Oriel House
RQIA ID: 11119
30 Oriel Road
Antrim
BT41 4HP

Inspector: Cathy Wilkinson
Inspection ID: IN022459

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# Unannounced Medicines Management Inspection of Oriel House

## 12 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 12 January 2016 from 10:50 to 12:20.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within 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 17 January 2013.

### 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** | 2 | 4 |

The details of the QIP within this report were discussed with Mrs Hazel Rice, Applicant Manager, by telephone on 13 January 2016. The timescales for completion commence from the date of inspection.

## 2. Service Details

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| **Registered Organisation/Registered Person:**<br>Oriel House<br>Mrs Margaret Theresa Thompson<br>Mr Gary Thompson (registration pending) | **Registered Manager:**<br>Mrs Hazel Rice |
| **Person in Charge of the Home at the Time of Inspection:**<br>Mrs Jenny Heron (Senior Care Assistant) | **Date Manager Registered:**<br>Registration pending |
| **Categories of Care:**<br>RC-MP, RC-PH, RC-I | **Number of Registered Places:**<br>8 |
| **Number of Residents Accommodated on Day of Inspection:**<br>8 | **Weekly Tariff at Time of Inspection:**<br>£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 staff on duty.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- policies and procedures
- medicines disposed of or transferred
- controlled drug record book

## 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 29 September 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

| Last Inspection Statutory Requirements | | Validation of Compliance |
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| **Requirement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The manager must ensure that a personal medication record is in place for all residents. | **Met** |
| | **Action taken as confirmed during the inspection:**<br>Personal medication records were in place for all residents. | |

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| **Requirement 2**<br><br>**Ref:** Regulation 13 (4)<br>**Stated:** First time | The manager must ensure that personal medication records are fully and accurately maintained. | **Not Met** |
| | **Action taken as confirmed during the inspection:**<br>Personal medication records had not been fully and accurately maintained. Further detail is provided in the body of this report.<br><br>This requirement is stated for a second time. | |
| **Requirement 3**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The manager must ensure that a full record of receipt of all medicines is maintained. | **Met** |
| | **Action taken as confirmed during the inspection:**<br>Records of receipt of medicines had been completed on the MARs sheets. | |
| **Requirement 4**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The manager must ensure that medicines with a limited shelf life are marked with the date of opening. | **Met** |
| | **Action taken as confirmed during the inspection:**<br>There was only one medicine with a limited shelf life and the date of opening had been recorded. | |
| **Last Inspection Recommendations** | | **Validation of Compliance** |
| **Recommendation 1**<br><br>**Ref:** Standard 30<br><br>**Stated:** First time | Medicines not contained within the monitored dosage system should be closely monitored during the routine audit process. | **Not Met** |
| | **Action taken as confirmed during the inspection:**<br>Apart from the medicine with a limited shelf life, the date of opening had not been recorded on any medicines and therefore these medicines could not be audited.<br><br>This recommendation has been subsumed into a requirement. | |

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| **Recommendation 2**<br><br>**Ref:** Standard 31<br><br>**Stated:** First 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. | **Partially Met** |
| | **Action taken as confirmed during the inspection:**<br>Handwritten entries on the MARs sheets had been signed but had not been verified by a second staff member.<br><br>This recommendation is stated for a second time. | |
| **Recommendation 3**<br><br>**Ref:** Standard 33<br><br>**Stated:** First time | Medicines should be labelled in such a way as they can be positively identified by staff within the home. | **Partially Met** |
| | **Action taken as confirmed during the inspection:**<br>The majority of medicines are supplied in a monitored dosage system and could be identified. Medicines that had been supplied in a compliance aid could not be positively identified.<br><br>This recommendation is stated for a second time. | |

## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

Personal medication records were in place for each resident, however improvement was required to ensure that these records are fully and accurately maintained at all times. The majority of these records had not been signed by the person writing them and any updates had not been signed. The date of birth and allergy status of each resident had not always been recorded. Medicines that are prescribed on a “when required” basis should have the maximum daily dosage and the minimum dosage intervals stated. There were inconsistencies between this record and the MARs sheets which indicated that these records were not always updated in a timely manner. These records should be verified for accuracy by a second staff member. The requirement made previously was stated for a second time.

The MARs had been maintained in a generally satisfactory manner. When these records are handwritten, they should be verified by a second staff member for accuracy. The recommendation made previously was stated for a second time.

Records for medicines received and disposed of had been accurately maintained.

No audits could be completed at the inspection as the date of opening had not been recorded on any medicines not contained within the monitored dosage system. It could therefore not be verified that these medicines were being administered as prescribed. The manager should ensure that the date of opening is recorded to facilitate the audit process. The recommendation made previously was subsumed into a requirement regarding the auditing of medicines within the home.

Some medicines were being administered from a compliance aid. Several medicines were contained within each pack and it was not possible to identify each medicine. Staff must be able to positively identify each individual medicine that is being administered. The recommendation made previously was stated for a second time.

