Unannounced Medicines Management Inspection Report
12 December 2016

River House

Type of service: Residential Care Home
Address: 114 Milltown Road, Belfast, BT8 7XP
Tel No: 028 9064 8314
Inspector: Frances Gault

1.0 Summary

An unannounced inspection of River House took place on 12 December 2016 from 11:40 to 13:50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that some areas of the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. Two areas for improvement were identified. A robust system should be in place for the ordering of repeat prescriptions. Staff should ensure that any medication dosage changes are documented. Two recommendations were made.

Is care effective?

Areas for improvement were identified and must be addressed to ensure that the management of medicines supports the delivery of effective care. The medicine records had not been fully and accurately completed. It was not possible to verify completely whether medicines were being administered as prescribed as there were few dates of opening documented on the current supplies. While there were detailed support plans in place for the management of distressed reactions, it was not possible to identify the triggers for the administration of “when required” medicines. To ensure that the management of medicines complies with legislative requirement and standards, one requirement and two recommendations have been made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. There were no areas of improvement identified.

Is the service well led?

The outcome of the inspection found that some of the systems that were in place at the previous medicines management inspection had not been maintained. Staff should have a working knowledge of the policies and procedures for the management of medicines which support the delivery of care. A robust audit system should be developed and maintained which covers all aspects of the management of medicines. A requirement and a recommendation were made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Marlene Featherstone, Head of Quality and Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 6 December 2016.

2.0 Service details

Registered organisation/registered person: Parkcare Home No 2 Ltd Ms Sarah Hughes	**Registered manager:** See below
Person in charge of the home at the time of inspection: Ms Megan McCloskey, Deputy Manager joined by Mrs Marlene Featherstone, Head of Quality and Acting Manager	**Date manager registered:** Mrs Marlene Featherstone - acting no application required
Categories of care: RC-LD(E), RC-LD	**Number of registered places:** 6

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

We met with one member of the care staff, the deputy manager and acting manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Twenty-eight questionnaires were issued to staff, residents, relatives/ residents' representatives with a request that these were completed and returned within one week for the inspection.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- care plans
- training records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 December 2016

The most recent inspection of the home was an unannounced care inspection. The report is not yet due to be issued by RQIA. The quality improvement plan will be reviewed at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 21 January 2016

Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 6 **Stated:** First time	The registered person should ensure that care plans are in place identifying how residents, with little or no verbal communication express pain.	**Met**
	Action taken as confirmed during the inspection: Care plans were in place identifying how residents, with little or no verbal communication expressed their pain. The care plans were currently under review. Some residents can directly communicate pain and request pain relief. All residents have a pain assessment tool in place.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. Management advised that it had been recognised that further training was required and update training had been provided in November 2016 and was due to be repeated in the coming months. Competency assessments were also to be reviewed.

Adequate supplies of prescribed medicines were available. There were excess quantities of some medicines stored in the home. The current ordering system was not robust. A monitored dosage system was in use but the 28 day cycle did not run either, concurrently for all residents, or for all prescribed medicines for each resident. As a result it was difficult for management to audit whether medicines were being administered as prescribed. A recommendation was made.

The arrangements in place to manage changes to prescribed medicines need to be reviewed. It was noted that a change in dosage of one medicine had occurred. However, both the personal medication record and the medication administration record sheet (MARs) continued to state the previous dose. There was no evidence to confirm when this change had occurred. It was agreed that this dosage would be verified with the prescriber. Staff should ensure that all dosage changes are documented on both the medicine records and in the residents' daily notes. A recommendation was made.

There were procedures in place to ensure the safe management of medicines during a resident's transfer between River House and their family home for those who returned home regularly.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on the controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on the other controlled drugs which is good practice.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Where possible medicines were stored in each resident's bedroom giving privacy for the administration process.

Areas for improvement

The current ordering system for repeat prescriptions should be reviewed to ensure that it is robust and all repeat medicines for any resident are requested together. A recommendation was made.

All dosage changes should be documented appropriately. A recommendation was made.

Number of requirements	0	**Number of recommendations**	2

4.4 Is care effective?

It was not possible to audit the medicines currently prescribed as there were few dates of opening documented on medicines. It was recommended that the date of opening should be documented. In addition, the current system, as described in section 4.3, did not facilitate, the instant recognition that medicines supplied in the 28 day monitored dosage system had been administered. With one exception, the medicine administration records had been completed and staff had recorded a reason for any non-administration. This gave some assurance that medicines were being administered.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. Detailed behaviour support plans were in use but we were unable to ascertain from the records what triggered the administration of these medicines. A recommendation was made.

