Iniscora
RQIA ID: 1621
29 St Patrick's Drive
Downpatrick
BT30 6NE

Inspector: Cathy Wilkinson
Inspection ID: IN022458

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Unannounced Medicines Management Inspection of Iniscora

21 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 21 May 2015 from 11:00 to 13:00.

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) Residential Care Homes Minimum Standards (2011).

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 16 November 2012.

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	0

The details of the QIP within this report were discussed with Ms Paula Vance, Residential Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mainstay DRP/ Mrs Helen Taylor	**Registered Manager:** Mrs Christine McLean
Person in Charge of the Home at the Time of Inspection: Ms Paula Vance (Residential Care Worker)	**Date Manager Registered:** 3 October 2007
Categories of Care: RC-LD, RC-LD(E)	**Number of Registered Places:** 9
Number of Residents Accommodated on Day of Inspection: 9	**Weekly Tariff at Time of Inspection:** £478

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 30: Management of medicines
Standard 31: Medicine records
Standard 33: Administration of medicines

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 incidents reported to RQIA since the previous medicines management inspection.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records (MARs)
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 announced care inspection dated 21 October 2014. The completed QIP was returned and approved by the care inspector.

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

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref: Standard 30** **Stated once**	The registered manager should ensure that the date of opening is recorded for all medicines.	**Met**
	Action taken as confirmed during the inspection: The date of opening was recorded on the majority of medicines examined.	
Recommendation 2 **Ref: Standard 30** **Stated once**	The running balance of warfarin tablets should be recorded.	**Met**
	Action taken as confirmed during the inspection: A running balance is maintained.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 3 **Ref: Standard 30** **Stated once**	The manager should ensure that SOPs for the management of controlled drugs specific to Iniscora are developed and implemented.	**Met**
	Action taken as confirmed during the inspection: SOPs have been developed and implemented.	
Recommendation 4 **Ref: Standard 31** **Stated once**	Receipt and administration records for all temazepam tablets should be recorded in a bound book.	**Not examined**
	Action taken as confirmed during the inspection: There are no residents currently prescribed temazepam, therefore this recommendation could not be examined and has been carried forward to the next medicines management inspection.	

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 majority of personal medication records had been signed by the resident's general practitioner.

Disposal of medicines no longer required is undertaken by trained and competent staff. Any discontinued or expired medicines are returned to the community pharmacist and records were fully maintained.

The receipt, administration and disposal of controlled drugs are maintained in a controlled drug record book. At the time of the inspection, only a small number of Schedule 3 and 4 controlled drugs were held in stock. It was advised that if any controlled drugs which are subject to safe custody requirements are prescribed in future, they should be reconciled on each occasion when the responsibility for safe custody is transferred.

The management of warfarin was examined. Written confirmation of the resident's current regime is obtained and a running stock balance of warfarin tablets is maintained. The administration of warfarin is also recorded on the MARs.

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.

Suitable arrangements are in place for the registered manager 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. A record is maintained of medicines management training and development activities. An annual capability and competency assessment is carried out with staff. A sample of records was provided for 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. Copies of these audits were available for inspection.

Is Care Compassionate? (Quality of Care)

The records for one resident who was prescribed an anxiolytic medicine for administration on a "when required" basis in the management of distressed reactions was examined. The medicine records were legibly and accurately maintained to ensure that there is a clear audit trail. The parameters for administration were recorded on the personal medication record. A record of administration had been maintained on the MARs. The reason for and outcome of administering the medicine was recorded in the daily progress notes and was included in the monthly summary for the resident.

Pain management medicines are prescribed as necessary and when administered their effect is monitored to ensure that they provide relief and that the resident is comfortable. Staff advised that they were working with a behaviour specialist from the Trust. The records for one patient who was prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication record. The administration had been recorded on the MARs. Staff advised that when residents were agitated, pain relief was offered before administration of any prescribed anxiolytic medicines.

Areas for Improvement

The management of warfarin was discussed with the residential worker on duty. It was agreed that the written confirmation of the regime should be held on the warfarin file and therefore it would be easily referenced during the administration process. This was completed during the inspection.

The management of an inhaled medicine for one resident was discussed. This medicine could not be audited during the inspection. It was agreed that this would be monitored during the home's routine audit process.

The management of bisphosphonate medicines was discussed. The record of administration of these medicines indicated that they were being administered at the same time as the other morning medicines and that occasionally a dose was missed. These medicines must be administered in accordance with the manufacturers' instructions and be administered 30 minutes prior to any food or drink and other medicines. The record of administration must accurately reflect the time of administration. These medicines must be closely monitored during the home's routine audit process. The registered person must review the management of bisphosphonates. A requirement was made.

Number of Requirements:	**1**	**Number of Recommendations**:	**0**

5.4 Additional Areas Examined

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

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Paula Vance, Residential Worker, 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 Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). 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 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 30** **Stated: First time** **To be Completed by: 21 June 2015**	The registered person must review the management of bisphosphonates to ensure that they are administered in accordance with the prescriber's and manufacturers' instructions.
	Response by Registered Person(s) Detailing the Actions Taken: Bisphosphonates is now recorded at time of administration separate from other medications 30 minutes before any food, drink or other medication is administered. Bisphosphonates are included in the audit system and reviewed by the registered manager.

Registered Manager Completing QIP	Christine Mclean	**Date Completed**	07/07/2015
Registered Person Approving QIP	Helen Taylor	**Date Approved**	08/07/2015
RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	14/07/2015

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