**Is Care Effective? (Quality of Management)**

Policies and procedures for the management of medicines specific to Oriel House and Standard Operating Procedures for the management of controlled drugs were not available. The manager should ensure that these are developed and implemented. A recommendation was made.

The senior care assistant advised that medicines were being managed by staff who had been trained and deemed competent to do so. The senior care assistant confirmed that there was a system of regular training, supervisions and annual competency assessment. Records of training and competency were not available at the time of this inspection. Due to the outcome of this inspection, further training and competency assessment in the management of medicines should be completed by staff. A recommendation was made.

The senior care assistant advised that a system of auditing was in place and was currently being reviewed by the manager. This was supplemented by quarterly audits by the community pharmacist. The auditing arrangements within the home must be reviewed and revised to ensure that they are robust and that all aspects of the management of medicines, and the issues highlighted in this report, are monitored. A requirement was made.

No medicines related incidents have been reported to RQIA since the last medicines management inspection.

**Is Care Compassionate? (Quality of Care)**

No residents required the administration of anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions. This theme could not therefore be examined.

The management of pain was reviewed. Regular analgesia is not required by any residents in the home. Residents are able to inform staff if they require pain relief. For one resident, a pain controlling medicine was prescribed; however, staff were unsure why this had been prescribed and when it would be administered. This was discussed and staff agreed to consult the general practitioner.

**Areas for Improvement**

Personal medication records must be fully and accurately maintained at all times. The requirement made previously was stated for a second time.

Handwritten entries on the MARs sheets must be signed by the person making the entry and should be verified by a second staff member. The recommendation made previously was stated for a second time.

Medicines should be labelled in such a way as they can be positively identified by staff within the home. The recommendation made previously was stated for a second 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 developed and implemented. A recommendation was made.

Further training and competency assessment in the management of medicines should be completed by staff. A recommendation was made.

The auditing arrangements within the home must be reviewed and revised to ensure that they are robust and that all aspects of the management of medicines, and the issues highlighted in this report, are monitored. A requirement was made.

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| **Number of Requirements** | **2** | **Number of Recommendations** | **4** |

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Hazel Rice, Applicant Manager, as part of the inspection process. The timescales commence 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 RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The DHPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and 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. 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

| Quality Improvement Plan | |
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| **Statutory Requirements** | |
| **Requirement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** Second time<br><br>**To be Completed by:**<br>12 February 2016 | The manager must ensure that personal medication records are fully and accurately maintained. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>All personal records have now been fully up-dated and verified by a second member of trained staff |
| **Requirement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>12 February 2016 | 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. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>We now have developed and implemented a monthly auditing file this is to ensure that the management of medicines are monitored in accordance with the G.P quarterly auditing system this will be reviewed and revised to ensure accuracy and safe practice |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 31<br><br>**Stated:** Second time<br><br>**To be Completed by:**<br>12 February 2016 | 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. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>All MARs Sheets have been up-dated and signed by two trained members of staff thus new handwritten entries have been signed and verified by management in-line with Residential Care Homes Minimum Standard 31 |
| **Recommendation 2**<br><br>**Ref**: Standard 33<br><br>**Stated:** Second time<br><br>**To be Completed by:**<br>12 February 2016 | Medicines should be labelled in such a way as they can be positively identified by staff within the home. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>All medicines have been reviewed and include the name of drug resident's name dose and frequency of administration and instructions for use. Thus all PRN medications have dates of opening and when completed signed and dated ensuring good auditing and safe practice. Furthermore a headed letter from the local pharmacy for a respite resident has been now been obtained for the description of medicines enabling all staff to identify the shape, colour and size of the prescribed medicines this will be up-dated with all new prescribed medicines |

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| **Recommendation 3**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>12 April 2016 | 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. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>A new policy and procedures document specific to Oriel House has now been developed and implemented with guidance form The Control of Medicines safe handling (DHSSPS) (NHSSB 2003) (RQIA) guidelines for Records and Record keeping (Nursing & Midwifery Council, April 2002) and will be reviewed annually. All staff have been advised to read and signed the the Policy |
| **Recommendation 4**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>12 March 2016 | Further training and competency assessment in the management of medicines should be completed by staff. |
| | **Response by Registered Person(s) Detailing the Actions Taken:**<br>Specific medication training has been arranged with Boots Pharmacy Manager & Training Coordinator this will take place at the beginning of March 2016. I have arranged competency assessment for the management of medicines with all staff therefore dates and times have been agreed. Thus a file with evidence of success has been compiled for inspection and future training requirements |

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| **Registered Manager Completing QIP** | Hazel Rice | **Date Completed** | 12-02-16 |
| **Registered Person Approving QIP** | Teresa Thompson | **Date Approved** | 12-02-16 |
| **RQIA Inspector Assessing Response** | Cathy Wilkinson | **Date Approved** | 17/02/2016 |

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