Kingsland Care Centre
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Unannounced Medicines Management Inspection of Kingsland Care Centre

14 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 14 October 2015 from 10.10 to 14.00.

On the day of the inspection the management of medicines was generally 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.

Recommendations made as a result of this inspection relate to the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008.

This inspection was underpinned by the DHSSPS Care Standards for Nursing Homes, April 2015.

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, dated 16 October 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	6

The details of the QIP within this report were discussed with the registered manager, Susannah Curry as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan	**Registered Manager:** Ms Susannah Virginia Curry
Person in Charge of the Home at the Time of Inspection: Ms Susannah Curry	**Date Manager Registered:** 29 December 2014
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 43
Number of Patients Accommodated on Day of Inspection: 41	**Weekly Tariff at Time of Inspection:** £581

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 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

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 inspectors reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspectors met with the registered manager, Susannah Curry, the deputy manager and the registered nurses on duty.

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.
- 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 8 June 2015. The completed Quality Improvement Plan was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 16 October 2012

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	Bisphosphonate medicines should be administered clear of food and other medicines, in accordance with the manufacturers' instructions.	**Met**
	Action taken as confirmed during the inspection: The medicine administration records indicated that bisphosphonate medicines were administered clear of food and other medicines.	
Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The disposal of medicines written procedure should be reviewed and revised in order to accurately reflect current practice.	**Met**
	Action taken as confirmed during the inspection: The disposal of medicines written procedure had been reviewed and revised in order to accurately reflect current practice.	
Recommendation 3 **Ref:** Standard 37 **Stated:** First time	Two nurses should always be responsible for discarding medication into the pharmaceutical waste bins and recording this action.	**Met**
	Action taken as confirmed during the inspection: From discussion with the registered manager and deputy manager and from examination of the disposal of medicines record books, it was concluded that two nurses were responsible for discarding medication into the pharmaceutical waste bins and recording this action.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits which were carried out on a range of randomly selected medicines produced broadly satisfactory outcomes, indicating that the medicines had been administered as prescribed. However, several audits indicated discrepancies. The registered manager agreed to monitor the administrations of these medicines in order to ensure compliance with the prescribed dosage directions. Some audits could not be performed due to the non-recording of the dates of opening of the containers. This included an insulin pen, which also did not have the patient's name recorded on it. The need to record the patient's name and date of opening on insulin pens was discussed.

One audit on an inhaled medicine, which a patient self-administered, produced an unsatisfactory outcome. The need to review the competency of the patient to self-administer this medicine and to closely monitor its use was discussed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All of the medicines examined were available for administration and were labelled appropriately. Photocopies of the prescriptions were received into the home and checked for accuracy with the monthly drug orders.

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

Medicines were prepared immediately prior to their administration from the container in which they were dispensed. The length of time taken to complete the morning medication round on the ground floor was discussed.

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 involved two registered nurses. The need to record the route of application of eye-treatment medicines and to cancel discontinued medicine entries on the personal medication record sheets was discussed.

On each floor, the receipt, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balances of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements were reconciled on each occasion when the responsibility for safe custody had been transferred. Quantities of controlled drugs matched the balances recorded in the record book.

The destruction or disposal of medicines no longer required was undertaken by registered nurses. Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins, which were uplifted by a company holding a clinical waste licence. The registered manager and deputy manager stated that Schedule 2 and 3 controlled drugs were denatured prior to disposal; however, this was not the practice for Schedule 4 (Part 1) controlled drugs.

Is Care Effective? (Quality of Management)

There was evidence that medicines were being managed by staff who had been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training records and competency assessments was provided. Competency assessments were completed annually. The competency assessments checked were up to date.

A recent audit had been performed by a community pharmacist representing the company that supplies medicines to the home. There was, however, no evidence of any recent audit activity having been carried out by the management of the home. The registered manager recognised that a robust medicines management auditing system needed to be introduced.

