



The Regulation and
Quality Improvement
Authority

Clairville
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Unannounced Medicines Management Inspection of Clairville

20 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 20 May 2015 from 10:40 to 15:00.

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 Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management 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	2	2

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

2. Service Details

Registered Organisation/Registered Person: Mrs Veronica Reid	Registered Manager: Mrs Veronica Reid
Person in Charge of the Home at the Time of Inspection: Mrs Veronica Reid	Date Manager Registered: 1 April 2005
Categories of Care: RC-PH, RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of Registered Places: 17
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £470

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, one member of senior care staff, one visiting professional and two residents’ relatives.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records
Medicines disposed of
Medicines transferred

Medicine audits
Policies and procedures
Care plans
Training records
Controlled drug record book.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 25 November 2014. The completed QIP was returned to RQIA on 16 February 2015. Some issues required clarification and are being followed up by the estates inspection team.

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 twice	Personal medication records must be fully and accurately maintained.	Met
	Action taken as confirmed during the inspection: An improvement in the standard of maintenance of the personal medication records examined was evidenced at the inspection.	
Requirement 2 Ref: Regulation 19(2) Stated once	The registered manager must ensure that records of all medicines management training provided to relevant care staff are maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that staff had been trained and deemed competent in medicines management. Training had been provided earlier in 2015 for senior care staff and also for care staff responsible for the administration of prescribed external preparations.	
Requirement 3 Ref: Regulation 13(4) Stated once	The registered manager must put robust arrangements in place for the management of external preparations to ensure records of administration are fully and accurately maintained.	Met
	Action taken as confirmed during the inspection: Systems are in place for senior care staff and care staff to record the application of external preparations. These had been well maintained.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulation 16 Stated once	The registered manager must update Resident A's care plan to include the management of oxygen.	No longer applicable
	Action taken as confirmed during the inspection: The registered manager confirmed that this had been addressed after the last medicines management inspection. This resident is no longer accommodated in the home.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30&31 Stated twice	In the absence of the prescriber's signature on personal medication records, a copy of acute or new prescriptions should be kept in the home. Two designated members of staff should be involved in recording new medicine details onto personal medication records.	Partially Met
	Action taken as confirmed during the inspection: A copy of acute or new prescriptions is not kept in the home. Staff advised that the prescriber records any new medicine information in the resident's notes. This is then transcribed onto the personal medication record by a senior care assistant or occasionally by the prescriber. Two staff are only involved in the writing of personal medication records. This was further discussed in relation to safe practice and advice was given. It was concluded that staff had misunderstood the recommendation. The registered manager confirmed that any updates on personal medication records would involve two staff with immediate effect.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 Ref: Standard 31 Stated twice	The controlled drug record book should clearly indicate which two members of staff have been involved in the administration of the Schedule 2 controlled drug.	Met
	Action taken as confirmed during the inspection: The two members of staff involved in the checking and administration of the controlled drug were clearly recorded in the controlled drug record book.	
Recommendation 3 Ref: Standard 30 Stated twice	The arrangements for the management of warfarin should be reviewed to ensure a daily stock balance of warfarin is recorded.	Met
	Action taken as confirmed during the inspection: A daily stock balance check for warfarin is maintained.	
Recommendation 4 Ref: Standard 30 Stated once	The registered manager should further develop the home's policies and procedures to ensure these include the areas detailed in the report.	Met
	Action taken as confirmed during the inspection: A policy manual is in place. Specific medicines policies and procedures pertaining to warfarin, oxygen and controlled drugs were not examined at the inspection. The registered manager confirmed by email on 21 May 2015 that these policies are in place.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 5 Ref: Standard 30 &31 Stated once	The registered manager should develop the home's auditing process to ensure this includes all aspects of the management of medicines.	Partially Met
	Action taken as confirmed during the inspection: There are arrangements in place to audit the management of medicines. Due to the findings noted in the outcomes of audit trails performed on inhaled medicines and bisphosphonate medicines, close monitoring is necessary.	
Recommendation 6 Ref: Standard 32 Stated once	The registered manager should closely monitor the management of blood glucometers to ensure these are maintained in accordance with the manufacturer's instructions.	No longer applicable
	Action taken as confirmed during the inspection: The registered manager advised that blood glucose monitoring is not required for any residents currently accommodated in the home and has not been required for some time.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of medicines are being administered in accordance with the prescriber's instructions. Most of the audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes.

The registered manager advised that written confirmation of medicine regimes is obtained for each new resident.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage. The ordering process was discussed and it was advised that the prescriptions should be received and checked into the home before being dispensed by the community pharmacy. This was discussed in relation to the Health and Social Care Board guidance. It was confirmed that the current system worked well and the medicines, the medicine order and personal medication records are used to check medicines at the time of receipt.

Medicines are prepared immediately prior to their administration from the container in which they are dispensed. All of the medicines examined at the inspection had been labelled appropriately.

There are satisfactory systems in place to manage warfarin and changes in warfarin dosage regimes. The good standard of record keeping was acknowledged.

