Unannounced Medicines Management Inspection Report
13 April 2016

Oriel House

30 Oriel Road, Antrim, BT41 4HP
Tel No: 028 9448 8161

1.0 Summary

An unannounced inspection of Oriel House took place on 13 April 2016 from 09:45 to 12:15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?
No requirements or recommendations have been made.

Is care effective?
One recommendation has been made in relation to the recording of the use of thickening agents.

Is care compassionate?
No requirements or recommendations have been made.

Is the service well led?
No requirements or recommendations have been made.

This inspection was underpinned by 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).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Hazel Rice, Manager (Registration pending) 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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection on 26 February 2016.

2.0 Service details

Registered organisation/registered person: Oriel House / Mrs Margaret Teresa Thompson Mr Gary Thompson (Registration pending)	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Ms Hazel Rice	**Date manager registered:** Ms Hazel Rice - application received - "registration pending".
Categories of care: RC-MP, RC-PH, RC-I	**Number of registered places:** 8

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home
- The management of medicine related incidents reported to RQIA since the last medicines management inspection

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with one resident, the registered manager and one senior care assistant.

The following records were 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
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 26 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 12 January 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The manager must ensure that personal medication records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The personal medication records had been maintained in a satisfactory manner. There was correlation between the personal medication records and medicine administration records.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that the auditing arrangements within the home are reviewed and revised to ensure that they are robust and that all aspects of the management of medicines are monitored.	**Met**
	Action taken as confirmed during the inspection: The auditing arrangements within the home had been reviewed and revised to ensure that they were robust and that all aspects of the management of medicines were monitored. The manager had commenced weekly audits and this was supplemented by quarterly audits from the community pharmacist.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 31 **Stated:** Second time	The manager must ensure that handwritten entries on the MARs sheets are signed by the person making the entry and should be verified by a second staff member.	**Met**
	Action taken as confirmed during the inspection: Handwritten entries on the medicine administration record sheets were generally signed by two staff members.	
Recommendation 2 **Ref**: Standard 33 **Stated:** Second time	Medicines should be labelled in such a way as they can be positively identified by staff within the home.	**Met**
	Action taken as confirmed during the inspection: All medicines were labelled in such a way as they could be positively identified by staff. The pharmacy had provided the description of medicines that had been supplied for one resident in a multi compartment compliance aid.	
Recommendation 3 **Ref**: Standard 30 **Stated:** First time	Policies and procedures for the management of medicines specific to Oriel House and Standard Operating Procedures for the management of controlled drugs should be drafted and implemented.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures for the management of medicines specific to Oriel House and Standard Operating Procedures for the management of controlled drugs had been written and implemented.	
Recommendation 4 **Ref**: Standard 30 **Stated:** First time	Further training and competency assessment in the management of medicines should be completed by staff.	**Met**
	Action taken as confirmed during the inspection: The community pharmacist had provided staff with further training in the management of medicines on 15 March 2016. The manager was in the process of updating staff medicines management competencies.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. There had been no changes in staff managing medicines since the last medicines management inspection. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were in the process of being updated. Refresher training in medicines management had been provided to staff by the community pharmacist on 15 March 2016.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

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

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.

There had been no controlled drugs, which were subject to record keeping requirements, since the last medicines management inspection.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts for insulin and warfarin was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The refrigerator in which insulin was stored had the temperature range read and recorded daily.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. They were aware that ongoing monitoring was necessary to ensure the pain was well controlled and the resident was comfortable. Staff also advised that the residents could verbalise any pain. A pain management care plan was not maintained for a resident who was prescribed an analgesic for regular administration; this was discussed with the manager, who agreed to address the matter.

The management of swallowing difficulty was examined for a resident. There was evidence that staff were aware of the prescribed consistency. The thickening agent was recorded on their personal medication record and included details of the fluid consistency. A care plan and speech and language assessment report were in place. The use of thickening agents was not recorded; a recommendation was made.

Medicine records were maintained in a satisfactory manner and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for insulin and warfarin.

The manager had recently commenced performing weekly medicines management audits. The need to continue these audits was discussed and agreed. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that, when applicable, healthcare professionals were contacted in response to medicine related concerns or queries.

Areas for improvement

The use of thickening agents should be recorded. A recommendation was made.

Number of requirements:	0	Number of recommendations:	1

4.5 Is care compassionate?

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

The administration of medicines to two residents was observed during the inspection. Medicines were administered to the residents in the dining room. The senior care assistant administering the medicines spoke to the residents in a kind and caring manner. Residents were given time to take their medication.

Following discussion with a resident, no concerns in relation to the management of their medicines were raised.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. The manager advised that these were reviewed in January 2016. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. They also confirmed that there had been no medicine related incidents since the last medicines management inspection.

A review of the internal audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the manager and senior care assistant, it was evident that staff 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 through staff meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Hazel Rice, Manager (Registration pending), as part of the inspection process. The timescale commences 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 13 May 2016	The registered person should ensure the use of thickening agents is recorded.
	Response by registered person detailing the actions taken: I have compiled a weekly grid format to ensure that all use of thickening agents are recorded in a timely manner this has now been implemented

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

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews