Unannounced Medicines Management Inspection Report
9 June 2016

Alpine House

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Tel No: 028 9145 4904
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Alpine House took place on 9 June 2016 from 09.45 to 12.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Weaknesses were identified in the management of medicines in relation to safe care. Specifically these were in relation to the maintenance of medicine records, the management of warfarin, and the storage of medicines. These issues had been raised at previous inspections and there was limited evidence of improvement since then. Seven requirements (two of which had been stated twice before and three of which had been stated once before) and one recommendation (which had also been stated before) have been stated to secure compliance and drive improvement.

Is care effective?

Weaknesses had been identified in the management of medicines in relation to effective care. Specifically these were in relation to the management of pain, the administration of inhaled medicines and the failure of staff to identify the late application of a controlled drug patch as an incident which should have been reported to RQIA. One requirement and two recommendations (one of which has been stated before) have been stated.

Is care compassionate?

Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents. No requirements or recommendations were made.

Is the service well led?

Despite matters being raised previously this inspection evidenced that the governance arrangements within the home were not robust. The auditing arrangements within the home were inadequate as they had failed to identify and correct the discrepancies in record keeping evidenced during this inspection.

None of the requirements and recommendations made at the previous inspection had been met. Some of these could not be validated during the inspection as we were unable to access the relevant records. One requirement was stated for a second time and two recommendations (one of which has been stated before) have been stated.

The weaknesses seen in the domains of safe and effective care highlighted the deficits in the management of medicines. Work is required by the registered persons to secure compliance and drive sustained improvement.

Following this inspection the findings were reported to senior management in RQIA and a decision was taken to hold a serious concerns meeting (see section 1.1)

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	9	5

Details of the QIP within this report were discussed with Ms Joanne Glendinning, Registered Manager, by telephone on 10 June 2016, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office with Mr Sathrouhun Bogun, Registered Person and Mrs Joanne Glendinning, Registered Manager on 22 June 2016. At this meeting, a full account of the actions taken to ensure that robust systems for the management of medicines were in place was provided.

Following this meeting RQIA decided to give the management of the home a period of time to address the concerns and drive the necessary improvement.

RQIA will continue to monitor the quality of service provided in Alpine House and will carry out an inspection to assess compliance.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 14 March 2016.

2.0 Service details

Registered organisation/registered person: Alpine House Mr Sathrouhun Bogun	**Registered manager:** Mrs Joanne Glendinning
Person in charge of the home at the time of inspection: Ms Mandy Grigg (Senior Care Assistant)	**Date manager registered:** 3 April 2009
Categories of care: RC-I	**Number of registered places:** 22

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home

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

We met with a small group of residents in the day room, and the senior care assistant. The outcome of the inspection was also discussed with the registered manager by telephone the day after the inspection.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- care plans
- medicines storage temperatures
- controlled drug record book

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 March 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 16 April 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 19 (2) **Stated:** Second time	A record must be maintained of the medicines management training and development activities completed by staff members (to include any competency and capability assessment that is carried out).	**Not Met**
	Action taken as confirmed during the inspection: This could not be verified during the inspection as staff advised that they could not access these records. Following the outcome of the serious concerns meeting it was agreed that this requirement will be stated for a third and final time.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** Second time	The personal medication record must be fully and accurately maintained in accordance with DHSSPS guidance.	**Not Met**
	Action taken as confirmed during the inspection: Improvement is still required in the maintenance of these records as detailed in section 4.3 of this report. Following the outcome of the serious concerns meeting it was agreed that this requirement will be stated for a third and final time.	
Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the impact of training is evaluated and that supervision and appraisal of staff is completed and documented.	**Not Met**
	Action taken as confirmed during the inspection: This could not be verified during the inspection as staff advised that they could not access these records. Following the outcome of the serious concerns meeting it was agreed that this requirement will be stated for a second time.	

Requirement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that a robust audit system, which examines all aspects of the management of medicines, is implemented and documented.	**Not Met**
	Action taken as confirmed during the inspection: Staff advised that they could not access these records. The outcome of this inspection indicated that the audit process is not robust. Following the outcome of the serious concerns meeting it was agreed that this requirement will be stated for a second time.	
Requirement 5 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the record of medicines returned for disposal is fully completed and legible.	**Not Met**
	Action taken as confirmed during the inspection: This could not be verified during the inspection as staff advised that they could not access these records. Following the outcome of the serious concerns meeting it was agreed that this requirement will be stated for a second time.	
Requirement 6 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the refrigerator temperatures are accurately recorded and maintained within the required range of +2^{o}C to +8^{o}C.	**Not Met**
	Action taken as confirmed during the inspection: The temperature of the medicines refrigerator was recorded as being consistently outside of the required range for the past 12 months. Following the outcome of the serious concerns meeting it was agreed that this requirement will be stated for a second time.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	The registered manager should closely monitor inhaled medicines to ensure that they are appropriately administered.	**Not Met**
	Action taken as confirmed during the inspection: This could not be verified during the inspection as staff advised that they could not access these records. Two discrepancies in inhaled medicines were observed during the inspection. This recommendation has been stated for a second time.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The registered manager should review and revise the management of warfarin.	**Not Met**
	Action taken as confirmed during the inspection: Further review of warfarin is recommended as detailed in section 4.3 of this report. This recommendation has been stated for a second time.	
Recommendation 3 **Ref**: Standard 30 **Stated:** First time	Standard Operating Procedures for the management of controlled drugs should be in place.	**Not Met**
	Action taken as confirmed during the inspection: A policy for controlled drugs was observed on the medicines file, however this only detailed the handover process for controlled drugs and the action to take if a discrepancy was noted. Standard Operating Procedures that cover all aspects of the management of controlled drugs were not in place. This recommendation has been stated for a second time.	

Recommendation 4 **Ref**: Standard 31 **Stated:** First time	The registered manager should examine the medicine records during the routine audit process.	**Not Met**
	Action taken as confirmed during the inspection: This could not be verified during the inspection as staff advised that they could not access these records. The evidence seen during this inspection indicated that this had not been done. This recommendation has been subsumed into a requirement and has therefore not been restated.	

4.3 Is care safe?

The staff on duty at the time of the inspection did not have access to records that were required during the inspection. Records in relation to staff training, competency, supervision and appraisal could not be examined. In addition, specific records in relation to medicine audits and the disposal of medicines could not be examined. The registered person must make suitable arrangements to ensure that records are available for inspection at all times. A requirement was made.

As the above records could not be examined, it was not possible to validate the three requirements made in relation to staff training, supervision, appraisal and disposal records. These requirements have been stated again.

Improvement is required in the details recorded on the personal medication records:

- The records must be current and up to date at all times. For one resident, a number of prescribed medicines had been discontinued. The personal medication record had not been updated to reflect this. This record may be used by other healthcare professionals and must be accurate.
- The actual date of commencement of each medicine must be recorded. If medicines were commenced on admission to the home then this date should be recorded rather than 'on arrival'.
- The date that medicines are discontinued must be recorded and a line drawn through the entry. The discontinued medicine entries had been scored through so that the entry was illegible. This is not appropriate.
- Medicine dosages must not be amended. A line should be drawn through the original entry and a new entry made.
- Minimum dosage intervals and maximum daily dosages must be recorded for medicines that are prescribed on a 'when required' basis. It is not appropriate to record 'as directed'.

These issues have been discussed in previous medicines management inspections and have not been addressed. The requirement made in relation to personal medication records has been stated for a third and final time.

The MARs sheets had been completed satisfactorily. However, when medicines were supplied in a weekly compliance aid, a record of the administration of each individual medicine had not been made. A grid detailing the days of the week and the time of the day had been drawn up and staff signed the appropriate box for the administration of all medicines that were prescribed at that time. This is not appropriate. A record of the administration of each medicine must be made. A requirement was made.

During the serious concerns meeting on 22 June 2016, the registered manager advised that warfarin dosage regimes are initially received by telephone and the verbal instruction is followed up the next day in writing. It is recognised safe practice that warfarin dosage regimes should be received in writing. Obsolete dosage regimes were also held on this file. The registered manager must ensure that only the current regime is held on this file. The arrangements for the management of warfarin should be reviewed and revised. The recommendation made previously has been stated for a second time.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. Written confirmation of the medicines regime was held on file.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

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

Medicines were stored safely and securely. Medicine storage areas were clean, tidy and well organised.