Medicine records are legible and accurately maintained as to ensure that there is a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines are maintained. All of the personal medication records examined had been signed by the resident's prescriber or two members of staff.

Satisfactory arrangements are in place for the management of controlled drugs. Staff perform stock reconciliation checks at each administration and also three times each day.

Any medicines which are discontinued or are unsuitable for use are returned to the community pharmacy for disposal.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. There had been no reported incidents since the last medicines management inspection.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines in Clairville are in place. These are currently under review.

Medicines are managed by staff who have been trained and deemed competent to do so. An induction process is in place. General medicine management training is provided by the community pharmacist. The impact of training is monitored through supervision and appraisal. There was evidence of recent staff training and competency records for senior care staff.

Practices for the management of medicines are audited throughout the month by senior care staff. In addition, running stock balances are maintained for a small number of medicines such as warfarin and analgesic medicines. This is good practice. The registered manager also audits the management of medicines. A review of the audit records indicated that satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date of opening on the container and also maintaining a permanent record of the date of opening.

Is Care Compassionate? (Quality of Care)

The records pertaining to a small number of residents who are prescribed medicines for the management of distressed reactions, on a “when required” basis were observed at the inspection. The name of the medicine is documented on the personal medication record and on occasion, the frequency of dosing is recorded. The evidence indicated that these medicines are administered infrequently. A record of each administration is maintained. From discussion with staff, it was concluded that staff are familiar with circumstances when to administer anxiolytic/antipsychotic medicines. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a resident’s behaviour and are aware that this change may be associated with pain.

Medicines which are prescribed to treat pain are recorded on the personal medication record. Examination of the administration of medicines which are prescribed to treat or prevent pain indicated that these medicines had been administered as prescribed. This included prescribed controlled drug patches and also analgesics which are prescribed for administration on a “when required” basis. From discussion with the staff, it was evident that staff are aware of the signs, symptoms and triggers of pain in residents. Where pain controlling medicines are prescribed, staff are aware that ongoing monitoring is necessary to ensure the pain is well controlled and the resident is comfortable. The running stock balance record for analgesics is also used to monitor patterns of administration.

Areas for Improvement

Whilst largely satisfactory outcomes were observed in the audit outcomes, discrepancies were observed in inhaled medicines (Seretide and Ventolin Accuhalers) and bisphosphonate medicines (risedronate). These were highlighted at the inspection and close monitoring is necessary. A requirement was made.

During the inspection it was noted that written confirmation of medicine regimes had not been obtained for two new residents. This was discussed and it was agreed that the registered manager would contact the resident’s GP later on the day of the inspection. The registered manager confirmed that this would be implemented for all other new residents admitted from their own home. It was acknowledged that written confirmation is obtained for any new residents admitted from hospital or another care home.

On occasion, some medicines are crushed prior to administration and administered covertly. Although the registered manager advised that the resident’s family and prescriber were aware of this, there was no written consent or care plan in place. It was advised that the suitability of the medicine to be crushed or added to food should also be checked. A requirement was made.

In relation to medicines which are administered on a “when required” basis for the management of distressed reactions, the reason for and outcome of the medicine administration are not recorded on every occasion. This should be recorded on each occasion. A care plan should be developed for the relevant residents and the parameters for administration recorded. A recommendation was made.

In the instances where a resident is prescribed pain controlling medicines on a “when required” basis, this should be clearly referenced in a care plan. A recommendation was made.

Number of Requirements:	2	Number of Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Veronica Reid, 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 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 RQIA’s Belfast office 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: First time To be Completed by: 21 June 2015	<p>The registered person must closely monitor the administration of Seretide Accuhaler and Risedronate tablets; any further discrepancies must be investigated and reported to RQIA.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Regular audits are in place within the home.</i></p>
Requirement 2 Ref: Regulation 13(4) Stated: First time To be Completed by: 21 June 2015	<p>The registered person must review the management of medicines which are crushed and administered covertly to ensure that written consent is in place and a care plan is developed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>C.P. providing written consent for Resident. care plan signed by N.O.K. Daughter in Resident's best interests</i></p>
Recommendations	
Recommendation 1 Ref: Standard 30 Stated: First time To be Completed by: 21 June 2015	<p>It is recommended that the registered person should review the management of distressed reactions to ensure that a care plan is developed, the parameters for administration are detailed and the reason for and outcome of the administration are recorded on every occasion.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Care plan in place. Progress notes more detailed, stating reason & outcome.</i></p>
Recommendation 2 Ref: Standard 30 Stated: First time To be Completed by: 21 June 2015	<p>It is recommended that the registered person should review the management of pain, to ensure that a care plan is developed for those residents who are prescribed medicines on a "when required" basis to treat or prevent pain.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: <i>Care plans in place regarding pain relief.</i></p>

Registered Manager Completing QIP		Date Completed	9/6/15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

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RQIA Inspector Assessing Response	Judith Taylor	Date Approved	12 June 2015
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