

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN018486
Establishment ID No:	1110
Name of Establishment:	Beechway House
Date of Inspection:	5 November 2014
Inspector's Name:	Helen Daly

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:	Beechway House
Type of home:	Residential Care Home
Address:	Shepherds Way Dungiven Road Londonderry BT47 2AL
Telephone number:	028 7131 2627
E mail address:	d.mccurry@apexhousing.org
Registered Organisation/ Registered Provider:	Apex Housing Association Mr Gerald Kelly
Registered Manager:	Ms Delma McCurry
Person in charge of the home at the time of Inspection:	Ms Delma McCurry
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	16
Number of residents accommodated on day of inspection:	16
Date and time of current medicines management inspection:	5 November 2014 11:10 – 13:30
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	23 June 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 Ms Delma McCurry, 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

Beechway House is a purpose built residential care home. It is situated on Shepherd's Way in the Waterside area of Londonderry, convenient to local shops, recreational facilities and within easy reach of the city centre.

The accommodation includes 16 single bedrooms, six with en-suite facilities.

There is an enclosed garden with a seating area to the rear of the home and adequate car parking space for visitors to the front.

The registered manager has been in post for approximately four years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Beechway House was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 5 November 2014 between 11:10 and 13:30. 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 Ms Delma McCurry, Registered Manager, and 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 Beechway House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern, however, areas for improvement were noted.

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

The two recommendations which were made at the previous medicines management inspection on 23 June 2011 were examined. One of the recommendations is no longer applicable. The remaining recommendation is not compliant; it has been subsumed into two requirements.

Written policies and procedures for the management of medicines are in place.

There is a programme of medicines management training.

The outcomes of audits which were carried out at this inspection indicated that medicines are being administered as prescribed. Some audits could not be completed as dates of opening had not been recorded. In order to facilitate audit and disposal at expiry the date of opening should be recorded on all medicine containers. The registered manager should ensure that corrective action is implemented and sustained when shortfalls in the management of medicines are identified during the home's audit processes. The quality improvement plan from this inspection should be used to assist in the audit process.

Records had been maintained in a mostly satisfactory manner. However, the registered manager must ensure that the necessary improvements in the standard of maintenance of the personal medication records are implemented. The registered manager was advised that where residents are prescribed external preparations for the management of skin conditions such as psoriasis a detailed care plan should be in place and records of prescribing and administration should be recorded accurately on all occasions.

Medicines were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements. It is recommended that the temperature of the medicines storage room is monitored and recorded each day to ensure that it is maintained at or below 25°C. A number of out of date medicines remained available for administration; the registered manager must implement a date checking system to ensure that medicines do not remain in use after their expiry date.

The management of medicines which are prescribed to be administered when required for the management of distressed reactions and external preparations were discussed in detail with the registered manager.

The inspection attracted two requirements and four recommendations which are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 23 June 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The home's auditing system should include the monitoring of the completion of medicine records and checking the expiry dates on stocks of medicines.</p> <p>Stated once</p>	<p>Although these areas are covered by the home's auditing system this has not resulted in improved practice as shortfalls in the standard of maintenance of the personal medication records and out of date medicines were observed at this inspection.</p> <p>This recommendation has been subsumed into two requirements.</p>	Not compliant
2	30	<p>An epilepsy management plan should be drawn up for resident A in conjunction with the relevant healthcare practitioners.</p> <p>Stated once</p>	<p>The registered manager advised that this was addressed following the previous medicines management inspection.</p> <p>Resident A no longer resides in Beechway House.</p>	Not applicable

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings: The management of the medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance. The majority of medicines are supplied in weekly compliance aids. The audits which were completed on these medicines showed satisfactory outcomes. The date of opening had been recorded on some medicine containers and the audits which were completed on these medicines also showed satisfactory outcomes. A number of audits could not be completed as the dates of opening of the medicines had not been recorded. In order to facilitate audit and disposal at expiry the date of opening should be recorded on all medicine containers. A recommendation has been made. The registered manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home. The procedure for ordering prescriptions was reviewed. Prescriptions are received into the home and checked against the home's order before being forwarded to the pharmacy for dispensing. Insulin, warfarin, thickening agents and medicines for Parkinson's disease are not managed in the home at present.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings: Apex Housing Association policies and procedures for the management of medicines are in place.	Compliant
Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings: The registered manager advised that all staff who manage medicines are trained and competent. Annual update training is provided by the community pharmacy or more frequently if requested. Competency assessments are completed with staff at approximately six monthly intervals. Records of training and competency were available for inspection. The registered manager advised that training on the administration of external preparations for the management of skin conditions such as psoriasis and eczema would be requested from the community pharmacist as a need has been identified. The registered manager advised that there is a list of the names, signatures and initials of staff who have been trained and deemed competent to administer medicines. The list could not be located during the inspection. It was agreed that a new list would be brought into use if necessary.	Substantially compliant

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.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager advised that supervisions are carried out with staff at quarterly intervals and that there is annual staff appraisal. Records were available for inspection.	Compliant
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.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager advised that staff are not involved in the administration of medicines using specific techniques.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that medication errors and incidents would be reported, in accordance with procedures, to the appropriate authorities, including RQIA. There have been no incidents reported since April 2014.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Out of date and discontinued medicines are returned to the community pharmacy.	Compliant

