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Unannounced Medicines Management Inspection of Palmerston

14 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 14 April 2015 from 10:30 to 16:20.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the medicines management 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 last medicines management monitoring inspection on 26 August 2014.

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	**2**	**3**

The details of the QIP within this report were discussed with Mrs Marsha Tuffin, Manager (registration pending), as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Abbeyfield and Wesley Housing Association Limited Mrs Geraldine Gilpin	**Registered Manager:** Mrs Marsha Tuffin (registration pending)
Person in Charge of the Home at the Time of Inspection: Mrs Marsha Tuffin	**Date Manager Registered:** Not applicable
Categories of Care: RC-SI, RC-DE, RC-I, RC-PH(E)	**Number of Registered Places:** 38
Number of Residents Accommodated on Day of Inspection: 38	**Weekly Tariff at Time of Inspection:** £461 - £516

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management monitoring 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 any medicine related incidents reported to RQIA since the last medicines management monitoring inspection.

During the inspection the inspector met with the manager, two deputy managers and one senior carer.

Samples of the following records were examined during the inspection:

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced medicines management monitoring inspection on 26 August 2014. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 26 August 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13(4)	The responsible person must review the management of warfarin as detailed in the report.	**Not applicable**
	Action taken as confirmed during the inspection: The manager advised that dosage directions are now received in writing and that running stock balances of warfarin are maintained following each administration. This could not be confirmed at the inspection as warfarin is currently prescribed for any residents. **This requirement is carried forward to the next medicines management inspection.**	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 2 **Ref**: Regulation 13(4)	The responsible person must investigate the apparent discrepancy in the administration of furosemide 40mg/5ml liquid, report to the prescriber for guidance if necessary and forward the outcome of the investigation including the action taken to prevent a recurrence to RQIA.	**Met**
	Action taken as confirmed during the inspection: A satisfactory report detailing the findings of the investigation and action taken to prevent a recurrence were included in the returned QIP. The audits which were completed on liquid medicines at this inspection produced satisfactory outcomes.	
Requirement 3 **Ref**: Regulation 13(4)	The responsible person must ensure that all medication related incidents are investigated and reported to the relevant authorities, including RQIA, without delay.	**Met**
	Action taken as confirmed during the inspection: The manager confirmed that any medication related incidents which have been identified have been reported to RQIA. There have been two medication related incidents since the last medicines management inspection; these were managed appropriately.	
Requirement 4 **Ref**: Regulation 13(4)	The responsible person must ensure that safe systems are in place for the administration of medicines to ensure that medicines are administered as prescribed to residents and medication is not discarded by residents.	**Met**
	Action taken as confirmed during the inspection: The manager confirmed that care staff now remain with residents until they are sure that all medication has been taken. Discarded medicines have not been found by residents, staff or visitors.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 30	The responsible person should review and revise the systems in place for the covert administration of medication.	**Not applicable**
	Action taken as confirmed during the inspection: The manager confirmed that any necessary decisions regarding the covert administration of medicines would be made at a multidisciplinary review and written authorisation would be requested from the GP. A detailed care plan would be written advising staff how each medicine should be administered. The advice of the pharmacist regarding the suitability of adding the medicines to food/drink would be sought. This recommendation could not be assessed as medicines are not being administered covertly at present. **This recommendation is carried forward to the next medicines management inspection.**	
Recommendation 2 **Ref:** Standard 30	Recorded evidence of the action plans resulting from the medicine management audits should be maintained.	**Met**
	Action taken as confirmed during the inspection: There was written evidence that all audit activity is reviewed by the manager and that corrective action is taken when necessary.	
Recommendation 3 **Ref**: Standard 30	The responsible person should ensure that the reason for and outcome of each administration of medicines which are prescribed for the management of distressed reactions is recorded in the daily notes.	**Met**
	Action taken as confirmed during the inspection: The records for three residents were examined. For each resident the reason for and outcome of each administration had been recorded on most occasions.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audit trails which were performed on a variety of randomly selected medicines produced satisfactory outcomes indicating that these medicines are being administered in accordance with the prescribers' instructions. However, a significant audit discrepancy was observed in the administration of one supply of Spiriva Respimat. The registered person must closely monitor the administration of Spiriva Respimat to ensure that it is being administered as prescribed.

