



RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 18369
Establishment ID No: 1124
Name of Establishment: Seven Oaks Housing with Care
Date of Inspection: 13 May 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:	Seven Oaks Housing with Care
Type of home:	Residential Care Home
Address:	Crescent Link Londonderry BT47 6DN
Telephone number:	(028) 7131 1278
E mail address:	toni.strawbridge@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Fold Housing Association Mrs Fiona McAnespie
Registered Manager:	Mrs Antoinette Strawbridge
Person in charge of the home at the time of inspection:	Mrs Antoinette Strawbridge
Categories of care:	RC-DE
Number of registered places:	16
Number of residents accommodated on day of inspection:	14
Date and time of current medicines management inspection:	13 May 2014 10:40 – 14:10
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	20 February 2012 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 Antoinette Strawbridge, 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

Seven Oaks Housing with Care accommodates up to 16 adults with dementia care needs within the residential category of care.

The home is a purpose built facility situated in Seven Oaks, Fold Housing Complex and is convenient to local shops, recreational facilities and within easy reach of the city centre.

Seven Oaks Housing with Care provides 16 single bedrooms (referred to as flatlets), with en-suite facilities; a guest bedroom; four dining areas with fitted kitchens attached; and seven sitting rooms. Other facilities include accessible bathrooms with specialist baths / shower and toilet facilities, laundry, kitchen, a smoking area, a prayer room, offices, staff accommodation and storage areas. There are two secure courtyard gardens that are attractively landscaped with water features and flower beds.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Seven Oaks Housing with Care was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 13 May 2014 between 10:40 and 14:10. 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 Antoinette Strawbridge, 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 Seven Oaks Housing with Care are compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The five recommendations made at the previous medicines management inspection on 20 February 2012 were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report. Four of the recommendations were assessed as compliant and one as not applicable. This recommendation will be carried forward to the next medicines management inspection.

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.

Areas of good practice were noted and highlighted during the inspection. 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 are in place.

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.

Medicines records examined were well maintained and facilitated the audit process.

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

The inspection attracted a total of one recommendation, carried forward from the previous inspection. The recommendation is 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 20 February 2012:

There were no requirements following the previous inspection.

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>A list of the names, signatures and sample initials of designated care assistants should be put in place.</p> <p>Stated twice</p>	<p>This was evidenced during the inspection.</p>	<p>Compliant</p>
2	30	<p>The registered manager should review the home's policies and procedures for the management of medicine errors and incidents to ensure that errors or incidents involving medicines are reported to RQIA.</p> <p>Stated once</p>	<p>The registered manager stated that this review took place following the previous inspection and that all relevant staff are aware of the procedures to be followed in the event of a medicine error or incident. Medicine incident reports have been received by RQIA following the previous inspection.</p>	<p>Compliant</p>
3	30	<p>Nutritional supplements should be included in the monthly audit process.</p> <p>Stated twice</p>	<p>The registered manager stated that nutritional supplements are included in the audit process. This was evidenced during the inspection.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	31	<p>The registered manager should conduct a review of the home's administration process for medicines to ensure that staff are adequately supervising residents when they are administering their medication.</p> <p>Stated once</p>	<p>The registered manager stated that monitoring of medicine administration is on-going and is included in the manager's monthly audit of medicines management in the home. This was evidenced during the inspection.</p>	Compliant
5	32	<p>Policies and procedures for reconciling stock balances of controlled drugs should be reviewed and, where necessary, revised to ensure they are robust.</p> <p>Stated once</p>	<p>The Quality Improvement Plan received by RQIA on 2 April 2012 confirmed that policies and procedures in regard to the administration, monitoring and management of controlled drugs had been put into place, and that practice would be monitored to ensure compliance with the policy. Policy and procedure documents were observed during the inspection.</p> <p>No schedule 2 or 3 controlled drugs were prescribed for residents at the time of the inspection. This aspect of the recommendation will be examined at the next medicines management inspection.</p> <p>This recommendation has been carried forward</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:**

Satisfactory arrangements were observed to be in place for the management of medicines.