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

Is Care Compassionate? (Quality of Care)

The records for a number of patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. The care plans did not detail the circumstances under which the medicines were to be administered. The parameters for administration were recorded on the personal medication records. Records of administration were in place; however, the reason for and outcome of administration had not been consistently recorded. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions; for most patients these medicines had been administered infrequently.

The records for a number of patients who were prescribed medicines for the management of pain were reviewed. The registered manager and deputy manager confirmed that all patients had pain reviewed as part of the admission assessment. The medicines were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and other analgesics which were prescribed for administration on either a regular or "when required" basis. Care plans which detailed the management of the patients' pain were not in place. Regular evaluation of pain control was performed and recorded.

Areas for Improvement

The dates and times of opening of medicine containers should be routinely recorded in order to facilitate audit activity. A recommendation was made.

Controlled drugs in Schedule 4 (Part 1) should be denatured and rendered irretrievable before being placed in waste containers. A recommendation was made.

A robust medicines management audit system should be implemented. A recommendation was made.

If medication is prescribed on a "when required" basis for the management of distressed reactions, the care plan should identify the parameters for its administration and the reason for and outcome of administration should be routinely recorded. A recommendation was made.

Pain management care plans should be in place where appropriate. A recommendation was made.

Number of Requirements:	0	Number of Recommendations:	5

5.4 Additional Areas Examined

The temperature range of the medicine refrigerators had not been appropriately managed. They had not been monitored and recorded on a significant number of days and the temperatures, when monitored, had often been outside the recommendation range of 2°C and 8°C. For one refrigerator, which contained insulin; the temperature had been as low as -4°C on several occasions since the start of September 2015. This has the potential to affect the stability of the medicine. Medicines which require cool storage should be stored between 2°C and 8°C. A recommendation was made.

Oxygen cylinders were not chained to a solid structure. Staff were reminded that oxygen cylinders must be chained to a solid structure to prevent toppling.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Susannah Curry, 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 Nursing 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) Care Standards for Nursing Homes, April 2015. 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.

No requirements were made as a result of this inspection

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 13 November 2015	It is recommended that the dates and times of opening of medicine containers should be routinely recorded in order to facilitate audit activity. **Response by Registered Person(s) Detailing the Actions Taken:** New labelling system implemented 28/10/2015. Weekly audits introduced to evaluate compliance.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 13 November 2015	It is recommended that all controlled drugs in Schedule 4 (Part 1) should be denatured and rendered irretrievable before being placed in waste containers. **Response by Registered Person(s) Detailing the Actions Taken:** Awareness session provided for all Registered Nurses to highlight the compliance requirements - actioned.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 13 November 2015	It is recommended that a robust medicines management audit system should be implemented. **Response by Registered Person(s) Detailing the Actions Taken:** Clinical Audit Programme in place
Recommendation 4 **Ref**: Standard 18 **Stated:** First time **To be Completed by:** 13 November 2015	It is recommended that if medication is prescribed on a “when required” basis for the management of distressed reactions, the care plan should identify the parameters for its administration and the reason for and outcome of administration should be routinely recorded. **Response by Registered Person(s) Detailing the Actions Taken:** Care plans generated for identified residents.

Recommendation 5 **Ref**: Standard 4 **Stated:** First time **To be Completed by:** 13 November 2015	It is recommended that pain management care plans should be in place where appropriate.
	Response by Registered Person(s) Detailing the Actions Taken: Care Plans generated for identified residents
Recommendation 6 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 13 November 2015	It is recommended that medicines requiring cool storage are stored between 2°C and 8°C.
	Response by Registered Person(s) Detailing the Actions Taken: Temperatures recorded daily and Manager informed if outside normal parameters.

Registered Manager Completing QIP	Sue Curry	**Date Completed**	03/11/2015
Registered Person Approving QIP	Ciaran Sheehan	**Date Approved**	08/11/2015
RQIA Inspector Assessing Response	Paul W. Nixon	**Date Approved**	09/11/2015

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