The medicine ordering system was reviewed. Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage. All prescribed medicines were available on the day of the inspection. Medicines were being administered at the appropriate time e.g. bisphosphonates and medicines for the management of Parkinson's are administered at specified times.

Arrangements are in place to ensure the safe management of medicines during a resident's admission or readmission to the home and on their discharge or transfer from the home. The admission process was reviewed for two recently admitted residents. Their medicine regimes had been confirmed with the prescribers in writing.

There are robust arrangements for managing medicine changes; all changes were confirmed in writing and records were updated by two trained members of staff. Medicines were observed to be labelled correctly.

There are systems in place to report adverse drug reactions to the residents' prescribers.

High risk medicines (e.g. insulin) are managed appropriately. Care staff have received training from the community nursing team. Detailed care plans directing staff on the action to be taken if blood glucose levels are not within the required range are in place.

The management of thickening agents was reviewed for one resident. The thickening agent was recorded on the personal medication record and staff had recorded administration on daily fluid intake charts. A care plan was in place; however, greater detail should be recorded. The manager advised that staff had been trained on the use of thickening agents but records had not been maintained. The registered person should ensure that detailed care plans are in place for residents who are prescribed thickening agents. Records of staff training should be maintained

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail. Updates of personal medication records (PMRs) and medication administration records (MARs) were verified and signed by two members of staff. The manager was reminded that obsolete personal medication records should be cancelled, marked with the date of replacement and archived without delay. In addition the codes used when medicines are omitted should be readily distinguishable from signatures.

Discontinued and refused medicines are returned to the community pharmacy. Two members of trained staff are involved in the disposal of medicines and both sign the records of disposal.

Satisfactory arrangements were in place for the management of controlled drugs.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were in place. Staff had signed to acknowledge that they had read and understood the policies and procedures in February 2015.

Staff who manage medicines complete annual update training which is provided by the community pharmacist. Competencies are currently being reviewed by the manager. Copies of training records were located in the treatment room. In addition four completed competency assessments were provided for examination and were noted to be satisfactory. Medicine related issues are discussed as the need arises and at the two-monthly staff supervision sessions.

Care staff received update training on the administration of external medicines provided by the community pharmacist in April 2015. Records were in place. The registered person should ensure that records of the training provided for the use of thickening agents are also maintained.

Medication audits are completed weekly by the deputy managers/ senior carers. These are reviewed by the manager and corrective action is taken when necessary. The manager carries out medication rounds as part of her audit process. The management of controlled drugs is audited by the manager each month. Records were available for inspection.

The manager advised that there are robust incident reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products. Two medicine related incidents were reported to RQIA since the last medicines management monitoring inspection; they were managed appropriately.

Compliance with prescribed medicine regimes is monitored and any omissions or refusals likely to have an adverse effect on the residents' health are reported to the prescriber. The manager advised that she is made aware of all medication refusals and the prescriber is contacted when necessary. This was evidenced for one resident at the inspection.

Non-prescribed medicines were observed to be administered in accordance with the prescribers' letters of authorisation.

Is Care Compassionate? (Quality of Care)

There was evidence that any concerns about the suitability of a medicine/formulation for residents were raised with the prescriber. This was evidenced for one recently admitted resident whose medicines had been changed to liquid formulations to assist administration. In addition the times of administration of several medicines are currently being discussed with the prescribers in order to accommodate the residents' sleeping patterns.

The manager confirmed that one resident self-administers their medicines. There was evidence that they have been deemed competent to do so. The medicines are stored in the treatment room and are given to the resident to self-administer at each medicine round. Staff confirm that the medicines have been taken 20 minutes later. This process has been risk assessed and deemed appropriate.

