosage system. The evidence seen during the inspection highlighted failures in the ordering, receiving administration and recording of prescribed medicines. This had not been identified by either management or staff.

The prescribing status of three medicines needed to be clarified. An urgent action form was left with the nurse manager. On 21 July 2015 and 24 July 2015, the nurse manager provide RQIA with confirmation, by email and telephone respectively, that the prescribers had been contacted and had provided clarification. For two of these medicines, the registered nurses had omitted to positively identify them at the point of administration over a prolonged period of time. This observation indicated that the registered nurses lacked knowledge regarding the use of the monitored dosage system.

One patient had multiple white, round tablets in their multicompartment monitored dosage cassette; this presents a significant difficulty to the registered nurses in identifying and readily distinguishing each individual medicine at the points of receipt and administration. The need to ensure that tablets or capsules can be readily identified at the point of administration was discussed with the nurse manager.

The nurse manager stated that prescriptions were not received and checked before dispensing. Best practice, whereby prescriptions are received by the home for checking prior to their delivery to the pharmacy, was discussed.

All the medicines examined were available for administration to patients and were labelled appropriately.

A randomly selected sample of medicines was audited during the inspection. The majority of these audits produced satisfactory results, indicating that medicines had been administered as prescribed. Discrepancies were noted in a small number of medicines and were discussed. The nurse manager gave an assurance that the administrations of these medicines would be closely monitored to ensure compliance with the prescribers' instructions.

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 with the prescriber and personal medication record sheets were completed and checked by two registered nurses.

An improvement was needed in the maintenance of the personal medication records. Three patients' personal medication record sheets were inaccurate. Also, in some instances, the medicine name stated on the personal medication record did not match that printed on the medicine label. The need to ensure that the patients' photographs are of an appropriate size and are attached onto the designated section of their personal medication record sheets, so as to ensure any information is not covered by them, was discussed. Also discussed was the need to ensure that when a patient has more than one personal medication record sheet in current

use this is specified on each sheet. Where transcribing of medicine details onto the personal medication record sheets occurs, this process involves two registered nurses.

An improvement was needed in the maintenance of the medicines administration records. The administrations of two medicines were observed to have not been recorded on multiple occasions.

Stock reconciliation checks were being performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included the Schedule 4 (Part 1) controlled drug diazepam, which is good practice.

Records showed that discontinued and expired medicines had been returned to the community pharmacist for disposal. There was a copy, in the treatment room, of the clinical waste disposal license held by the pharmacist. Controlled drugs are denatured by two registered nurses prior to disposal.

Is Care Effective? (Quality of Management)

Records showed that medicines were managed by staff who have been trained and deemed competent. An induction process was in place. Update training in medicines management is provided through the completion of an e-learning module. However, the observations made during this inspection indicate that the competencies of the registered nurses to safely and effectively manage medicines need to be reviewed. There was no recorded evidence of annual medicines management competency assessments having been completed for the registered nurses.

An effective medicines management auditing system needs to be in place. Whilst there was recorded evidence that the nurse manager performs ongoing audits on medicines (including tablet counts, examination of the accuracy of the monitored dosage system trays and examination of the personal medication records), the issues detailed in this report indicate that the current audit arrangements are inadequate.

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 three patients in the home. Comprehensive care plans detailing the management of these medicines were not in place for two of the patients. The parameters for the administration of these medicines were not detailed on any of the patients’ personal medication records. Daily notes detailing why doses of these “when required” medicines had been administered and their effect had not always been recorded.

The records relating to three patients who are prescribed medicines for the management of pain were reviewed. This included a regularly prescribed opioid transdermal patch and other analgesics which were prescribed for administration on a “when required” basis. The medicines were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. For the patient who was prescribed regular analgesia, a care plan was in place. Pain assessment tools were not in place for the patients.

Areas for Improvement

The registered manager must ensure that the completion of the personal medication records is monitored as part of the medicine auditing procedures to ensure that all information is documented. A requirement was stated for the second time.

The prescribing status of three medicines must be clarified with the prescribers and RQIA must be informed of the outcome by 24 July 2015. A requirement was made. An urgent action form was left with the nurse manager relating to this requirement.