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 for audit. The date and time of opening was recorded on medicines in use. This good practice facilitates the audit process.

Written confirmation of the current medication regime is obtained from a health or social care professional for residents being admitted to the home.

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, photocopies of all prescriptions are kept in the home and the medicines received are checked against these and the home's written order.

No resident in the home is currently prescribed anticoagulants, thickened fluids or medication for Parkinson's Disease; however the appropriate management of these medicines was discussed. The management of 'when required' anxiolytic and antipsychotic medicines prescribed for 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 had been recorded in either the daily progress notes or on the medicines administration record. This is considered good practice.

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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines are in place. Standard operating procedures (SOPs) regarding the management of controlled drugs have been developed.</p>	Compliant
<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>	COMPLIANCE LEVEL
<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 relevant staff receive update training within the home on a regular basis.</p> <p>When the administration of topical preparations is delegated to care staff, the registered manager stated that training is provided and that records of training are maintained. Records of this training and assessment of competency were available for examination.</p> <p>A list of the names, sample signatures and initials of staff who are authorised to administer medicines is maintained.</p>	Compliant
<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>	COMPLIANCE LEVEL
<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>	Compliant

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 have received training from the diabetes specialist nurse in the administration of glucagon and blood glucose monitoring in an emergency and a care plan is in place.</p> <p>Community nurses are responsible for the administration of insulin and other injections.</p>	<p>Compliant</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 this home. These are reported in accordance with the home's policies and procedures.</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>

STANDARD 30 - MANAGEMENT OF MEDICINES

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>A robust system to audit the management of medicines, and to ensure adherence with policies and procedures, is in place. A sample of records of the audit activity was observed and satisfactory outcomes had been achieved.</p> <p>The good practice of recording daily stock balances for medicines which are not supplied in 28 day blister packs was acknowledged.</p>	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. Archived medicine records were readily available during the inspection.	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 these were found to be satisfactory. The good standard of record keeping was acknowledged, including the use of separate administration records for 'when required' analgesia and anxiolytics.</p> <p>Staff were reminded to ensure that the actual dose administered must be recorded on every occasion for lactulose prescribed for use 'when required' and with a variable dose.</p> <p>Separate records of administration of topical medicines by designated care staff are maintained. A sample of these was examined and found to be satisfactory.</p> <p>There was evidence that two staff are involved in the writing and updating of personal medication records and medication administration records. This is good practice.</p>	Compliant

STANDARD 31 – MEDICINE RECORDS

Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs are not currently prescribed for any residents in the home.	Not applicable

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 were in place for the storage and stock control of medicines. Storage areas were clean, tidy and well organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.</p> <p>The date of opening is recorded on all medicines not supplied in a 28 day blister pack. This good practice facilitates the audit process.</p> <p>The room temperature of the medicine storage area is monitored and was found to be satisfactory at the time of the inspection.</p> <p>A locked refrigerator is available for medicines which require cold storage. Current, 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 generally found to be satisfactory. Staff were reminded to reset the refrigerator thermometer daily.</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:	
The keys to the medicine cupboards, medicine trolleys and controlled drug cabinet were observed to be in the possession of the senior care assistant on duty. The keys to the controlled drug cabinet are held separately from other keys. Spare keys are stored securely by the registered manager.	Compliant

STANDARD 32 - MEDICINES STORAGE

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 and 3 controlled drugs are not currently prescribed for any resident.	Not applicable

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 Antoinette Strawbridge, 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

SEVEN OAKS HOUSING WITH CARE
13 MAY 2014

RL
18/6/14

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 Antoinette Strawbridge, 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 recommendation contained within the Quality Improvement Plan is 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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	32	<p>Policies and procedures for reconciling stock balances of controlled drugs should be reviewed and, where necessary, revised to ensure they are robust.</p> <p>This recommendation has been carried forward</p> <p>Ref. Section 5</p>	One	<i>Noted and Actioned. Further policy revisions are underway</i>	On-going

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	Toni Strawbridge
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>Alloyd</i>	<i>18/6/14</i>
B.	Further information requested from provider		✓		