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Unannounced Medicines Management Inspection Of

Kirk House

6 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 6 January 2016 from 10.05 to 13.20.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though two 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 last inspection on 3 December 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	0	2

The details of the QIP within this report were discussed with the Miss Andrea Selby, 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: Belfast Central Mission/ Mr Brian Sydney Burns	**Registered Manager:** Miss Andrea Selby
Person in Charge of the Home at the Time of Inspection: Miss Andrea Selby	**Date Manager Registered:** 07/01/2015
Categories of Care: RC-DE, RC-I, RC-PH, RC-PH(E)	**Number of Registered Places:** 46
Number of Residents Accommodated on Day of Inspection: 42	**Weekly Tariff at Time of Inspection:** £486

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 included the following:

The management of incidents reported to RQIA since the last medicines management inspection was reviewed.

We met with the registered manager, Miss Andrea Selby and the senior care worker on duty.

The following records were 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

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 12 May 2015. 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 Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated First time**	The applications of topical medicines must be routinely recorded. **Action taken as confirmed during the inspection**: Care staff had recorded the applications of topical medicines on the daily living task sheets.	**Met**
Requirement 2 **Ref**: Regulation 13(4) **Stated First time**	Where medication is contained in a compliance aid, each specific medicine prescribed and administered must be recorded. **Action taken as confirmed during the inspection**: The prescribing and administration details of all medicines examined were appropriately recorded.	**Met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 30 **Stated First time**	The registered manager should ensure that each resident who applies their own external medicines have had the risks assessed and their competence to self-administer confirmed. **Action taken as confirmed during the inspection**: Risk assessments were in place for those residents who self-administered external medicines.	**Met**
Recommendation 2 **Ref**: Standard 30 **Stated First time**	The registered manager should ensure that comprehensive written Standard Operating Procedures are available for the management of controlled drugs. **Action taken as confirmed during the inspection**: There were Standard Operating Procedures available for the management of controlled drugs.	**Met**

Recommendation 3 **Ref**: Standard 30 **Stated First time**	The pharmacy representative should always be requested to sign the disposal of medicines record book. **Action taken as confirmed during the inspection**: The pharmacy representative had signed the disposal of medicines record book.	**Met**

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a range of randomly selected medicines produced broadly satisfactory outcomes.

One resident had been administered an incorrect warfarin dose on 20 December 2015. Running stock balances of warfarin were not maintained. Safe practice would indicate that, where possible, two trained members of staff should administer and witness each warfarin dose.

Arrangements were in place to ensure the safe management of medicines during a resident's admission to the home.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There was no evidence to indicate that medicine doses were omitted due to being out of stock. Medicines were observed to be labelled appropriately.

There was evidence that medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a broadly satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, this process had involved two staff members to ensure the accuracy of the record; this is good practice. The need to ensure that the times of administration of bisphosphonates were accurately recorded and that the removals of lidocaine patches were recorded was discussed and agreed with the registered manager.

Records of the receipt, administration and disposal of all controlled drugs subject to safe custody requirements were maintained in a controlled drug record book. Stock balances were reconciled on each occasion when the responsibility for safe custody was transferred. Quantities of controlled drugs matched the balances recorded in the record book.

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

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place.

There was evidence that medicines were being managed by staff who had been trained and deemed competent, by the registered manager, to do so. An induction process was in place. The impact of training was monitored through supervision and appraisal. Competency assessments were completed following the induction period and annually thereafter.

There were robust internal auditing systems. For solid formulation medicines, the care staff had completed audits on the empty containers when they had been replaced. The registered manager stated that the management team completed a general medicines management audit at approximately three monthly intervals; the last audit had been completed during October 2015. The community pharmacist had also completed an audit during October 2015 and had provided management with a written report of the outcome. The audit record indicated that satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the date and time of opening of the medicine container.

There were procedures in place to report and learn from medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records for a small sample of residents who were prescribed medication for administration on a "when required" basis for the management of distressed reactions were reviewed. For each resident, a care plan in relation to the management of distressed reactions was not in place. The parameters for administration were recorded on the personal medication record. The medicine had been administered infrequently; when administered, the reason for administration and outcome had been recorded.

The records for a small sample of residents who were prescribed medicines for the management of pain were reviewed. The registered manager and senior carer confirmed that all residents had pain reviewed as part of the admission assessment and on an ongoing basis thereafter. Medicines prescribed for the management of pain were recorded on the residents' personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on either a regular or "when required" basis.

Areas for Improvement

The arrangements for the management of warfarin should be reviewed to ensure safe practice. A recommendation was made.

Where medication is prescribed on a "when required" basis for the management of distressed reactions, there should be a care plan which identifies the parameters for administration. A recommendation was made.

Number of Requirements	**0**	**Number of Recommendations**	**2**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Andrea Selby, Registered Manager 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 DHPSS (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 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	
No Requirements were made	
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **5 February 2016**	The arrangements for the management of warfarin should be reviewed to ensure safe practice.
	Response by Registered Person(s) Detailing the Actions Taken: We have updated our procedure for management of warfarin. We have included a running balance total of tablets in stock then double signed by staff and double signature on MAR sheet by staff on administration of warfarin.
Recommendation 2 **Ref**: Standard 6 **Stated: First time** **To be Completed by:** **5 February 2016**	Where medication is prescribed on a "when required" basis for the management of distressed reactions, there should be a care plan which identifies the parameters for administration.
	Response by Registered Person(s) Detailing the Actions Taken: Care Plans have been updated for the residents who have "when required" medication and we will update our Care Plan procedure for new residents.

Registered Manager Completing QIP	Andrea Selby	**Date Completed**	8.01.16
Registered Person Approving QIP	Brian Burns	**Date Approved**	11.01.16
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**14.01.16**

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