Unannounced Medicines Management Inspection Report
24 October 2016

Belmont Cottages

Type of service: Residential Care Home
Address: Racecourse Road, Londonderry, BT48 7RD
Tel No: 028 7137 2350
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Belmont Cottages took place on 24 October 2016 from 10.15 to 12.30.

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.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area for improvement in relation to medication administration records (MARs) was identified and a recommendation was made for the second time.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. One area of improvement was identified in relation to the management of distressed reactions. A recommendation was made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were being updated. Systems were in place to enable management to identify and cascade learning from medicine related incidents and medicine audit activity. No requirements or recommendations were 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	2

Details of the QIP within this report were discussed with Ms Gail McLean, Registered Manager, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 May 2016.

2.0 Service details

Registered organisation/ registered provider: Apex Housing Association Mr Gerald Kelly	**Registered manager:** Ms Gail McLean
Person in charge of the home at the time of inspection: Ms Gail McLean	**Date manager registered:** 1 April 2005
Categories of care: RC-LD, RC-LD(E)	**Number of registered places:** 16

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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

We met with one resident, two care assistants and the registered manager.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicines storage temperatures
- medicine audits
- policies and procedures
- care plans
- training records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 20 August 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that written epilepsy management plans are available for all designated residents. A copy of the plan should be available in the medicines file for ease of reference.	**Met**
	Action taken as confirmed during the inspection: Written epilepsy management plans were available for designated residents. A copy was available in the medicines cupboards.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that medication administration records are accurately maintained at all times.	**Met**
	Action taken as confirmed during the inspection: At the previous medicines management inspection there was evidence that records for administration had been signed but the medicines had not been administered. The records of administration which were reviewed at this inspection had been accurately maintained.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 30 **Stated:** Second time	The date of opening should be recorded on all non-blistered medicines to facilitate audit.	**Met**
	Action taken as confirmed during the inspection: Dates of opening had been recorded on some but not all medicines. The registered manager advised that this is addressed with staff regularly. Audit trails on the administration of medicines were possible as weekly stock balances were maintained as part of the audit process. Due to the assurances provided by the registered manager, this recommendation has been assessed as met and has therefore not been restated.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs, specific to Belmont Cottages, are developed and implemented.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that controlled drugs had not been in use since the previous medicines management inspection. As stated in the returned QIP the registered manager will ensure that working Standard Operating Procedures are in place if controlled drugs are prescribed.	
Recommendation 3 **Ref:** Standard 31 **Stated:** First time	The registered manager should ensure that two members of staff verify and sign all hand-written updates on the MARs.	**Not Met**
	Action taken as confirmed during the inspection: The majority of hand-written updates on the MARs had not been verified and signed by two members of staff. **This recommendation is stated for a second time.**	

Recommendation 4 **Ref:** Standard 32 **Stated:** First time	The registered manager should ensure that quantities of controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that this practice would be followed if controlled drugs were prescribed.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed following induction and annually thereafter. Epilepsy awareness training was provided every two years or more frequently if requested by staff.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. Overstocks of some "when required" medicines (including diazepam, quetiapine and Peptac) were available on the medicine trolley/cupboards. It was agreed that these overstocks would be highlighted to the prescribers and community pharmacist to ensure that no further stock is prescribed/dispensed. The registered manager advised that only one supply of each medicine for each resident would be available in the trolley/cupboards from the date of the inspection onwards.

There were mostly satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged. However, two members of staff do not verify and sign hand-written updates on the medication administration records (MARs). A recommendation was made for the second time.

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.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. A medicine refrigerator was available for use if necessary.

Areas for improvement

The registered manager should ensure that two members of staff verify and sign all hand-written updates on the MARs. A recommendation was made for the second time.

Number of requirements	**0**	**Number of recommendations**	**1**

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Care plans were in place but they did not include the name of the prescribed medicine and the parameters for administration. The reason for and the outcome of administration were recorded on some but not all occasions. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents' health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the registered manager. This included weekly running stock balances for all "when required" medicines.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

The management of distressed reactions should be reviewed and revised to ensure that care plans include the name of the prescribed medicine and the parameters for administration. The reason for and outcome of administration should be recorded on all occasions. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines process was not observed. The registered manager advised that medicines had been administered prior to residents attending day care.

One resident was in the home during the inspection. She was observed to be relaxed and comfortable in her surroundings and in her interactions with staff.

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 currently being updated. The registered manager advised that she was currently reviewing them prior to implementation.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. The registered manager advised that if a discrepancy was identified, corrective action would be taken.

Following discussion with the registered manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all staff either individually or via team 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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Gail McLean, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to *pharmacists@rqia.org.uk* for assessment 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 provider 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 provider 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:** Second time **To be completed by:** 23 November 2016	The registered manager should ensure that two members of staff verify and sign all hand-written updates on the MARs. **Response by registered provider detailing the actions taken:** Staff have been informed that all hand written medications required to be put onto the MAR sheets must be signed by two staff , OIC and Senior staff will monitor this action
Recommendation 2 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 23 November 2016	The registered provider should review and revise the management of distressed reactions to ensure that care plans include the name of the prescribed medicine and the parameters for administration. The reason for and outcome of administration should be recorded on all occasions. **Response by registered provider detailing the actions taken:** As discussed with Inspector at the time of the inspection , PRN recording sheets have been developed which provide the following information - Residents name Date of Birth G.P. Practice Drug Sensitivity Date of administration PRN medication administered and dose given Reason for administration Outcome of administration Staff signature OIC will also ensure that information on the administration of PRN medications are updated in the care plan of all residents with PRN medication on their cardexes

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