Seven Oaks Housing with Care
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Unannounced Medicines Management Inspection of Seven Oaks Housing with Care

17 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 17 February 2016 from 10.40 to 13.10.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though one area for improvement was identified and is 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 13 May 2014.

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	0	1

The details of the QIP within this report were discussed with the senior care worker on duty, Ms Janice Pomeroy, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fold Housing Association/ Mrs Fiona McAnespie	**Registered Manager:** Mrs Antoinette Strawbridge
Person in Charge of the Home at the Time of Inspection: Ms Janice Pomeroy	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-DE	**Number of Registered Places:** 16
Number of Residents Accommodated on Day of Inspection: 14	**Weekly Tariff at Time of Inspection:** £485

3. Inspection Focus

RQIA received information in November 2015 from a whistle blower, expressing some concerns in relation to the management of medicines. RQIA shared this information with the Western Health and Social Care Trust (WHSCT) Adult Safeguarding Gateway Team.

Management had reported a number of notifications to RQIA since the last inspection, relating to the management of medicines. A number of these related to prescribed doses of medicines being omitted due to there being no supply of the medicine in the home for the resident.

Following discussion with the senior pharmacy inspector it was agreed that a medicines management inspection would be undertaken with a focus on the review of the following areas:

- Management of the ordering and supply of prescribed medicines
- Management of incidents involving prescribed medicines

The inspection also 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:

Prior to the inspection, the management of incidents reported to RQIA since the last medicines management inspection was reviewed.

Discussion with the senior care worker on duty.

The following records were examined:

- 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

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 24 September 2015. The inspection resulted in no requirements or recommendations.

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

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 32 **Stated:** First time	Policies and procedures for reconciling stock balances of controlled drugs should be reviewed and, where necessary, revised to ensure they are robust.	**Met**
	Action taken as confirmed during the inspection: Standard operating procedures (SOPs) for the management of controlled drugs were available and up to date, they were reviewed in September 2014. They reflected the current practice in the home.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A sample of medicines and medicine records were audited. The audits produced largely satisfactory outcomes indicating that medicines were administered as prescribed. Minor discrepancies were highlighted for attention.

The management of medicines during a resident's admission to the home and discharge from the home was examined and found to be satisfactory. Medicine details were confirmed in writing with the prescriber.

Systems to manage the ordering of prescribed medicines to ensure that adequate supplies were available were reviewed. All prescribed medicines were available and all of the medicines examined at the inspection were labelled appropriately. Notifications of prescribed medicines being omitted due to being out of stock were discussed. The registered manager has communicated with the general practices and the supplying pharmacy to attempt to rectify problems with the current procedures and a file was in place summarising these incidents and the investigations completed, including discussions with staff. Staff stated that the system has improved over recent months. Changes have been made and all medicines are now supplied in their original packaging and running balances are maintained for the majority of medicines. Copies of current prescriptions are attached to the relevant medicine administration record.

Medicine records had been maintained in a satisfactory manner. Records of the prescribing, ordering, receipt, administration and disposal/transfer of medicines were maintained. The process of verifying personal medication records involved two trained members of staff which is

good practice. A small number of discrepancies were observed in topical medication administration records (TMARs), these were highlighted for attention.

The receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock reconciliation checks were performed at each transfer of responsibility, on controlled drugs which require safe custody. Quantities of controlled drugs matched the balances recorded in the record book.

Any medicines which had been discontinued or were unsuitable for use had been returned to the community pharmacy for disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs were available. These had been reviewed in September 2014.

Medicines were being managed by staff who had been trained and deemed competent. An induction process was in place. Staff advised that the impact of training was monitored through supervision and appraisal.

Arrangements were in place to audit the practices for the management of medicines, including monthly management audits. The community pharmacist complemented this audit activity by performing medicines audits and providing a written report of the outcome. The audit process was facilitated by the good practice of recording the date and time of opening on the medicine container.

There were arrangements in place to note any compliance issues with medicine regimes and these had been reported to the resident's prescriber where necessary.

There were procedures in place to identify, record, report, analyse and learn from medicine related incidents.

Is Care Compassionate? (Quality of Care)

The records for a small number of residents who were prescribed medicines for the management of distressed reactions, on a 'when required' basis, were examined. The name of the medicine and the frequency of dosing were recorded on the personal medication record. A care plan was not always in place. A record of each administration was recorded but did not routinely include the reason for and outcome of each administration. Staff were familiar with circumstances when to administer these anxiolytic medicines and had the knowledge 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.

The management of medicines prescribed to manage pain were examined. The medicines prescribed were recorded on the personal medication record and records indicated that they had been administered as prescribed. This included regularly prescribed transdermal opioid patches and analgesics which were prescribed for administration on a 'when required' basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. However, care plans were not always in place for

'when required' analgesia. These should detail how pain is expressed by the individual and involve the use of a pain tool where appropriate.

A recommendation was made regarding the procedures in place for the use of 'when required' medicines for pain relief and the management of distressed reactions.

Areas for Improvement

The procedures in place for the use of 'when required' medicines for pain relief and the management of distressed reactions should be reviewed, to ensure that care plans are in place. A recommendation was made.

Number of Requirements	**0**	**Number of Recommendations**	**1**

5.4 Additional Areas Examined

Medicines were securely stored in accordance with the manufacturers' instructions. The senior care worker was advised to ensure that all staff are aware that the medicines refrigerator thermometer must be reset after recording temperatures on every occasion.

Number of Requirements	**0**	**Number of Recommendations**	**0**

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the senior care worker on duty, Ms Janice Pomeroy, 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.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 6 **Stated:** First time **To be Completed by:** 18 March 2016	It is recommended that the procedures in place for the use of 'when required' medicines for pain relief and the management of distressed reactions, are reviewed, to ensure that care plans are in place. **Response by Registered Person(s) Detailing the Actions Taken:** This has been actioned

Registered Manager Completing QIP	Toni Strawbridge	**Date Completed**	18.03.16
Registered Person Approving QIP	Fiona Mc Anespie	**Date Approved**	18.03.16
RQIA Inspector Assessing Response	Rachel Lloyd	**Date Approved**	22/3/16

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

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.