Improvements were required in some aspects of the record keeping for the management of medicines.

The personal medication records should be an accurate record of all currently prescribed medicines. There were a number of differences between the information on these records and the MARs sheets. Few of the entries on the personal medication records had been completed and signed by two competent members of staff. The records did not state the date they had been rewritten and in one instance no start date had been identified for any prescribed medicine.

A number of discontinued external medicines were still recorded on the MARs. A requirement was made in relation to record keeping.

Monitoring forms were in place for the use of "when required" medicines. These detailed the administration and the outcome. While this good practice was acknowledged the records did not have the name of the resident on them. It was agreed that this would be addressed.

A system had been in place to audit the management of medicines. The acting manager advised that it had been recognised that this had lapsed. She had organised the Company's internal compliance team to visit the home the previous week and undertake an audit. She was waiting for their report but advised it had highlighted the omissions in record keeping.

Following discussion with the acting manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to the health needs of the residents.

Areas for improvement

All medicine records must be maintained accurately. A requirement was made.

The date of opening of supplies of medicines should be documented. A recommendation was made.

The records for the management of distressed reactions should be reviewed to ensure that the triggers for the administration of prescribed medicines are clearly identified. A recommendation was made.

Number of requirements	1	Number of recommendations	2

4.5 Is care compassionate?

Staff advised that medicines were administered to residents in their rooms giving them privacy. The administration of medicines did not take place during this inspection.

Twenty eight questionnaires were left in the home to facilitate feedback from residents, staff and relatives. None were returned in time for any comments to be included in the report.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

There have been a number of changes in the management and staff team since the last medicines management inspection. That inspection took place in January 2016, after the registration of the home, and evidenced that robust systems had been put in place. It was disappointing to note that these had not been maintained. It was acknowledged that the current acting manager had identified shortfalls and was taking steps to address the situation.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they should again familiarise themselves with these documents. A recommendation was made.

There were satisfactory arrangements in place for the management of medicine related incidents. Incidents had been reported appropriately and staff had identified learning from the few that had taken place.

There was no evidence to indicate that a robust auditing process for medicines management was in place. While it was acknowledged that the internal compliance team had been in the home the previous week examining the management of medicines, a number of audit trails could not be completed due to the current use of the monitored dosage system and the lack of dates of opening on the supplies (see sections 4.3 and 4.4). Due to the inspection findings a requirement was made. Management were advised that the quality improvement plan (QIP) should be regularly reviewed as part of the quality improvement process.

Areas for improvement

The relevant staff should ensure that they have knowledge of the policies and procedures in place for the management of medicines. A recommendation was made.

A robust auditing process for the management of medicines must be developed and implemented. A requirement was made.

Number of requirements	1	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Marlene Featherstone, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to *pharmacists@rqia.org.uk* for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 12 January 2017	The registered provider must ensure that all medicine records are maintained accurately.
	Response by registered provider detailing the actions taken: Review of records in line with legislation and minimum standards has been carried out and are available.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 12 January 2017	The registered provider must ensure that a robust auditing process for the management of medicines is developed and implemented.
	Response by registered provider detailing the actions taken: Audits are in place and completed audits are available.
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 12 January 2017	The registered provider should review the current ordering system for repeat prescriptions to ensure that it is robust and all repeat medicines for any resident are requested together.
	Response by registered provider detailing the actions taken: Communication has progressed with the prescriber to ensure that all repeat medications are in line with 28 day cycle.
Recommendation 2 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 12 January 2017	The registered provider should ensure that all dosage changes are documented appropriately.
	Response by registered provider detailing the actions taken: Monitoring is in place to ensure that instruction of prescriptions are acurately recorded on central prescription sheet and these corrolate with the medication administration record sheet.
Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 12 January 2017	The registered provider should ensure that the date of opening of supplies of medicines is documented.
	Response by registered provider detailing the actions taken: There is now evidence that the date of opening is documented.

Recommendation 4 **Ref**: Standard 10 **Stated:** First time **To be completed by:** 12 January 2017	The registered provider should review the records for the management of distressed reactions to ensure that the triggers for the administration of prescribed medicines are clearly identified.
	Response by registered provider detailing the actions taken: Positive behaviour support and key workers have reviewed and given greater clarity to distressed behaviours and triggers for administration of prescribed medications.
Recommendation 5 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 31 January 2017	The registered provider should ensure that the relevant staff have knowledge of the policies and procedures in place for the management of medicines.
	Response by registered provider detailing the actions taken: Policy and procedures are integrated with medication training and appropriate staff have attended.

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

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