The citalopram and folic acid incidents must be investigated, to identify the root causes and learning. A copy of the outcome must be forwarded to RQIA. A requirement was made.

Safe systems must be in place for the ordering, receiving and administration of medicines. A requirement was made.

The medicines administration records must be accurately maintained. A requirement was made.

The competencies of the registered nurses to safely and effectively manage medicines must be reviewed and recorded evidence of the competency assessments maintained. A requirement was made.

An effective medicines management auditing system must be operated. A requirement was made.

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

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

Number of Requirements:	**7**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines were stored safely and securely.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Pauline Campbell, Nurse 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: Second time** **To be Completed by: 20 August 2015**	The registered person must ensure that the completion of the personal medication records is monitored as part of the medicine auditing procedures to ensure that all information is documented. **Response by Registered Person(s) Detailing the Actions Taken:** requirement 1 discussed with nursing team, identified staff member Mrs B Morgan will be allocated protected time to carry out effective monitoring.
Requirement 2 **Ref:** Regulation 13 (4) **Stated: First time** **To be Completed by: 24 July 2015**	The registered person must ensure that the prescribing status of three medicines is clarified with the prescribers and RQIA is informed of the outcome by 24 July 2015. **Response by Registered Person(s) Detailing the Actions Taken:** This requirement was completed on 22/07/15 by Nurse Campbell and a copy forwarded to Mr Nixon RQIA who confirmed its reciept on 30/07/15.
Requirement 3 **Ref:** Regulation 13 (4) **Stated: First time** **To be Completed by: 20 August 2015**	The registered person must investigate the citalopram and folic acid incidents to identify the root causes and learning. A copy of the outcome must be forwarded to RQIA. **Response by Registered Person(s) Detailing the Actions Taken:** A full report was compiled and presented to Mr Nixon and Mrs Gault on the 30/07/15. This report included findings and action plan.
Requirement 4 **Ref:** Regulation 13 (4) **Stated: First time** **To be Completed by: 20 August 2015**	The registered person must ensure that safe systems are in place for the ordering, receiving and administration of medicines. **Response by Registered Person(s) Detailing the Actions Taken:** Managent have worked closely with the GP surgery, Pharmacy and current care team to create a safe and robust system for the ordering, receiving and administration of medicines.

Requirement 5 **Ref**: Regulation 13 (4) **Stated: First time** **To be Completed by: 20 August 2015**	The registered person must ensure that the medicines administration records are accurately maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Robust auditing will commence with immediate effect. Management will be organising in house training and competency assessments for all trained nurses.
Requirement 6 **Ref**: Regulation 20 (1) **Stated: First time** **To be Completed by: 20 August 2015**	The registered person must ensure that the competencies of the registered nurses to safely and effectively manage medicines are reviewed and that recorded evidence of the competency assessments is maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Nurse Morgan will carry out competency assessments for all first level nurses and findings will be presented to myself with in 3 weeks.(to accommodate staff leave)
Requirement 7 **Ref:** Regulation 13 (4) **Stated:First time** **To be Completed by: 20 August 2015**	The registered person must ensure that an effective medicines management auditing system is operated.
	Response by Registered Person(s) Detailing the Actions Taken: Auditing of effective medicine management will be operational from the second week in August
Recommendations	
Recommendation 1 **Ref**: Standard 18 **Stated: First time** **To be Completed by: 20 August 2015**	It is recommended that the arrangements for the management of medicines prescribed to be administered on a “when required” basis for the treatment of distressed reactions are reviewed and revised to ensure appropriate care plans and records are in place.
	Response by Registered Person(s) Detailing the Actions Taken: Management have been proactive in relation to this recommendation and this has been identifiedf as a training need.
Recommendation 2 **Ref**: Standard 4 **Stated: First time** **To be Completed by: 20 August 2015**	It is recommended that the arrangements for pain management are reviewed and revised to ensure that pain assessment tools are in use where appropriate.
	Response by Registered Person(s) Detailing the Actions Taken: Pain management tools are now incorporated into all relevant care plans as advised.

Registered Manager Completing QIP	Jacqueline Campbell	**Date Completed**	05/08/15
Registered Person Approving QIP		**Date Approved**	
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**05/08/2015**

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