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.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The registered manager advised that she completes a monthly medication audit on the medicines and records for two residents each month. Copies of these audits were provided for inspection.</p> <p>Medicines are also audited quarterly by the residential officers as part of the supervision process.</p> <p>The community pharmacist carries out a quarterly audit.</p> <p>These audits have highlighted that out of date medicines have remained available for administration and that dates of opening have not been recorded. Similar findings were observed at this inspection. The registered manager should ensure that corrective action is implemented and sustained when shortfalls in the management of medicines are identified during their audit process. A recommendation has been made. The quality improvement plan from this inspection should be used to assist in the audit process. This was discussed.</p>	<p>Moving towards compliance</p>
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:	
Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	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>The following improvements are necessary in the standard of maintenance of the personal medication records:</p> <ul style="list-style-type: none"> • obsolete personal medication records must be cancelled and archived; only the current personal medication record should remain on the medicines file • in the absence of the prescriber's signature two members of staff should sign all updates on the personal medication records • the date of writing should be recorded on the personal medication record • the date of prescribing should be recorded for each medicine • medicines should be discontinued in a timely manner • the allergy status of each resident should be recorded <p>The registered manager must ensure that the improvements in the standard of maintenance of the personal medication records are implemented. A requirement has been made.</p>	Substantially compliant

STANDARD 31- MEDICINE RECORDS

<p>The records of medicines administered, requested and received, transferred out of the home and disposed of which were reviewed had been maintained in a satisfactory manner.</p> <p>Records for the administration of emollient preparations are maintained in the daily care notes. The registered manager was advised that where residents are prescribed external preparations for the management of skin conditions such as psoriasis a detailed care plan should be in place and records of prescribing and administration should be recorded accurately on all occasions. A recommendation has been made.</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>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs are not currently prescribed for any residents.</p>	<p>Not applicable</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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

Criterion Assessed:

32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.

COMPLIANCE LEVEL

Inspection Findings:

Medicines were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements.

There were no medicines which required cold storage in the home on the day of the inspection. The registered manager confirmed that when prescribed these medicines are stored securely in a refrigerator and that the temperature is monitored to ensure that it is maintained between 2°C - 8°C.

It is recommended that the temperature of the medicines storage room is monitored and recorded each day to ensure that it is maintained at or below 25°C.

Seven medicines which were date expired or close to their expiry date were removed from use at the inspection. The registered manager must implement a date checking system to ensure that medicines do not remain in use after their expiry date. A requirement has been made.

Substantially compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
One person is in charge of medicines during each shift. The keys to the medicines cupboards were observed to be held by this person during the inspection.	Compliant
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.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs are not prescribed for any residents.	Not applicable
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

'When required' medicines for the management of distressed reactions are not currently in use.

The registered manager was advised that the following systems should be in place when these medicines are in use:

- The directions for use should be clearly recorded on the personal medication records
- The reason for each administration and subsequent outcome should be recorded (on the reverse of the medication administration records or in the daily care notes)
- Detailed care plans should be in place which provide clear guidance on what action staff should take if a resident becomes distressed and when it is appropriate to administer medication

8.0 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 **Ms Delma McCurry, 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:

Helen Daly
Pharmacist Inspector
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

BEECHWAY HOUSE

5 NOVEMBER 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 **Ms Delma McCurry, Registered Manager**, during the inspection. 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 all requirements and 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.

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 (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must ensure that the improvements in the standard of maintenance of the personal medication records are implemented. Ref: Criterion 31.2	One	The kardex file will be checked on a weekly basis by a senior member of staff to ensure all obsolete records are cancelled and archived, that all discontinued medication has been discontinued on the kardex, that 2 staff signatures are present in the absence of a GP signature and that all residents kardex indicate the allergy status.	5 December 2014
2	13(4)	The registered manager must implement a date checking system to ensure that medicines do not remain in use after their expiry date. Ref: Criteria 30.8 and 32.1	One	A senior staff member will complete a weekly audit on a Wednesday. A record sheet has been developed to evidence this. This record sheet will include the medication records check in requirement 1.	5 December 2014

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	30	The registered manager should ensure that the date of opening is recorded on all medicine containers. Ref: Criteria 30.1 and 30.8	One	This will continue to be monitored on the monthly medication audit and a check of all non Nomad box medication will be carried out on a Wednesday alongside the other checks.	5 December 2014
2	30	The registered manager should ensure that corrective action is implemented and sustained when shortfalls in the management of medicines are identified during the home's auditing processes. Ref. Criterion 30.8	One	The action in relation to Recommendation 1 will evidence this and act as a corrective measure.	5 December 2014
3	31	The registered manager should ensure that when residents are prescribed external preparations for the management of skin conditions such as psoriasis a detailed care plan is in place. Records of prescribing and administration should be recorded accurately on all occasions. Ref: Criterion 31.2	One	A care plan has been put in place to detail storage,application and Personal Protective Equipment to wear when applying the creams. The kardex details external preparations name,dosage and times of application.The Nomad sheets detail the preparations and the times to apply.Staff are signing this off when applied.	5 December 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	32	<p>The temperature of the medicines storage room should be monitored and recorded each day to ensure that it is maintained at or below 25°C.</p> <p>Ref: Criterion 32.1</p>	One	<p>A thermometer has been purchased and placed in the office where medication is stored.</p> <p>A daily record sheet has been implemented to record the temperature</p>	5 December 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	Delma McCurry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ellen Hall

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	19 December 2014
B.	Further information requested from provider				