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Unannounced Medicines Management Inspection of Kensington

14 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 14 September 2015 from 10:25 to 12:35.

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) Residential Care Homes Minimum Standards (2011).

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 monitoring inspection on 23 August 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	4	0

The details of the QIP within this report were discussed with Mrs Joanne Glendinning, 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: Kensington Mr Sathrouhun Bogun	**Registered Manager:** Mrs Joanne Glendinning
Person in Charge of the Home at the Time of Inspection: Ms Emma Mitchell (Care Worker)	**Date Manager Registered:** 28 May 2010
Categories of Care: RC-MP(E), RC-I RC-MP (E) for 2 identified persons only	**Number of Registered Places:** 7
Number of Residents Accommodated on Day of Inspection: 6	**Weekly Tariff at Time of Inspection:** £470 - £495

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:

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

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
- 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 on 26 August 2015. The care inspector requested one issue (a blocked drain) to be followed up at this inspection. The registered manager indicated that the issue was being addressed later in the day. The registered manager advised the care inspector, via a telephone call on 17 September 2015 that the issue had been resolved.

5.2 Review of the Requirement from the Last Medicines Management Monitoring Inspection

Last Inspection Statutory Requirement		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The standard of maintenance of the personal medication records and medication administration records must be included in the home's audit process.	**Partially Met**
	Action taken as confirmed during the inspection: The registered manager advised that these records were being audited each month. However, some updates on the personal medication records had not been recorded. In addition obsolete personal medication records had not been cancelled and archived. A personal medication record was not in place for one resident. Some hand-written updates on the medication administration records had not been verified and signed by two members of staff. **This requirement has been stated for a second time.**	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The inspection took place on day one of the new medication cycle and hence the previous month's records were reviewed. The audits which were carried out on several randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed.

Two eye preparations were unavailable on the day of the inspection; these were due to be received later in the day. One dose of each had been omitted.

The registered manager advised that arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. The admission process was reviewed for one resident. Their medicine regime had been confirmed in writing. However, discrepancies were noted between this list and the medicines supplied. This had not been followed up with the prescriber. A personal medication record was not in place and the medication administration record had been hand-written by one member of staff only. The medicines were supplied in a weekly compliance aid which was dispensed by the community pharmacy.

Medicine records had been maintained in a mostly satisfactory manner. However, some updates on the personal medication records had not been recorded. In addition obsolete personal medication records had not been cancelled and archived. Some hand-written updates on the medication administration records had not been verified and signed by two members of staff.

Records showed that discontinued and expired medicines had been returned to the community pharmacy.

Controlled drugs were being managed appropriately. The controlled drug record book and records of stock reconciliation checks of Schedule 3 controlled drugs were well-maintained.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including controlled drugs, were available.

There was evidence that medicines were managed by staff who had been trained and deemed competent to do so. Training on the management of medicines had been provided for all staff by the community pharmacist as part of their induction. Regular update training had been provided by the registered manager. The content of the training was tailored to address any issues identified through the audit processes. Competency assessments were completed annually; records of the most recent competency assessments (April 2015) were available for inspection. The list of staff names and sample signatures, including initials, could not be located during the inspection.

Running stock balances were maintained for medicines which were not supplied in the blister pack system. In addition the registered manager completed a monthly audit at the end of each four week medication cycle. As stated previously these audits had not identified discrepancies in the personal medication records.

The registered manager advised that she had identified that seven doses of an analgesic medicine had been omitted from 11 September 2015 to 13 September 2015 while she was on leave. Staff had recorded that the medication was unavailable and had made no attempts to contact the prescriber or pharmacist to obtain a supply. The medicine had actually been available in the home in the new monthly medication order. The registered manager confirmed that the resident had not been in pain and that she intended to carry out an investigation and provide training for staff on the management of out of stocks.

No medicine related incidents had been reported to RQIA since last medicines management inspection. The management and reporting of medication incidents (which include the non-administration of medicines due to unavailability) was discussed.

Is Care Compassionate? (Quality of Care)

There was evidence that staff administered the morning medicines at times which suited the residents.

The registered manager advised that anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were not prescribed by any residents.

The registered manager confirmed that all residents have pain reviewed as part of the admission assessment. A number of residents were prescribed "when required" analgesia; staff confirmed that all residents can verbalise when they were in pain.

Areas for Improvement

The standard of maintenance of the personal medication records and medication administration records must be included in the home's audit process. A requirement was made for the second time.

The registered person must review the admission process to ensure that a robust system is in place to confirm current medication regimes with the prescriber prior to the administration of any medicines. A requirement was made.

The registered person must ensure that medicine doses not omitted due to being out of stock. A requirement was made.

The registered person must ensure that all aspects of medicines management, including out of stocks, are managed safely when the registered manager is absent from the home. A requirement was made.

It was agreed that a list of staff names and sample signatures, including initials, would be put in place.

The registered manager confirmed that training on the management of out of stocks would be provided for all staff.

The reporting of medication incidents (e.g. non-administration due to stock being unavailable) was discussed.

Number of Requirements:	**4**	**Number of Recommendations**:	**0**

5.4 Additional Areas Examined

Storage was observed to be tidy and organised.

Medicines which required refrigeration were not prescribed on the day of the inspection. The registered manager advised that a lockable container would be stored in the domestic refrigerator if required in future. It was agreed that the temperature of the medicine storage areas would be monitored daily to ensure that it is maintained at or below 25^{o}C.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joanne Glendinning, Registered Manager, and 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 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:** 14 October 2015	The standard of maintenance of the personal medication records and medication administration records must be included in the home's audit process. **Response by Registered Person(s) Detailing the Actions Taken:** All aspects of medication handling and record controls are reviewed each month, stock check, medication audit, review records etc. Changes to a residents medication such as dosage changes or antibiotics will be signed of on the cardex by the G.P making the change if they are in the home or if the G.P is not present then two members of staff will sign these off, the manager will review as and when needed in the case of changes being made by G.Ps.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** 14 October 2015	The registered person must review the admission process to ensure that a robust system is in place to confirm current medication regimes with the prescriber prior to the administration of any medicines. **Response by Registered Person(s) Detailing the Actions Taken:** The admission process has been reviewed, when a resident is coming directly from a hospital ward, all medications must be accompanied with paperwork from the ward, detailing the current medications and any medications that have been stopped whilst in hospital and at least two weeks supply of the medications. Where a resident has come directly from their home the staff of Kensington Residential Home will request a full updated print from the residents G.P detailing all medications and allergy status.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** 14 October 2015	The registered person must ensure that medicine doses are not omitted due to being out of stock. **Response by Registered Person(s) Detailing the Actions Taken:** The manager will at all times ensure there are supplies of each residents medication in stock. However there have been some issues with local surgerys re: repeat prescriptions,which has since been resolved.

Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** 14 October 2015	The registered person must ensure that all aspects of medicines management, including out of stocks, are managed safely when the registered manager is absent from the home. **Response by Registered Person(s) Detailing the Actions Taken:** In the event of the manager being absent from the home a senior assistant will be responsible for ensuring the safe management of all medications. The member of staff appointed to take the lead role will have all actions checked over and signed off by a second member of staff, to ensure accuracy.

Registered Manager Completing QIP	Joanne Glendinning	**Date Completed**	28/10/15
Registered Person Approving QIP	Mr. Bogun	**Date Approved**	28/10/15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	29/10/15

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