Laurelhill House
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1a Ballymacash Park
Lisburn
BT28 3EX

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Unannounced Medicines Management Inspection of Laurelhill House

15 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 15 June 2015 from 10:35 to 14:35.

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 17 May 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 Mrs Mary Laird, Registered Manager, (via telephone call), Ms Anne McGarvey and Ms Deirdre Brush, Senior Carers, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: South Eastern Health and Social Care Trust Mr Hugh Henry McCaughey	**Registered Manager:** Ms Mary Laird
Person in Charge of the Home at the Time of Inspection: Ms Anne McGarvey, Senior Care Worker	**Date Manager Registered:** 10 March 2015
Categories of Care: RC-DE	**Number of Registered Places:** 30
Number of Residents Accommodated on Day of Inspection: 29	**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 incidents reported to RQIA since the last medicines management inspection.

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 dated 19 May 2015. The completed QIP is due to be returned on or before 8 July 2015. The outcomes of the inspection had been discussed with the care inspector prior to the completion of this inspection.

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:** Second time	A record of the training and competency assessments must be maintained for care assistants who are responsible for the administration of external preparations and food thickening agents. Appropriate records of administration must be maintained.	**Partially Met**
	Action taken as confirmed during the inspection: Care staff are not currently responsible for the administration of thickening agents. The registered manager advised (via telephone call, 19 June 2015) that she plans to complete update training on the management of emollient and barrier preparations by the end of June 2015. Records of this training and competency assessments will then be maintained. Records of administration were being maintained in the daily care notes.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The acting manager must implement a robust audit tool to monitor all areas of medicine management in order to ensure that the home's policy and procedures are adhered to on all occasions.	**Met**
	Action taken as confirmed during the inspection: The registered manager completes a monthly audit on the management and administration of medicines. Copies of the audits and resultant action plans were available for inspection.	
Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The acting manager must closely monitor the administration of inhaled medicines and liquid form medicines during the monthly audits.	**Met**
	Action taken as confirmed during the inspection: A review of the home's audits indicated that these medicines were included.	

Requirement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the home's policy for the management of medicines which are prescribed for residents who are admitted for periods of respite care are adhered to.	**Met**
	Action taken as confirmed during the inspection: There were no residents receiving respite care on the day of the inspection. The senior carers confirmed that their medicine regimes are confirmed with the prescriber in writing. The personal medication records and medication administration records are checked and verified by two members of staff.	
Requirement 5 **Ref**: Regulation 13 (4) **Stated:** First time	The management of thickening agents must be reviewed and revised to ensure that accurate care plans and records of prescribing and administration are maintained.	**Not applicable**
	Action taken as confirmed during the inspection: The senior carers on duty advised that thickening agents are not prescribed for any residents at present. The required procedures were discussed for future reference.	
Requirement 6 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the personal medication records are up to date and contain all the necessary detail.	**Met**
	Action taken as confirmed during the inspection: The personal medication records had been maintained in a mostly satisfactory manner.	
Requirement 7 **Ref**: Regulation 13 (4) **Stated:** First time	The storage of inhalers and Aerochambers must be reviewed in order to meet infection control guidelines.	**Not applicable**
	Action taken as confirmed during the inspection: Inhalers and Aerochambers were not in use. The appropriate storage arrangements were discussed for future reference.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** Second time	Two senior staff members should be involved in transcribing new medicine details onto personal medication records and medication administration records.	**Partially Met**
	Action taken as confirmed during the inspection: The majority of transcriptions had been checked and verified by two members of staff.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The registered manager should ensure that daily stock balances are maintained for warfarin tablets.	**Met**
	Action taken as confirmed during the inspection: Accurate daily stock balances were observed at the inspection.	
Recommendation 3 **Ref**: Standard 30 **Stated:** First time	The registered manager should develop written Standard Operating Procedures for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that the Trust Standard Operating Procedures were in place.	
Recommendation 4 **Ref**: Standard 30 **Stated:** First time	A list of the names, sample signatures and initials of those care assistants deemed competent to administer external preparations and thickening agents should be maintained.	**Partially Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that this list would be updated following the planned training.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were completed at the inspection produced satisfactory outcomes indicating that the medicines had been administered as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

The senior carers on duty advised that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. Medication details were confirmed with the prescriber in writing. Personal medication record sheets and medication administration records had been completed and checked by two designated members of staff.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

The medicine records had been maintained in a mostly satisfactory manner.

The controlled drug record book and records of stock reconciliation checks of Schedule 3 controlled drugs were well-maintained.

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

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines and Standard Operating Procedures for the management of controlled drugs were in place.

