



RESIDENTIAL CARE HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018455
Establishment ID No: 1106
Name of Establishment: Ard Cluan
Date of Inspection: 23 September 2014
Inspector's Name: Rachel Lloyd

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Ard Cluan
Type of home:	Residential Care Home
Address:	5 Limavady Road Londonderry BT47 6JU
Telephone number:	(028) 7134 3297
E mail address:	sboyd@pcibsw.org
Registered Organisation/ Registered Provider:	Presbyterian Board of Social Witness/ Mrs Linda May Wray
Registered Manager:	Mrs Sandra Elizabeth Boyd
Person in charge of the home at the time of inspection:	Mrs Sandra Elizabeth Boyd
Categories of care:	RC-I, RC-PH, RC-PH(E), RC-DE (1 resident)
Number of registered places:	15
Number of residents accommodated on day of inspection:	12
Date and time of current medicines management inspection:	23 September 2014 10:05 – 13:00
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	30 August 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Sandra Boyd, Registered Manager, and staff on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Ard Cluan is a residential care home providing care for up to 13 residents although the home is registered to accommodate 15 persons.

The home is situated in its own beautifully landscaped gardens on the Limavady Road, close to the city centre.

Ard Cluan is owned and run by The Presbyterian Board of Social Witness and Mrs Sandra Boyd has been the registered manager for over ten years.

Ard Cluan comprises the following:

- 12 single rooms
- one double room (currently used as a single room)
- two sitting rooms
- one dining room
- kitchen
- laundry
- bathrooms, shower and toilet facilities
- office
- staff accommodation

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ard Cluan was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 23 September 2014 between 10:05 and 13:00. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider 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. The inspector examined the arrangements for medicines management within the home and focused on three of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Sandra Boyd, and with the staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Ard Cluan are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The three recommendations made at the previous medicines management inspection on 30 August 2011 were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report. Two of the recommendations were assessed as compliant; one recommendation was assessed as moving towards compliance and is restated.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

Several areas of good practice were noted and highlighted during the inspection, including the maintenance of medicine records, the management of warfarin, audit procedures and the management of medicines requiring cool storage. The registered manager and staff are commended for their efforts.

Policies and procedures for the management of medicines are in place. Standard Operating Procedures for controlled drugs have been developed and implemented.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal. Records of training are maintained.

The outcomes of a wide range of audit trails, performed on randomly selected medicines, showed that medicines have been administered in accordance with the prescribers' instructions.

The medicines records examined were largely well maintained and facilitated the audit process. Personal medication records and records of the administration of bisphosphonate medicines should indicate that doses of bisphosphonate medicines are administered at least 30 minutes clear of food and other medicines. Handwritten additions to printed medication administration records should be checked and signed by two staff to ensure accuracy in transcription.

The reason for and the outcome of the administration of 'when required' anxiolytic medicines in the management of distressed reactions should be routinely recorded.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' recommendations.

The inspection attracted a total of three recommendations. The recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and staff, for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 30 August 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>Personal medication records and records of the administration of bisphosphonate medicines should indicate that doses of bisphosphonate medicines are administered at least 30 minutes clear of food and other medicines.</p> <p>Stated once</p>	<p>The procedure for the administration of bisphosphonate medicines is appropriate. However, records indicate that they are administered at the same time as other medicines which is not accurate.</p> <p>This recommendation is restated</p>	Moving towards compliance
2	30	<p>Stock balances of anticoagulant medicines should be checked on a daily basis and records of stock balances should be maintained.</p> <p>Stated once</p>	This was evidenced during the inspection.	Compliant
3	31	<p>The registered manager should ensure that the stock balance of supplies of nutritional supplements is carried forward at the beginning of each new medicine cycle.</p> <p>Stated twice</p>	This was evidenced during the inspection.	Compliant

