Unannounced Medicines Management Inspection Report
14 February 2018

Drumlough House

Type of service: Residential Care Home
Address: 3 – 19 Moira Road, Lisburn, BT28 1RB
Tel No: 028 9260 1228
Inspector: Judith Taylor

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a residential care home with 39 beds that provides care for residents with a range of healthcare needs, as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust **Responsible Individual:** Mr Hugh Henry McCaughey	**Registered Manager:** Mrs Michele Barton
Person in charge at the time of inspection: Mrs Glenda Garrett (Senior Care Assistant)	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC): A – Past or present alcohol dependence DE – Dementia I – Old age not falling within any other category LD – Learning disability LD(E) – Learning disability – over 65 years MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years SI – Sensory impairment TI – Terminally ill	**Number of registered places:** 39 including: - a maximum of one resident accommodated in RC-TI - the home is approved to provide care on a day basis only to eight persons

4.0 Inspection summary

An unannounced inspection took place on 14 February 2018 from 10.40 to 15.10.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was evidence of some examples of good practice in relation to medicines administration, medicine records, safe storage of medicines and the management of controlled drugs.

Areas requiring improvement were identified in the cold storage of medicines, the auditing and stock control of medicines and management of incidents.

Residents spoke positively about their care in the home and were complimentary regarding the staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*2

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, Mrs Glenda Garrett, and one other member of senior care staff, 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.

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

A poster was displayed to inform visitors to the home that an inspection was being conducted.

During the inspection the inspector met with two residents, two members of staff and the person in charge of the home.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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
- medicine audits
- policies and procedures
- care plans
- medicines storage temperatures

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 8 June 2015

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must investigate the apparent discrepancies in the administration of Ebixa 5mg/actuation (from 19 March 2015) and hyoscine patches (from 10 May 2015) for resident A. The prescriber must be contacted for guidance if necessary. A report of the action taken to prevent a recurrence must be forwarded to RQIA by 10 June 2015.	**Met**
	Action taken as confirmed during the inspection: The registered manager had investigated the administration of these medicines and provided a written report to RQIA by 10 June 2015.	

Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that medicines are stored at the correct temperature as specified by the manufacturer.	**Not met**
	Action taken as confirmed during the inspection: Temperatures of the medicine refrigerator and treatment room temperature were monitored and recorded on a daily basis. Records indicated that satisfactory room temperatures were maintained; however this was not observed for the medicines refrigerator temperatures. The maximum temperatures were frequently above the upper limit of 8^{o}C. Two medicines were not stored at the correct temperature. This area for improvement has been stated for a second time.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 30 **Stated:** First time	It is recommended that the registered person implements a robust auditing system which includes monitoring the administration of liquid form medicines and transdermal patches and monitoring the refrigerator temperature recordings.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence of the auditing system in place and this included running stock balances and carried forward stock balances, for several medicines which were not supplied in the 28 day monitored dosage system such as liquid medicines and transdermal patches. However, discrepancies were observed in the administration of inhaled medicines. There was no evidence that the ongoing deviation in refrigerator temperatures was being closely monitored. This area for improvement has been partially met and has been stated for a second time.	

Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	It is recommended that the registered person reviews the management of distressed reactions to ensure that detailed care plans are in place. The reason for and outcome of each administration should be recorded.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the management of distressed reactions. Details were recorded in the resident's care plan and records of the reason for and outcome of administration were recorded.	
Area for improvement 3 **Ref**: Standard 30 **Stated:** First time	It is recommended that the registered person ensures that where residents are unable to verbalise that they are in pain a detailed care plan is in place.	**Met**
	Action taken as confirmed during the inspection: As part of the residents' care plans, a separate section was maintained for pain management.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Staff confirmed that refresher training in medicines management, dementia care and diabetes awareness had been provided in the last year.

The ordering and stock control of medicines was reviewed. Although there were systems in place to ensure that medicines were available for administration, staff advised of the ongoing difficulties in obtaining some medicines for residents accommodated for a period of rehabilitation. This had resulted in some medicines being out of stock for several days and included pain relief. This was discussed and staff advised of the continued efforts to obtain these medicines. The need to ensure that residents were administered their medicines as prescribed was reiterated. An area for improvement was identified.

Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the safe storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two members of staff. This safe practice was acknowledged.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was completed on an annual basis.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home.

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 controlled drugs which require safe custody, at the end of each shift.

Largely satisfactory arrangements were observed for the management of high risk medicines e.g. anticoagulant injections and insulin. These were administered by community nurses and this was also recorded on the residents' personal medication records. Staff were reminded that the current insulin pen device must be stored at room temperature in accordance with the manufacturer's instructions.

Discontinued or expired medicines were disposed of appropriately.

