



Rigby Close
RQIA ID: 1015
8 Rigby Close
Belfast
BT15 5JF

Inspector: Paul Nixon
Inspection ID: IN022508

Tel: 028 9504 3200
Email: andrea.lee@belfasttrust.hscni.net

Unannounced Medicines Management Inspection Of

Rigby Close

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 unannounced medicines management inspection took place on 21 January 2016 from 09.50 to 12.10.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 8 August 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered organisation/Registered person: Belfast Health and Social Care Trust / Mr Martin Joseph Dillon	Registered manager: Not applicable
Person in charge of the home at the time of inspection: Mrs Andrea Lee, Manager	Date registered: Not applicable
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 2
Number of residents accommodated on Day of Inspection: 0	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 included the following:

The management of incidents reported to RQIA since the last medicines management inspection was reviewed.

We met with the manager, Mrs Andrea Lee.

The following records were examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- 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 1 October 2015. The completed QIP will be reviewed by the care inspector following its submission to RQIA.

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: First time	The registered manager must review the arrangements for the recording of the prescribing and administration of food thickeners, in order to ensure compliance with legislative requirements.	Met
	Action taken as confirmed during the inspection: Two respite residents who were supported at Rigby Close used thickening agents. The recording of the prescribing and administration of the thickening agents were appropriate.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a range of randomly selected respite residents' medicines produced satisfactory outcomes.

Arrangements were in place to ensure the safe management of medicines during the respite resident's admission to the home. The respite resident's key worker liaises with the social worker and family in obtaining up-to-date medication details from the general medical practitioner. The general medical practitioner signs the personal medication record sheet.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The respite resident's key worker liaises with the social worker and family in ensuring that sufficient medication accompanies them at the time of admission. There was no evidence to indicate that medicine doses were omitted due to being out of stock.

The medicine records had been maintained in a satisfactory manner. Records of the receipt, administration and transfer of medicines were maintained.

One respite resident was prescribed a Schedule 2 controlled drug. The need for a controlled drug record book to be maintained (in which two staff record the receipts, administrations and transfers of the controlled drug) and also for a stock reconciliation check to be performed by two staff at each transfer of responsibility of any Schedule 2 controlled drug was discussed.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines were available.

There was evidence that medicines were being managed by staff who had been trained and deemed competent, by the manager, to do so. An induction process was in place. Competency assessments were completed following the induction period and annually thereafter.

There were robust internal auditing systems. The care staff had performed audits on all respite residents' medicines whenever they had completed their respite period in the home.

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)

The records for one respite resident who was prescribed an anxiolytic medicine for administration on a "when required" basis for the management of distressed reactions were examined. The care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication record. A record of administration was in place and the reason for and outcome of administration had been recorded on the one occasion that the medicine had been administered.

The records for a small sample of respite residents who were prescribed medicines for the management of pain were reviewed. The manager confirmed that all respite residents had pain reviewed as part of the admission assessment. Medicines prescribed for the management of pain were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on either a regular or "when required" basis.

The epilepsy management plans for a small sample of respite residents who were prescribed rescue medication for seizures were examined and were satisfactory.

Areas for Improvement

No areas for improvement other than the areas discussed in the body of the report were identified.

Number of Requirements	0	Number of Recommendations	0
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6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Andrea Lee	Date Completed	9/2/16
Registered Person	Martin Dillon	Date Approved	10/02/2016
RQIA Inspector Assessing Response	Paul W. Nixon	Date Approved	29/02/2016
Please provide any additional comments or observations you may wish to make below:			

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