Deficits in the storage of medicines at the correct temperature have been previously raised. Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C. It was noted that medicines were still not being stored at the correct temperature as the refrigerator had not been maintained within this range. Medicines within the refrigerator included insulin. If these medicines are not stored in accordance with the manufacturers' specifications it may affect their stability and efficacy. This also has the potential to affect the health and wellbeing of the residents. The registered person must put robust systems in place to ensure medicines are being stored at the correct temperature. The requirement relating to the cold storage of medicines has been stated for a second time.

Areas for improvement

Records must be available for inspection at all times. A requirement was made.

A record must be maintained of the medicines management training and development activities completed by staff members (to include any competency and capability assessment that is carried out). A requirement was stated for the third and final time.

The registered manager must ensure that the impact of training is evaluated and that supervision and appraisal of staff is completed and documented. A requirement was stated for a second time.

The registered manager must ensure that the record of medicines returned for disposal is fully completed and legible. A requirement was stated for a second time.

The personal medication record must be fully and accurately maintained in accordance with DHSSPS guidance. A requirement was made for the third and final time.

A record of the administration of each medicine must be made. A requirement was made.

The registered manager should review and revise the management of warfarin. A recommendation was stated for a second time.

Robust systems must be in place to ensure medicines are being stored at the correct temperature. A requirement was stated for a second time.

Number of requirements:	7	Number of recommendations:	1

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. The majority of medicines are supplied in a blister pack system from the community pharmacy. Audits completed on medicines not contained within the blister packs indicated mostly satisfactory outcomes. Two discrepancies were noted in inhaled medicines. The recommendation made previously with regard to auditing inhaled medicines was stated for a second time.

A very small number of residents were prescribed medicines for administration on a "when required" basis for the management of distressed reactions. These medicines were used rarely. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour. Specific dosage instructions for these medicines were not recorded on the personal medication record. A care plan had not been implemented. The reason for and the outcome of administration were not recorded. The management of these medicines should be reviewed and revised to ensure that all of the appropriate records are maintained. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had not always been administered as prescribed. A controlled drug patch, which was prescribed to be applied weekly, had been applied two days late on two occasions in May 2016. The instructions on the resident's personal medication record and MARs sheet did not match. A care plan for pain management was not in place and there was no evidence that the resident's pain had been evaluated as a result of the omissions. The registered person must review and revise the management of pain. A requirement was made.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents' health were reported to the prescriber.

Areas for improvement

Inhaled medicines should be closely monitored to ensure that they are administered as prescribed. A recommendation was stated for a second time.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure that all of the appropriate records are maintained. A recommendation was made.

The registered person must review and revise the management of pain. A requirement was made.

Number of requirements:	1	Number of recommendations:	2

4.5 Is care compassionate?

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their resident's needs, wishes and preferences. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents.

Medicines were discussed with a small number of residents. All responses were positive regarding the administration of medicines. Residents stated that they were given medicines promptly when they requested them outside of the regular medicine rounds.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

The evidence seen indicates that significant improvement is required in the governance arrangements to ensure that the service is well led. The deficit seen in the records, storage and management of pain, highlights that the audit system in place is not robust as it does not examine all aspects of the management of medicines. The requirement made previously with regards to the auditing system has been stated for a second time.

The six requirements and four recommendations made at the previous medicines management inspection had not been addressed. To ensure that these are fully addressed and the improvement sustained, it was recommended that the Quality Improvement Plan should be regularly reviewed as part of the quality improvement process and form part of the auditing process. A recommendation has been made.

No medication errors or incidents have been reported to RQIA since the last medicines management inspection. As the auditing system that is in place is not robust, if an incident were to occur, it may not be identified (see section 4.4). This further emphasises the need for a robust audit system so that the registered manager can be assured that medicines are being administered as prescribed.

Written policies and procedures for the management of medicines were in place. However, in order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures:

- Ordering, transport and receipt
- Safe storage
- Administration
- Disposal
- Record keeping
- Management of errors and incidents.

Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on the RQIA website. A recommendation has been stated for a second time.

Following discussion with the care staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management.

Areas for improvement

The registered manager must ensure that a robust audit system, which examines all aspects of the management of medicines, is implemented and documented. A requirement was stated for a second time.

The Quality Improvement Plans should be regularly reviewed as part of the quality improvement process and form part of the auditing process. A recommendation was made.