All of the medicines were stored safely and securely. Locked storage was provided for any residents who had been deemed competent to self-administer their medicines. In relation to the cold storage of medicines, see Section 6.2.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission to and discharge from the home, and controlled drugs.

Areas for improvement

The necessary arrangements should be made to ensure that all medicines are available for administration and missed doses are prevented.

One area for improvement in relation to the storage of medicines has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The majority of medicines were supplied in the monitored dosage system (MDS). A sample of these medicines was audited and satisfactory outcomes were achieved, indicating the medicines had been administered in accordance with the prescribers' instructions.

A variety of medicines which were not supplied in the MDS were also audited. Most of the outcomes were satisfactory, however, several discrepancies were observed in inhaled medicines. This was discussed in relation to the auditing process and ensuring medicines were administered as prescribed. See Section 6.7.

There were arrangements in place to alert staff of when doses of mid weekly and weekly medicines were due. There was evidence that most of the time critical medicines had been administered at the correct time. Staff were reminded that the actual time of administration of bisphosphonate medicines should be accurately recorded.

Satisfactory arrangements were in place for the management of pain and distressed reactions. See also Section 6.2.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Most of the medicine records were well maintained and facilitated the audit process. It was noted that several medicines had been spelt incorrectly on personal medication records. The potential risk was highlighted and it was agreed that this would be addressed with immediate effect.

Following discussion with the staff, it was evident that when applicable, other healthcare professionals were contacted in response to resident's healthcare needs. This was also evidenced regarding the management of one resident who became quite unwell during the inspection.

Areas of good practice

There were some examples of good practice in relation to care planning, the completion of medicine records and the administration of medicines. Staff were knowledgeable regarding the residents medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to residents was not observed at this inspection. However, following discussion with staff, they confirmed that residents were encouraged to take their medicines, the medicines were explained to the residents and they were given enough time to swallow their medicines.

The residents we met with spoke positively about their care in the home and the management of their medicines. Comments included:

"The staff are very good."
"The food is nice, I don't have a big appetite, but do well."
"I am going home soon and they have looked after me."
"The care is good here."

Of the questionnaires that were issued to receive feedback from residents and their representatives, three were returned. The responses indicated that they were very satisfied with all aspects of the care in relation to the management of medicines. One comment was made:

"The staff know the residents, their likes and dislikes, which is very important in making sure that the care is personal."

Areas of good practice

Staff listened to residents and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Written policies and procedures for the management of medicines were in place and readily available for staff reference. Staff advised that these were reviewed regularly and discussed at team meetings as necessary.

The management of incidents was reviewed. Staff confirmed that they knew how to identify and report incidents and were aware that incidents may need to be reported to the safeguarding team. However, this was discussed in relation to the ongoing non-administration of some medicines due to out of stock situations. These should be recognised as a medicine related incident and reported as per policy and procedures. An area for improvement was identified.

Whilst there was a variety of auditing systems in place and they included good practice, two of the areas identified at the last medicines management inspection had not been addressed effectively, and have been stated for a second time. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with them through team meetings and supervision. They advised that there were good relationships in the home and with management.

The staff we met with spoke positively about their work. Comments included:

“It’s like a family here.”
“I enjoy my work and have worked here for many years.”
“There is good support amongst staff.”

No staff had completed the online questionnaire with the timeframe (two weeks).

Areas of good practice

There were some examples of good practice in relation to governance arrangements. There were clearly defined roles and responsibilities for staff.

Areas for improvement

The management incidents should be reviewed to ensure that all staff are aware that out of stock situations are reportable as a medicine related incident.

One area for improvement regarding the auditing process has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Glenda Garrett, Senior Care Assistant and one other member of staff, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 16 March 2018	The registered person must ensure that medicines are stored at the correct temperature as specified by the manufacturer. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: A new fridge and themometer has been ordered
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 16 March 2018	The registered person shall ensure that all medicines are available for administration as prescribed. Ref: 6.4
	Response by registered person detailing the actions taken: Senior staff to ensure medications ordered are followed up promptly with GP`s to ensure available in facility for administration. A communication book has been implemented to request contacts with GP`s and Pharmacy re short term clients medications.
Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 16 March 2018	It is recommended that the registered person implements a robust auditing system which includes monitoring the administration of liquid form medicines and transdermal patches and monitoring the refrigerator temperature recordings. Ref: 6.2 & 6.7
	Response by registered person detailing the actions taken: A weekly monitoring system to be implemented to ensure above audits have completed .
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 16 March 2018	The registered person shall review the management of incidents. Ref: 6.7
	Response by registered person detailing the actions taken: Senior staff informed that out of stock medication incidents should be reported to RQIA . Manager will monitor out of stock medication during monthly medication audits.

Please ensure this document is completed in full and returned via the Web Portal

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