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely	
Criterion Assessed:	COMPLIANCE LEVEL
30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	
Inspection Findings:	
<p>Satisfactory arrangements were observed to be in place for the management of medicines.</p> <p>A range of audits was performed on randomly selected medicines. These audits showed good correlation between the prescriber's instructions, patterns of administration and stock balances of the medicines selected. The date and time of opening was recorded for medicines in use. This good practice facilitates the audit process.</p> <p>The admission procedure, with respect to medicines, was reviewed and found to be satisfactory.</p> <p>The ordering process for medicines was discussed during the inspection. Orders for medicines are made in writing to the prescriber. Prescriptions are received by the home and checked against the order before being forwarded to the community pharmacy for dispensing, and the medicines received are checked against the written order.</p> <p>The management of anticoagulant medicines was examined. Changes to warfarin doses are confirmed in writing, via facsimile from the prescriber. This was evidenced during the inspection. Transcribing of warfarin doses involves two members of staff. A daily stock balance is recorded for warfarin. This is good practice.</p> <p>The management of 'when required' anxiolytic medicines in the management of distressed reactions was examined for two residents. Care plans were in place and for each resident, the parameters for administration were recorded on the personal medication records and records of administration had been maintained. The reason for administration and the outcome should be routinely recorded. A recommendation is stated.</p>	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines are in place. There was evidence that these policies were reviewed and updated in June 2013.</p> <p>Standard operating procedures (SOPs) regarding the management of controlled drugs have been developed and implemented.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training on a regular basis.</p> <p>A list of the names, sample signatures and initials of staff who are authorised to administer medicines is maintained.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that a system of supervision and annual appraisal, including competency assessment is in place. Records are maintained and were available for examination.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager advised that staff are not currently responsible for the administration of any medicines which require training in specific techniques.</p>	<p>Not applicable</p>
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A system is in place to manage any medicine errors or incidents should they occur in the home.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist for disposal.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A system to audit the management of medicines is in place. Audit trails are performed on an ongoing basis, including daily and monthly audits by staff and an external audit which is undertaken by a representative from the supplying pharmacy. A sample of records of the audit activity was observed and satisfactory outcomes had been achieved.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 31- MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
The sample of medicine records examined were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Additional administration records and running stock balances are maintained for several medicines which is good practice. Archived medicine records were readily available.	Compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>A sample of each of the above records was examined and found to be satisfactory. The good standard of record keeping was acknowledged. Some small discrepancies were discussed with the registered manager. Records of medicines returned to the pharmacy for disposal were at the pharmacy at the time of the inspection and were therefore not examined on this occasion.</p> <p>Medication administration times on personal medication records and printed medication administration records did not match, the registered manager agreed to address this following the inspection.</p> <p>The registered manager confirmed that bisphosphonate medicines are administered at least 30 minutes clear of food and other medicines. However, the time of administration is not accurately recorded on the personal medication records and records of medicines administered and should be reviewed. As this issue had been raised</p>	Substantially compliant

STANDARD 31 – MEDICINE RECORDS

<p>the previous medicines management inspection, the recommendation is restated.</p> <p>Handwritten additions to printed medication administration records should be checked and signed by two staff to ensure accuracy in transcription. A recommendation is stated.</p> <p>No resident is currently responsible for the self-administration of any prescribed medication.</p>	
<p>Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs are not currently prescribed for any residents in the home.</p>	Not applicable
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 32 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Appropriate arrangements are in place for the storage and stock control of medicines. Storage areas were clean, tidy and well organised.</p> <p>Controlled drugs subject to safe custody regulations are stored appropriately in controlled drug cupboards.</p> <p>The room temperature of the medicine storage area is monitored and recorded on a daily basis. Records were examined and found to be satisfactory.</p> <p>A locked refrigerator is available for medicines which require cold storage. Maximum and minimum refrigerator temperatures are monitored and recorded on a daily basis and any deviations from the accepted range are reported to management. Records were examined and found to be satisfactory.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	
Inspection Findings:	
<p>The keys to the medicine cupboards and controlled drug cabinet were observed to be in the possession of the senior care assistant in charge. The keys to the controlled drug cabinet are held separately from other keys. Spare keys are stored securely by the registered manager.</p>	Compliant

STANDARD 32 - MEDICINES STORAGE

<p>Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Schedule 2 controlled drugs are not currently prescribed for any resident. Stock balances of Schedule 3 controlled drugs are reconciled on each occasion when responsibility for safe custody is transferred.</p> <p>Staff also reconcile the stock balances of diazepam tablets (Schedule 4 (Part 1) controlled drugs) on each occasion when responsibility for safe custody is transferred, this is good practice.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>

7.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with Mrs Sandra Boyd, Registered Manager, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Rachel Lloyd
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

**ARD CLUAN
23 SEPTEMBER 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Sandra Boyd, Registered Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that the recommendations contained within the Quality Improvement Plan 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.

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	31	<p>Personal medication records and records of the administration of bisphosphonate medicines should indicate that doses of bisphosphonate medicines are administered at least 30 minutes clear of food and other medicines.</p> <p>Ref. Section 5.0 & Criterion 31.2</p>	Two	<p>Written documentation has been amended to reflect this practice.</p> <div data-bbox="1554 379 1966 667" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>REGULATION AND QUALITY</p> <p>13 OCT 2014</p> <p>IMPROVEMENT AUTHORITY</p> </div>	21 October 2014
2	30	<p>The registered manager should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic medicines in the management of distressed reactions is routinely recorded.</p> <p>Ref. Criterion 30.1</p>	One	<p>This practice is in place. There are currently 2 Residents applicable. The last use of said medication was 11/04/14 and 27/08/14 respectively. Care records accurately reflect when and why it was given on both occasions.</p>	21 October 2014
3	31	<p>The registered manager should ensure that handwritten additions to printed medication administration records are checked and signed by two staff to ensure accuracy in transcription.</p> <p>Ref. Criterion 31.2</p>	One	Practice now in place.	21 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Sandra Boyd <i>Sandra Boyd</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Sandra Wray</i>

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable				
B.	Further information requested from provider				

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		R Lloyd	14/10/14
B.	Further information requested from provider		no	R Lloyd	14/10/14