There was evidence that medicines were managed by staff who have been trained and deemed competent to do so. Senior carers had received update training on the administration of medicines in April 2015. The impact of training was monitored through regular staff supervision and annual competency assessment.

There were systems in place to audit the practices for the management of medicines. Records showed that medicines were audited on a monthly basis. The senior carers checked the standard of maintenance of the personal medication records and medication administration records each month as part of checking in the new medication cycle. The community pharmacist also completed an audit on a quarterly basis. Written reports detailing the outcomes of these audits were available during the inspection.

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)

A number of residents were prescribed medicines for administration on a "when required" basis for the management of distressed reactions. Staff had the knowledge to recognise signs, symptoms and triggers which may cause a change in the residents' behaviours. However, care plans detailing the management of distressed reactions for each resident were not in place. The reason for the administration of the medicines and the outcome of administration had been recorded on the reverse of the medication administration recording sheets.

The senior carers advised that the assessment and management of pain was included in the current admission process for residents. A number of residents could verbalise that they were in pain. Staff were knowledgeable regarding recognising the signs of pain for those residents who were unable to verbalise their pain, however detailed care plans were not in place.

Areas for Improvement

A significant number of medicines had not been administered at night-time as the residents had been asleep. The registered person must review the management of medicines to ensure that night-time doses are not being omitted. A requirement was made.

The registered person should ensure that detailed care plans are in place for the management of distressed reactions for all designated residents. A recommendation was made.

The registered person should ensure that detailed care plans are in place for the management of pain for all designated residents. A recommendation was made.

It was agreed that update training on the management of emollient and barrier preparations would be completed by the end of June 2015 and that records of this training and competency assessments would be maintained. Training on the management of thickening agents will be provided as the need arises. A list of the names, sample signatures and initials of those care assistants deemed competent to administer external preparations and thickening agents will be maintained.

Audit discrepancies in the administration of non-solid dosage medicines e.g. sachets and liquids were observed. The registered person should continue to closely monitor the administration of medicines as part of the home's auditing system and this was discussed.

A small number of recently prescribed/discontinued medicines had not been recorded on the personal medication records. The senior carers advised that these updates would be implemented during the monthly checking in of the new medication cycle. Staff were reminded that updates on the personal medication records should be made at the time of prescribing/discontinuation.

Number of Requirements:	**1**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Storage was observed to be tidy and organised.

However, room temperatures above 25°C were observed in the Oak Suite. In addition, senior carers confirmed that they were not resetting the refrigerator thermometers each day. The registered person must ensure that all medicines are stored at appropriate temperatures. A requirement was made.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Mary Laird, Registered Manager, via telephone call on 19 June 2015, 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 Manager/Registered Person

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	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time **To be Completed by:** **15 July 2015**	It is a requirement that the registered person reviews the management of medicines to ensure that night-time doses are not being omitted.
	Response by Registered Person(s) Detailing the Actions Taken: I have reviewed night time medications and have requested GPs to change some night medications to tea time ie once daily antibiotics, which GPs have done. Also have advised senior staff to start administering night medications to those residents first who would be asleep earlier that other residents. This has been effective with less night time medication being omitted due to residents being asleep.
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time **To be Completed by:** **15 July 2015**	It is a requirement that the registered person ensures that all medicines are stored at appropriate temperatures.
	Response by Registered Person(s) Detailing the Actions Taken: I have removed the medication cabinet from the Maple Suite storeroom to the Oak suite medical room which houses the Oak suite trolley. So all medications are sotred at same temperture. All senior staff are aware of resetting the fridge thermometer after rechecking tempertures. This has been reinforced again.
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** **15 July 2015**	It is recommended that the registered person ensures that detailed care plans are in place for the management of distressed reactions for all designated residents.
	Response by Registered Person(s) Detailing the Actions Taken: I have drawen up an attachment sheet to the care plan, to identify the management reactions with specfic residents to maintain an onging record of PRN medications administered and reactions/effects to same.
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** **15 July 2015**	It is recommended that the registered person ensures that detailed care plans are in place for the management of pain for all designated residents.
	Response by Registered Person(s) Detailing the Actions Taken: In the Care Plan there is a section called "Pain Management" were detailed information/assessments are recorded of resident's pain management. Pain relief medication given to residents is recorded on Kardex and MARS sheet. Any PRN pain relief administered effects are recorded on back of MARS sheet

Registered Manager Completing QIP	Mary Laird	**Date Completed**	23.07.15
Registered Person Approving QIP	Hugh McCaughey	**Date Approved**	03.08.15
RQIA Inspector Assessing Response	**Helen Daly**	**Date Approved**	**04/08/15**

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