Standard Operating Procedures for the management of controlled drugs should be in place. A recommendation was stated for a second time.

Number of requirements:	1	Number of recommendations:	2

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Joanne Glendinning, Registered Manager by telephone on 10 June 2016 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 19(2) **Stated:** Third and final time **To be completed by:** 9 July 2016	A record must be maintained of the medicines management training and development activities completed by staff members (to include any competency and capability assessment that is carried out). **Response by registered person detailing the actions taken:** Medication training records are available for inspection, competency and capability assessments are in place and available for inspection.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** Third and final time **To be completed by:** 9 July 2016	The personal medication record must be fully and accurately maintained in accordance with DHSSPS guidance. **Response by registered person detailing the actions taken:** All residents personal medication files have now been updated. Two members of staff have checked these changes for acurracy. There is now a new system in place to ensure all changes are confirmed and recorded accurately, one member of staff will record the changes and a second member of staff will check for accuracy. All staff are made aware of the changes by way of a medication update book, all staff are required to read and sign the medication updates book at the start of every shift.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 9 July 2016	The registered manager must ensure that the impact of training is evaluated and that supervision and appraisal of staff is completed and documented. **Response by registered person detailing the actions taken:** The majority of staff have recieved training this month from a Boots trainor, the remaining staff (4) will attend a training session at the end of August. Supervision and apprasial will continue, the records of which will be available for inspection.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 9 July 2016	The registered manager must ensure that a robust audit system, which examines all aspects of the management of medicines, is implemented and documented. **Response by registered person detailing the actions taken:** All areas of medication management have been reviewed and many changes made. All members of staff have been made aware of the changes.

Requirement 5 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 9 July 2016	The registered manager must ensure that the record of medicines returned for disposal is fully completed and legible.
	Response by registered person detailing the actions taken: The returns book is kept in the office and all entries into the returns book will be completed in full and legible.
Requirement 6 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 9 July 2016	The registered manager must ensure that the refrigerator temperatures are accurately recorded and maintained within the required range of +2^{o}C to +8^{o}C.
	Response by registered person detailing the actions taken: All staff have recieved further training as to how to reset the fridge temperature and record the temperatures, clear instructions have been written on the top of the fridge.
Requirement 7 **Ref:** Regulation 19(2) **Stated:** First time **To be completed by:** 9 July 2016	The registered person must ensure that records are available for inspection at all times.
	Response by registered person detailing the actions taken: All staff have been made aware of where all records are kept relating to medication, such as audit records, prescriptions and previous marrs sheets etc.
Requirement 8 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 9 July 2016	The registered person must ensure that a record of the administration of each medicine is made.
	Response by registered person detailing the actions taken: All staff have recieved further training in the recording of medication administration, the manager will audit these records to ensure acuracy.
Requirement 9 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 9 July 2016	The registered person must review and revise the management of pain.
	Response by registered person detailing the actions taken: The manager has reviewed the management of pain, changes have been made and staff have been advised.

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 9 July 2016	The registered manager should closely monitor inhaled medicines to ensure that they are appropriately administered.
	Response by registered person detailing the actions taken: The reviewing of inhaled medications is included in the auditing process.
Recommendation 2 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 9 July 2016	The registered manager should review and revise the management of warfarin.
	Response by registered person detailing the actions taken: The administering of warfarin has been reviewed and changes made, all staff have been made aware of the changes.
Recommendation 3 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 9 July 2016	Standard Operating Procedures for the management of controlled drugs should be in place.
	Response by registered person detailing the actions taken: All staff have recieved further training RE: the management of controlled drugs, administration of controlled drugs, recording the delivery of control drugs and reconcilling controlled drugs.etc
Recommendation4 **Ref**: Standard 10 **Stated:** First time **To be completed by:** 9 July 2016	The management of medicines prescribed on a “when required” basis for the management of distressed reactions should be reviewed and revised to ensure that all of the appropriate records are maintained.
	Response by registered person detailing the actions taken: These medications have been clearly identified to all members of staff and staff have been made aware of the procedure they are to follow before they can administer these medications.
Recommendation 5 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 9 July 2016	The Quality Improvement Plans should be regularly reviewed as part of the quality improvement process and form part of the auditing process.
	Response by registered person detailing the actions taken: Reviewing the quality improvement plan on a regular basis has now been included in the auditing process.

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

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