Unannounced Medicines Management Inspection Report
16 June 2016

Kensington

Type of service: Residential Care Home
Address: 2 Groomsport Road, Bangor, BT20 5LN
Tel No: 028 9145 9047
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Kensington took place on 16 June 2016 from 09:55 to 13:55.

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 and the management of dosage changes, warfarin and controlled drugs. Some of these issues had been raised at previous inspections and there was limited evidence of improvement since then. Two requirements (one of which had been stated twice before) and two recommendations have been made to secure compliance and drive improvement.

Is care effective?

Weaknesses were identified in the management of medicines in relation to effective care. Specifically these were in relation to the management of thickening agents. One requirement was made.

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. The majority of medicine related tasks had not been delegated appropriately to senior care assistants. This has led to a situation where routine tasks are not completed promptly in the absence of the registered manager. This had the potential to compromise care outcomes for the residents.

Two of the requirements made at the last medicines management inspection had not been met.

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	**4**	**4**

Details of the QIP within this report were discussed with Ms Joanne Glendinning, Registered Manager, 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 on 22 June 2016 with Mr Sathrouhun Bogun, Registered Person, and Ms Joanne Glendinning, Registered Manager. 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 Kensington and will carry out an inspection to assess compliance.

1.2 Actions taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent medicines management inspection on 14 September 2015.

2.0 Service details

Registered Organisation/Registered Person: Mr Sathrouhun Bogun	**Registered Manager:** Ms Joanne Glendinning
Person in charge of the home at the time of inspection: Mrs Pauline Waring (Senior Care Assistant)	**Date manager registered:** 28 May 2010
Categories of care: RC-MP(E), RC-I	**Number of registered places:** 7

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the incidents register; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

We met with one resident, the registered manager and a senior care assistant.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 September 2015

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the inspector (see section 4.2).

4.2 Review of requirements and recommendations from the last medicines management inspection dated 14 September 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The standard of maintenance of the personal medication records and medication administration records must be included in the home's audit process.	**Not Met**
	Action taken as confirmed during the inspection: The registered manager advised that these records are audited at the beginning of each four week medicine cycle. The evidence seen indicated that records of the audits had not been maintained. Discrepancies were noted in both the personal medication records and medication administration records reviewed. Hand-written updates on the medication administration records had not been signed by two members of staff. Several discontinued medicines remained on the medication administration records. These findings identify that the audit process in place has failed to identify issues and drive improvements. 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:** First 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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that written confirmation of medication regimes was in place prior to admission. The personal medication records were then verified and signed by two members of staff. The requirement as written has been met however a requirement regarding the management of dosage changes has been made (See Section 4.3).	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that medicine doses are not omitted due to being out of stock.	**Met**
	Action taken as confirmed during the inspection: All medicines were available for administration as prescribed on the day of the inspection. The registered manager and senior care assistant confirmed that appropriate action would be taken if stock was low.	
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	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.	**Not Met**
	Action taken as confirmed during the inspection: All medicines were available for administration as prescribed on the day of the inspection. However, the registered manager confirmed that she is still solely responsible for most aspects of the management of medicines e.g. ordering and receiving medicines into the home, following up any potential out of stocks, recording the receipt of controlled drugs and updating records. This requirement has been stated for a second time.	

4.3 Is care safe?

The registered manager advised that all senior care assistants had been trained and deemed competent to administer medicines. The impact of training was monitored through annual appraisal. Competency assessments were completed annually; the most recent competency assessments had been completely in February 2016. However, senior care assistants were responsible for the administration of medicines only; all other aspects of medicines management were undertaken by the registered manager. For example, three controlled drugs which had been delivered to the home on the evening before the inspection had not been placed in the controlled drugs cupboard and had not been recorded into the controlled drug record book as staff were waiting on the registered manager to do this. It is the responsibility of the member of staff who receives controlled drugs into the home to ensure that they are stored in the controlled drugs cupboard and the entries are made in the controlled drug record book without delay. A recommendation was made.

The registered manager was responsible for ordering all prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised that any potential shortfalls in medicines are reported to the registered manager.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home when the registered manager was on duty.

Safe systems for managing medication changes were not in place due to shortfalls in the standard of maintenance of the personal medication records and medication administration records. The following unsatisfactory observations were made:

- Personal medication records were not up to date and did not correlate with the medication administration records. One resident was being administered a medicine which was not recorded on their personal medication record. A medicine was being omitted for a second resident and there was no evidence that this had been authorised by the prescriber. A third resident had been commenced on a prescribed medicine two days prior to the start date specified by the prescriber. These incidents raise concerns in relation to the health and well being of the specific residents and the registered manager was requested to seek medical advice and to refer the incidents to the safeguarding team at the trust.
- Obsolete personal medication records had not been cancelled and archived.
- Where doses had changed, entries had been amended rather than a line being drawn through the original entry and a new entry made.
- Doses had been recorded in an ambiguous manner which has the potential to lead to an error.
- The date that medicines were discontinued had not been recorded and rather than putting a line through the entry, the discontinued medicine entries had been scored through so that the entry was illegible.
- Hand-written updates on the medication administration records had not been verified and signed by two members of staff.
- Several discontinued medicines had not been cancelled on the medication administration records

These issues have been discussed at previous medicines management inspections and have not been addressed. Following discussion at the serious concerns meeting the requirement made in relation to personal medication records and medication administration records has been stated for a third and final time. In addition a requirement in relation to documenting all medication changes accurately was made.

Robust arrangements were not observed for the management of high risk medicines e.g. warfarin. Obsolete dosage directions were available on the medicines file and transcribing did not involve two staff. A recommendation was made.

