



The Regulation and
Quality Improvement
Authority

River House
RQIA ID: 020131
114 Milltown Road
Belfast
BT8 7XP

Inspector: Frances Gault
Inspection ID: IN024094

Tel: 028 9064 8314

**Announced Medicines Management Inspection
of
River House**

21 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced medicines management inspection took place on 21 January 2016 from 10.30 to 12.00.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though one area for improvement was identified and is 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 Medicines Management Inspection

This was the first medicine management inspection since the home was registered on 6 November 2015.

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 the Mrs Julie Beacom, Applicant Manager, Mr Brian Ritson, Deputy Manager and Mrs Marlene Featherstone, Regional Quality Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Parkcare Home No 2 Ltd Sarah Hughes	Registered Manager: Registration pending
Person in Charge of the Home at the Time of Inspection: Mrs Julie Beacom (applicant manager)	Date Manager Registered: See above
Categories of Care: RC – LD: RC – LD(E)	Number of Registered Places: 6
Number of Residents Accommodated on Day of Inspection: 4	Weekly Tariff at Time of Inspection: Dependent on the level of service provided

3. Inspection Focus

This was the first medicines management inspection since registration. The inspection sought to assess whether the service provided to residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. This was achieved through an examination of the following standards and themes:

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 included the following:

Prior to the inspection a review of the notification of incidents found that none had been reported to RQIA.

Discussion was undertaken with the applicant manager and the management team throughout the inspection.

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
- 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 17 December 2015. The completed QIP is due to be returned to RQIA by 9 February 2016.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

This was the first medicines management inspection since registration.

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Written confirmation of current medication regimes is obtained from a health or social care professional for new admissions to the home.

The results of a small number of random medicine audits, carried out during the inspection, indicated that medicines were being administered to residents in accordance with the prescribers' instructions. Daily balance checks were in place for medicines not supplied in a monitored dosage system.

Medicines for one resident had been supplied by the family in a community monitored dosage system. There was no positive identification included on the pack for the three different medicines contained within it. It was agreed this would be discussed with the pharmacist. Management advised that the process was underway to get medicines for the residents from one community pharmacy.

The arrangements in place for the disposal of medicines were discussed. The deputy manager advised that these were returned to the community pharmacist.

Is Care Effective? (Quality of Management)

The medicine policy for the home had been reviewed by RQIA as part of the registration process. This was discussed with the management team. The management of medicines during home leave is included in the policy but it was agreed that this would be further developed to include the arrangements in place when residents required a supply of medicines while on trips away from the home.

From discussion with the management team and examination of training records, there was evidence that a training programme for staff with respect to the management of medicines was in place. They advised that further training and an external competency assessment was to take place in February 2016.

A list of sample signatures and initials of staff trained and deemed competent to manage medicines was maintained.

There was evidence that the management team had undertaken audits of medicines on a regular basis. A recent omission in the completion of the controlled drug record book had been highlighted during an audit and there was evidence of how the learning had been disseminated to the staff team.

Is Care Compassionate? (Quality of Care)

Each resident had their own supply of medicines and the audits undertaken during inspection indicated residents were administered medicines from their own supply. All of the medicines which were selected for audit had been labelled appropriately and included full dosage directions.

Residents regularly return to their families and arrangements in place for the transfer of medicines were discussed. The deputy manager advised that families kept a supply of medication and any changes would be discussed with them. Communication books were also in place when residents return to their family. Families were also in contact with the staff on a daily basis and any changes in medication were discussed.

The procedures in place to manage anxiolytic medicines which may be prescribed for the management of distressed reactions were reviewed. A team providing positive behaviour support is attached to the home. They work closely with the staff and when necessary had developed multi element behaviour support plans. The staff on duty were able to provide information about how the administration of medicines was included in the support programme. Detailed records of the prescribing and administration were maintained and there was evidence of ongoing review.

The majority of residents can express verbally when they are in pain. If residents have no verbal communication there should be a care plan in place, using a pain assessment tool, detailing how they express pain and identifying when they might require the administration of analgesics. A recommendation was made.

Areas for Improvement

The registered person should ensure that care plans are in place identifying how residents, with little or no verbal communication express pain. A recommendation was made.

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

Medicines were being stored safely and securely in accordance with statutory requirements and manufacturer's instructions. Satisfactory arrangements were in place for the security of medicine keys.

The management team advised that locked storage facilities were being obtained for each bedroom/apartment. Medicines will be kept in these and administered in each bedroom.

The controlled drug cabinet is attached securely to the wall.

A medicine refrigerator is available. This is not currently required for the storage of medicines. It was suggested that this did not have to be in operation if there were no medicines which required cold storage. Medicine refrigerator temperatures were being recorded.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs J Beacom, Applicant Manager, and the management team 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 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.

Quality Improvement Plan

Recommendations			
Recommendation 1	The registered person should ensure that care plans are in place identifying how residents, with little or no verbal communication express pain.		
Ref: Standard 6			
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: Care plans and pain assessments are now in place as recommended.		
To be Completed by: 21 February 2016			
Registered Manager Completing QIP	Julie Beacom	Date Completed	18.02.16
Registered Person Approving QIP		Date Approved	22.02.16
RQIA Inspector Assessing Response		Date Approved	

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 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.