The records for three residents who are prescribed anxiolytic medicines for administration on a 'when required' basis for the management of distressed reactions were examined. Parameters for the medicines' use were clearly defined in the residents' personal medication records. The care plans detailed the circumstances under which the medicines can be administered in the management of distressed reactions. The medicine records were legibly and accurately maintained to ensure that there was a clear audit trail. The medicines were available and were being administered in accordance with the prescribers' instructions. The reason for and outcome of each administration had been recorded on most occasions. The manager advised that this would be closely monitored to ensure that the reason for and outcome of each administration is recorded on all occasions.

The records for five residents who are prescribed medicines for the management of pain were reviewed. The medicines and the parameters for administration were recorded on the personal medication records. The administration had been recorded on the medication administration records. Each resident had a care plan in place which detailed the management of their pain. The manager advised that the care plan is evaluated at least once every two months and when any change is identified. Pain assessments were completed as part of the preadmission assessments. Where residents are unable to verbalise that they are in pain, a pain assessment tool is used. Care staff are currently being trained on the use of pain assessment tools.

Areas for Improvement

The registered person must closely monitor the administration of Spiriva Respimat to ensure that it is being administered as prescribed. A requirement was made.

The registered person should ensure that detailed care plans are in place for residents who are prescribed thickening agents. Records of the training provided for the use of thickening agents should be maintained. Two recommendations were made.

The manager was reminded that obsolete personal medication records should be cancelled, marked with the date of replacement and archived without delay. In addition the codes used when medicines are omitted should be readily distinguishable from signatures.

The reason for and outcome of each administration of anxiolytic medicines which are prescribed to be administered on a 'when required' basis for the management of distressed reactions should be recorded on all occasions. The manager advised that this would be closely monitored.

Number of Requirements	**2**	**Number of Recommendations**	**3**

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Marsha Tuffin, 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 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 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 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. 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:** **Ongoing**	The responsible person must review the management of warfarin as detailed in the report.
	Response by Registered Person(s) Detailing the Actions Taken: The management of warfarin was reviewed following the previous audit, however, currently there are no residents who are prescribed warfarin. If a resident is prescribed warfarin, a senior member of staff will audit the administrator of the warfarin on a separate rolling audit check sheet. On a daily basis, the amount administered will be checked, who administered and the amount left in stock. Any changes to dosages would be made only on receipt of a new prescription from the GP and confirmation of INR levels.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be Completed by:** **14 May 2015**	The registered person must closely monitor the administration of Spiriva Respimat to ensure that it is being administered as prescribed.
	Response by Registered Person(s) Detailing the Actions Taken: To ensure Spiriva Repimat is being administered as prescribed, the administrator will sign to demonstrate when they have given it, another staff member will audit this on a separate rolling audit check sheet, checking on a daily the amount administered, who administered and the amount left in stock.
Recommendations	
Recommendation 1 **Ref:** Standard 30 **Stated:** First time **To be Completed by:** **Ongoing**	The responsible person should review and revise the systems in place for the covert administration of medication.
	Response by Registered Person(s) Detailing the Actions Taken: At the time of inspection there were no residents receiving medication covertly. A review had been carried out with GPs to discuss the most appropriate method of medication administration. A number of residents are now prescribed medications in either liquid or oral dispersable form rather than by covert methods. This is actively reviewed every month when ordering medications and reviewed within the resident's personal care plan and risk assessment.

Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be Completed by:** **14 May 2015**	The registered person should ensure that detailed care plans are in place for residents who are prescribed thickening agents
	Response by Registered Person(s) Detailing the Actions Taken: Only one resident was prescribed a thickening agent and, although the care plan made reference to this, the care plan has now been updated to provide more detailed guidance for carers. The care plans for any future residents prescribed such thickening aagents will provide detailed guidance for carers.
Recommendation 3 **Ref:** Standard 30 **Stated:** First time **To be Completed by:** **14 May 2015**	The registered person should ensure that records for staff training on the use of thickening agents are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Records of staff training on the use of thickening agents are now maintained.

Registered Manager Completing QIP	Marsha Tuffin	**Date Completed**	28.05.15
Registered Person Approving QIP	Geraldine Gilpin	**Date Approved**	29.05.15
RQIA Inspector Assessing Response	**Helen Daly**	**Date Approved**	**04/06/2015**

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