



Inspector: Helen Daly
Inspection ID: IN023539

Corkey House
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**Unannounced Medicines Management Inspection
of
Corkey House**

21 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 21 September 2015 from 10.45 to 13.20.

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 urgent actions letter and QIP there were no further actions required to be taken following the medicines management inspection on 7 June 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	1

The details of the QIP within this report were discussed with Mrs Elizabeth Ann Anderson, Registered Manager, via telephone call on 1 October 2015 and with Ms Rosemary Gilbey, Senior Carer, on the day of the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Presbyterian Board of Social Witness Mrs Linda May Wray	Registered Manager: Mrs Elizabeth Ann Anderson
Person in Charge of the Home at the Time of Inspection: Mrs Elizabeth Ann Anderson (10.45 – 11.15) Ms Rosemary Gilbey (11.15 onwards)	Date Manager Registered: 1 April 2005
Categories of Care: RC-MP(E), RC-DE, RC-I	Number of Registered Places: 35
Number of Residents Accommodated on Day of Inspection: 32	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:

Prior to the inspection, the inspector reviewed the management of medication related incidents reported to RQIA, since the last medicines management inspection.

During the inspection the inspector met with the registered manager and the senior carer on duty.

The following records were examined during the inspection:

- Medicines requested and received
- Personal medication records
- Medicines 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 care inspection on 23 June 2015. As no requirements or recommendations were made at the inspection a QIP was not issued.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 7 June 2012

Last Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all currently prescribed medicines are available in the home.</p> <p>Action taken as confirmed during the inspection: A number of medicines had not been available for administration as prescribed on the day of the last medicines management inspection and hence an urgent actions letter was left in the home to ensure that no further doses were omitted. The registered manager confirmed (in writing to RQIA) that all medicines were available for administration on the day after the last inspection.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The prescribers must be informed that folic acid 5mg and vitamin BPC have been omitted for 11 days for two residents.</p> <p>Guidance must be followed and the medication made available.</p> <p>Action taken as confirmed during the inspection: This requirement had been addressed on the day after the last medicines management inspection (as confirmed via email to RQIA).</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The prescribers must be informed that perindopril 4mg has been omitted for six doses and omeprazole 40mg has been omitted for 10 doses for two residents.</p> <p>Guidance must be followed.</p> <p>Action taken as confirmed during the inspection: The requirement was addressed on the day after the last medicines management inspection (as confirmed via email to RQIA).</p>	Met

<p>Requirement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all currently prescribed medicines are available for administration as prescribed on all occasions.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager and staff confirmed that robust systems were now in place to ensure that medicine doses were not omitted due to being out of stock. All staff were aware of their accountability to ensure that residents had a continuous supply of their prescribed medicines. All prescribed medicines were available on the day of the inspection. There was no evidence that doses were being omitted due to stock supply problems. Staff advised that emergency supplies would be requested if necessary.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that the administration of eye preparations and medicines prescribed for newly admitted residents are included in the audit process.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager's audits could not be located on the day of the inspection.</p> <p>The registered manager confirmed via telephone call on 1 October 2015 that the audit file had not been found and that she completed audits on inhaled medicines, eye preparations, nutritional supplements, household remedies and medicines which were not supplied in the monitored dosage system at monthly intervals and that satisfactory outcomes had been observed.</p>	<p>Met</p>
<p>Last Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>An up to date medicines reference source should be made available.</p> <hr/> <p>Action taken as confirmed during the inspection: An up to date medicines reference source was available.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>Two designated members of staff should verify and sign all updates on the personal medication records.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Two designated members of staff had verified and signed the personal medication records at the time of writing only. Updates had not been verified and signed.</p> <p>This recommendation was therefore stated for a second time.</p>	<p>Met</p>	
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>		<p>The registered manager should closely monitor the refrigerator temperature recordings to ensure that appropriate temperatures are maintained each day.</p>
<p>Action taken as confirmed during the inspection:</p> <p>The daily records of the maximum, minimum and current refrigerator temperatures indicated that appropriate temperatures had been maintained.</p>		

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits which were carried out on several randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed.

All medicines were available for administration on the day of the inspection. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. One medicine was due to be supplied before the next medicine round; doses had not been omitted. Medicines were observed to be labelled appropriately.

Arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. The admission process was reviewed for one recently admitted resident. Their medicine regime had been confirmed in writing. Two senior carers had verified and signed the personal medication record.

Diabetes management plans for designated residents were available.

The management of warfarin was reviewed and found to be satisfactory.

Medicine records had been maintained in a mostly satisfactory manner. Two senior carers were involved in writing and checking the personal medication records at the time of writing, however, when new medicines were prescribed the personal medication records were not verified and signed by two staff. This is not in accordance with recognised safe practice.

Records showed that discontinued and expired medicines had been returned to the community pharmacy for disposal.

Controlled drugs were being managed appropriately. The controlled drug record books and records of stock reconciliation checks of Schedule 3 controlled drugs were well-maintained.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were available. The registered manager confirmed that they were reviewed and updated regularly.

There was evidence that medicines were being managed by senior carers who had been trained and deemed competent to do so. Annual update training was provided by the community pharmacist. The registered manager completed competency assessments on all aspects of the management of medicines annually. Records of staff training and competency assessments were provided for inspection.

The registered manager advised that she completed audits on inhaled medicines, eye preparations, nutritional supplements, household remedies and medicines which were not supplied in the monitored dosage system at monthly intervals and that satisfactory outcomes had been observed. These audits could not be located on the day of the inspection as the file had been misplaced. Accurate daily running stock balances were maintained for a number of medicines which were not contained within the monitored dosage system. Boxed analgesics which were prescribed to be administered "when required" were counted at the end of each four week medication cycle. The community pharmacist also completed quarterly advice visits.

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)

There was evidence that residents were facilitated to self-administer their medicines where they had been deemed competent to do so. Signed protocols and safe storage for this practice were in place.

The records for a number of residents who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. Records of prescribing and care plans were in place and there was evidence that they were being reviewed regularly. The registered manager advised that senior carers recorded the reason for and outcome of administrations on the reverse of the medication administration recording sheets. This was not evidenced at the inspection as there had been no recent administrations.

The registered manager confirmed that residents would have pain reviewed as part of the admission assessment where there was a history of pain. There was evidence that care plans for the management of pain were in place and that they were reviewed regularly. The records for several patients who are prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on personal medication records. The registered manager confirmed that staff were aware of recognising changes in behaviour which could indicate pain in residents who were unable to verbalise their pain.

Areas for Improvement

Two designated members of staff should verify and sign all updates on the personal medication records. A recommendation was stated for the second time.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

Storage was observed to be tidy and organised. The registered manager and staff are commended for their ongoing efforts.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Elizabeth Ann Anderson, Registered Manager, via telephone call on 1 October 2015 and with Ms Rosemary Gilbey, Senior Carer, on the day of the inspection, 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 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

Recommendations

Recommendation 1 Two designated members of staff should verify and sign all updates on the personal medication records.

Ref: Standard 31

Stated: Second time

To be Completed by:
21 October 2015

Response by Registered Person(s) Detailing the Actions Taken:
All staff competent in the administration of Medicines have been informed that in event of additional medicines being added to Kardex it must be signed by two staff. This practice was implemented as from 22/9/15.

Registered Manager Completing QIP	Ann Anderson	Date Completed	26/10/15
Registered Person Approving QIP	Linda Wray	Date Approved	29 th Oct 2015
RQIA Inspector Assessing Response	Helen Daly	Date Approved	29/10/15

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