



Our Mother of Mercy
RQIA ID: 1493
1 Home Avenue
Newry
BT34 2DL

Inspectors: Frances Gault and Helen Daly
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**Unannounced Medicines Management Inspection
of
Our Mother of Mercy
14 December 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 14 December 2015 from 10.35 to 13.15.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report.

This inspection was underpinned by 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. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to Sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Our Mother of Mercy which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

The outcome of the last medicines management inspection on 29 July 2015 identified that requirements in relation to the availability and storage of medicines would be repeated for the third and fourth time respectively.

Following discussion with senior management in RQIA, a decision was made to invite the registered person to a meeting to discuss these concerns. A meeting was held with Mrs Lucy Holt (representing Mrs Peggy O'Neill, Registered Person) and Mrs Elizabeth Doran, Registered Manager, in the Belfast office of RQIA on 5 August 2015. At this meeting, Mrs Holt and Mrs Doran provided a full account of the actions that had already been taken and arrangements which would be implemented to ensure that the issues would be addressed to achieve compliance with legislative requirements and the care standards. RQIA considered the matter and confirmed that the registered person would be given a period of time to address the matters.

1.2 Actions/Enforcement Resulting from this Inspection

The areas identified for improvement at the last medicines management inspection had been addressed and therefore 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Kilmorey Care Ltd Mrs Peggy O'Neill	Registered Manager: Mrs Elizabeth Doran
Person in Charge of the Home at the Time of Inspection: Mrs Elizabeth Doran	Date Manager Registered: 4 November 2013
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), RC-I, RC-MP, RC-MP(E), NH-LD, NH-LD(E)	Number of Registered Places: 48
Number of Patients Accommodated on Day of Inspection: 45	Weekly Tariff at Time of Inspection: Nursing care: £593 - £637 Residential care: £461

3. Inspection Focus

The inspection on 29 July 2015 had shown that robust arrangements were not in place for all aspects of the management of medicines and improvements were necessary. This 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 included the following:

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

We met with the registered manager and the registered nurses 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
- care plans
- 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 30 September 2015. The completed QIP was returned and approved by the care inspector.

At the request of the care inspector the lunchtime meal was observed in both dining rooms. The management of the meal was well organised and there was a calm atmosphere. One registered nurse and two care assistants were assisting patients in the dementia unit. The registered manager advised that she regularly observes meal times to ensure that patients receive their meals in an organised and timely manner.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection dated 29 July 2015

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (4) Stated: Fourth and final time	Nurses must receive additional training on the accurate recording of refrigerator temperatures. A system must be in place to ensure that any deviation from +2°C to +8°C is reported to the registered manager to facilitate immediate corrective action.	Met
	Action taken as confirmed during the inspection: A new refrigerator and “easy read” thermometer were obtained. Registered nurses received instruction on the use of the thermometer and the action to be taken if temperatures outside the accepted range were observed. There was evidence that the registered manager had been made aware of any deviation from the accepted range.	

<p>Requirement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Third and final time</p>	<p>All medicines must be available for administration as prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection: All medicines were available for administration as prescribed.</p> <p>There was no evidence that medicines had been omitted due to stock supply issues.</p> <p>The registered manager advised that robust ordering and checking systems had been implemented and registered nurses were working closely with the GP surgeries and community pharmacist to ensure that patients had a continuous supply of their prescribed medicines.</p>	<p>Met</p>
<p>Last Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p>	<p>The date and time of opening should be recorded on all medicines.</p> <hr/> <p>Action taken as confirmed during the inspection: The date and time of opening had been recorded on all medicines examined at this inspection.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p>	<p>The registered manager should implement a robust audit system to monitor stock availability, the maintenance of the personal medication records, the accuracy of the administration records for thickening agents and the refrigerator temperatures.</p> <hr/> <p>Action taken as confirmed during the inspection: A robust auditing system had been implemented. The registered manager completed weekly audits covering these areas. There was evidence that corrective action was taken when necessary.</p> <p>The registered manager was starting an audit when we arrived at the home.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered manager should review and revise the arrangements for the management of medicines prescribed to be administered on a “when required” basis for the treatment of distressed reactions to ensure appropriate care plans and records are in place.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager had reviewed and revised the arrangements for the management of medicines prescribed to be administered on a “when required” basis for the treatment of distressed reactions. Detailed care plans were observed to be in place.</p> <p>The reason and outcome of each administration had been recorded on some but not all occasions. It was agreed that this would be monitored as part of the homes audit process and this recommendation has therefore not been restated.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 26</p> <p>Stated: First time</p>	<p>The registered manager should review and revise the arrangements for pain management to ensure that care plans and pain assessment tools are in use where appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager had reviewed and revised the arrangements for pain management. Care plans and pain assessment tools were observed to be in use.</p>	<p>Met</p>

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The stock control systems within the home had been reviewed and revised and there was evidence that medicines had not been routinely out of stock.

The majority of the audit trails which were carried out at the inspection produced satisfactory outcomes; two discrepancies were discussed with the registered manager and it was agreed that these would be closely monitored. The date and time of opening had been recorded on all medicines examined at this inspection which readily facilitated the audit process.

The personal medication records were observed to be up to date; entries had been verified and signed by two members of staff. The allergy status had not been recorded on a small number of the personal medication records and this was discussed for corrective action. The need to highlight records for patients with similar names was also discussed. The medication administration records had been accurately maintained. The registered manager advised that the standard of record keeping was monitored during her audits.

Discontinued or expired medicines were discarded into pharmaceutical clinical waste bins which were uplifted by a representative of the community pharmacy who hold the appropriate licence. The records of disposal were signed by two registered nurses.

Is Care Effective? (Quality of Management)

The registered manager advised that all registered nurses received supervision on the management of medicines and their professional accountability following the last medicines management inspection.

The registered manager had implemented a weekly audit system to monitor stock availability, the maintenance of the personal medication records, the accuracy of the administration records for thickening agents and the refrigerator temperatures. In addition the registered nurses were informing the registered manager of any potential out of stocks or refrigerator temperatures outside the accepted range.

The medication incident that had occurred since the last medicines management inspection had been appropriately managed and reported.

Is Care Compassionate? (Quality of Care)

The records relating to a small number of patients who were prescribed medicines for the management of distressed reactions were examined. Care plans which detailed the circumstances under which the medicines were to be administered were in place. The parameters for administration were recorded on the personal medication records. These medicines had been required by only one of the patients in recent months. The registered nurses had recorded the reason for and the outcome of administration on some but not all occasions. The registered manager advised that this would be discussed for corrective action.

The records of a number of patients who were prescribed medicines for the management of pain were reviewed. Medicines which were prescribed to treat or prevent pain were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. Care plans were in place and evaluated monthly. Pain assessment charts were in place and had been completed regularly.

Areas for Improvement

None identified.

Number of Requirements	0	Number of Recommendations	0
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5.4 Additional Areas Examined

The treatment room temperature was being monitored daily and was below 25°C.

The daily records for the refrigerator temperature indicated that it had been maintained within the required range and that the thermometer had been reset each day. The refrigerator was not locked. The registered manager advised that this would be risk assessed and reviewed.

All medicines were observed to be in date.

Number of Requirements	0	Number of Recommendations	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	ELIZABETH DORAN	Date Completed	21/01/16
Registered Person	PEGGY O NEILL	Date Approved	21/01/16
RQIA Inspector Assessing Response	Helen Daly	Date Approved	21/01/16

Please provide any additional comments or observations you may wish to make below:

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

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 service. 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.