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.

Discontinued or expired medicines were returned to the community pharmacist. Records were signed by the registered manager and a representative of the community pharmacist.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The temperature of the medicines storage area was monitored and recorded each day; satisfactory readings were observed.

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 has been stated for the third and final time.

All medication changes must be documented accurately. A requirement has been made.

Controlled drugs should be accurately recorded into the controlled drug book and stored in the controlled drug cupboard immediately upon receipt. A recommendation was made.

The management of warfarin should be reviewed and revised. Obsolete dosage directions should be cancelled and archived. Any transcribing should be verified and signed by two members of staff. A recommendation was made.

Number of requirements	2	Number of recommendations	2

4.4 Is care effective?

The majority of medicines were supplied in a blister pack system from the community pharmacy. With the exception of three medicines (referred to in Section 4.3) the audits completed on medicines not contained within the blister packs indicated that they had been administered as prescribed. There was evidence that time critical medicines had been administered at the correct time.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that all residents could verbalise their pain. The registered manager confirmed that detailed care plans were in place for all residents who were prescribed regular pain relief.

The management of swallowing difficulty was examined. The registered manager confirmed that all staff had attended swallow awareness training provided by the trust. Speech and language assessment reports were in place and receipt had been recorded on the medication administration records. However, prescribed thickening agents had not been recorded on the personal medication records and care plans were not in place. Administration was not recorded. 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

The management of thickening agents must be reviewed and revised to ensure that complete records of prescribing and administration and care plans are in place. A requirement was made.

Number of requirements	1	Number of recommendations	0

4.5 Is care compassionate?

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff and resident interactions and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents.

Medicines were discussed with one resident who advised that he was happy with the way his medicines were administered. The resident stated that he was given medicines promptly when he 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 management of records, dosage changes, warfarin, controlled drugs and thickening agents, highlights that the home's audit system is not robust as it does not examine all aspects of the management of medicines.

Following discussion with the registered manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. However, senior care assistants currently have a limited role. This is unsatisfactory as routine medicine management tasks are not completed promptly in the absence of the registered manager. The requirement in relation to the safe management of medicines in the registered manager's absence made at the last medicines management inspection has been stated for a second time.

Two of the four requirements made at the last 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. It was evident from the outcome of this inspection that any auditing system that is in place is not robust, and if an incident were to occur, it may not be identified. 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. Following the serious concerns meeting, the requirement regarding auditing was stated for the third and final time (see Section 4.3).

Written policies and procedures for the management of medicines were in place; they had been reviewed in June 2015. 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 made.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was completed by the registered manager.

Areas for improvement

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 has been stated for the second time.

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 made.

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 Mr Sathrouhun Bogun, Registered Person, and Ms Joanne Glendinning, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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 provider 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 the DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to pharmacists@rqia.org.uk for review 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 provider 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 provider 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 13 (4) **Stated:** Third time **To be completed by:** 18 July 2016	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 detailing the actions taken:** Several different measures have been put into place to ensure that medication and administration records remain up to date. All staff have recieved further training, training included: updating and maintainence of cardexs, completing marrs sheet, recording medications, recording controlled drugs, discontinuing medication & interium medications etc.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 18 July 2016	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 detailing the actions taken:** All staff have received updated trainning in the practice of ordering medication & managing stock, all staff are aware of the responsibility to ensure there is always a supply of medication for each resident.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 18 July 2016	The registered provider must ensure that safe systems are in place for the management of dosage changes. **Response by registered person detailing the actions taken:** All staff have been received updated trainning in the practice of recording changes to a residents medication. The current system requires two members of staff to confirm the changes, recording why the changes have been made and by whom, this information is recorded into the residents personal file and also recorded into the medication handover book. The medication handover book remains in the office and all staff must read and sign to confirm they have read the medication handover book at the start of every shift.
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 18 July 2016	The registered provider must ensure that the management of thickening agents is reviewed and revised to ensure that complete records of prescribing and administration and care plans are in place. **Response by registered person detailing the actions taken:** Any resident that is using thickening agents will have had a full assessment by the SLT team, we shall take guidance from them, the residents care plan is then updated. All drinks that are made using the thickening agent will be recorded as thickened fluid in the residents daily food & fluid record.

Recommendations	
Recommendation 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 18 July 2016	The registered provider should ensure that controlled drugs are accurately recorded into the controlled drug book and stored in the controlled drug cupboard immediately upon receipt
	Response by registered person detailing the actions taken: All staff have received updated trainning re: the recording of controlled drugs, staff are aware that once they have taken delivery of controlled drugs they must be placed into the controlled drugs cabinett and the relevant paperwork completed immediately.
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 18 July 2016	The registered provider should ensure that the management of warfarin is reviewed and revised. Obsolete dosage directions should be cancelled and archived. Any transcribing should be verified and signed by two members of staff.
	Response by registered person detailing the actions taken: Only the current relevant dosage instructions are retained with the residents marrs sheets, obsolete instructions are archieved, two members of staff sign the new dosage instructions upon receipt.
Recommendation 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 18 July 2016	The registered provider should ensure that the Quality Improvement Plans is regularly reviewed as part of the quality improvement process and form part of the auditing process.
	Response by registered person detailing the actions taken: The manager will included reviewing the Quality Improvement Plans as part of the regular auditing proccess.
Recommendation 4 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 18 July 2016	The registered provider should ensure that Standard Operating Procedures for the management of controlled drugs are in place.
	Response by registered person detailing the actions taken: The manager has reviewed and updated the the policy and procedure for the management of controlled drugs.

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

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