

# Unannounced Medicines Management Inspection Report 11 April 2016



## **Barnlee**

**37 Lisnaskea Road, Barnhill, Lisnaskea, BT92 0HD  
Tel No: 028 6772 3233  
Inspector: Helen Mulligan**

## 1.0 Summary

An unannounced inspection of Barnlee took place on 11 April 2016 from 10:30 to 16:10.

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 outcome of the inspection found no areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

### Is care safe?

One requirement and two recommendations have been made.

### Is care effective?

Three recommendations have been made.

### Is care compassionate?

No requirements or recommendations have been made.

### Is the service well led?

A recommendation regarding the auditing of medicines was 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	6

Details of the QIP within this report were discussed with Ms Geraldine O'Neill, 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 previous QIP there were no further actions required to be taken following the last inspection on 19 January 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> FACT/Ms Ruth Hill	<b>Registered manager:</b> Ms Geraldine O'Neil
<b>Person in charge of the home at the time of inspection:</b> Ms Geraldine O'Neill	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-LD, RC-LD(E), RC-PH, RC-PH(E)	<b>Number of registered places:</b> 23 18 in Main House and 5 in Lee Cottage

## 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

The management of medicine related incidents reported to RQIA since the last medicines management inspection was reviewed. At the time of the inspection, the management of these incidents was being investigated by the Safeguarding Team, Western Health and Social Care Trust and they were therefore not discussed in detail with the Registered Manager during the medicines management inspection.

During the inspection the inspector met with six residents and two care staff.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- 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 19 January 2016

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

### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 17 June 2013

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered manager must review the management of bisphosphonate medicines in the home and forward a report of the findings to RQIA Omagh office. <b>Action taken as confirmed during the inspection:</b> A satisfactory report was forwarded to RQIA.	Met
Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered manager should ensure that Standard Operating Procedures are in place for all areas of the management of controlled drugs. <b>Action taken as confirmed during the inspection:</b> Standard Operating Procedures were in place and these had been updated in 2015.	Met
<b>Recommendation 2</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered manager should ensure that the temperature of the medicines storage room is monitored on a daily basis. <b>Action taken as confirmed during the inspection:</b> The registered manager advised this was addressed following the inspection in 2013. The storage of medicines has been recently reviewed and medicines were stored in residents' rooms.	Met

Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 3</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered manager should review and revise the storage arrangements for medicines for external use and supplies of buccal midazolam and rectal diazepam, to ensure they are stored safely and securely and with regard to infection control issues.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Supplies of buccal midazolam and rectal diazepam were stored in a locked filing cabinet in the office. Supplies of medicines for external use were stored in a locked cupboard in residents' rooms.	

### 4.3 Is care safe?

An induction process was in place for care staff that had been delegated medicine related tasks. The impact of medicines management training has been monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of medicines was provided in February 2016. The most recent training was in relation to the management of swallowing difficulties on 1 March 2016. Training was also provided on the management of epilepsy and the administration of buccal midazolam and rectal diazepam in May 2015; this training was followed by a skills assessment to ensure staff were competent to undertake the administration of these medicines. Records of staff training indicated that medicines were managed by members of staff who were trained and deemed competent to do so. However, the number of incidents recently reported to RQIA regarding the management of medicines would indicate further staff training and competency assessment is necessary to ensure all designated members of staff are competent to manage medicines in the home. A recommendation was made.

Recent medicine incident reports indicated that robust arrangements were not in place to ensure all residents had a continuous supply of their prescribed medicines. The ordering process must be reviewed and revised to address this and to ensure that medicines are ordered in accordance with the home's policies and procedures. A requirement was made.

Personal medication records were signed by the prescriber.

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.

Checks have been performed on controlled drugs which require safe custody, at the end of each shift.

There was evidence that incidents involving medicines were reported to RQIA in accordance with procedures.

Medicines had been added to food to aid the administration process for some residents. Records showed that this was authorised by the prescriber and there was evidence that the home had obtained pharmaceutical advice regarding the suitability of this process.

Discontinued or expired medicines were disposed of appropriately.

Medicine storage areas were clean, tidy and well organised. Medicines in use were stored in residents' bedrooms in locked metal cupboards. Following a recent incident where medicine keys were reported as missing, the medicine locks have been replaced and the arrangements for key security have been reviewed and revised.

Medicines requiring cold storage were being stored in the medicines refrigerator. There was no battery in the medicines refrigerator thermometer and staff had not monitored the maximum and minimum temperature of the refrigerator on a daily basis. Systems should be in place to ensure medicines are stored at the correct temperature. A recommendation was made.

### Areas for improvement

The registered manager should ensure that all designated staff are trained and deemed competent to administer medicines in the home. A recommendation was made.

Policies and procedures for ordering medicines must be reviewed to ensure all residents have a continuous supply of their prescribed medicines. A requirement was made.

Systems should be in place to ensure medicines are stored at the correct temperature. A recommendation was made.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
--------------------------------	----------	-----------------------------------	----------

### 4.4 Is care effective?

A sample of medicines was audited. The audits indicated that the majority of these medicines had been administered in accordance with the prescriber's instructions. However, it was not possible to complete the audit of some of the medicines as the date and time of opening had not been recorded. The registered manager and staff on duty were reminded that the date and time of opening of medicines should be recorded on each occasion. The registered manager confirmed this would be addressed during a review of the home's auditing policies and procedures.

There was evidence that medicines prescribed for external use have been checked on a regular basis with respect to labelling and expiry dates and the registered manager advised that the prescriber had recently reviewed all medicines prescribed for external use.

Where a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, 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.

However, the reason for and the outcome of administration were not recorded and the care plan was incomplete. These issues should be addressed. A recommendation was made.

Staff were aware that ongoing monitoring was necessary to ensure that pain was well controlled and the resident was comfortable. A care plan was not maintained for each resident prescribed medicine for the management of pain. A pain assessment was not completed as part of the admission process for new residents. The management of pain should be reviewed and revised. A recommendation was made.

The management of swallowing difficulties was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administration was recorded and care plans and speech and language assessment reports were in place.

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

The majority of medicine records were adequately maintained. Records of medicines ordered were not always completed in accordance with the home's policies and procedures. A requirement to review the ordering process for medicines was made in Section 4.3 above.

Practices for the management of medicines have been audited by staff on a regular basis and records of medicine audits were maintained. A sample of these audits was reviewed and it was noted that discrepancies have not always been reported to the registered manager. Policies and procedures for auditing medicines should be reviewed and revised to ensure they are robust. A recommendation was made.

Following discussion with the registered manager and staff, it was confirmed that, where necessary, other healthcare professionals are contacted regarding the care of residents in the home.

### **Areas for improvement**

The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure comprehensive care plans are in place and staff record why and when a medicine is administered and the outcome of the administration. A recommendation was made.

The management of pain should be reviewed and revised. A recommendation was made.

Policies and procedures for auditing medicines should be reviewed and revised to ensure they are robust. A recommendation was made.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
--------------------------------	----------	-----------------------------------	----------

#### 4.5 Is care compassionate?

Good arrangements were in place to facilitate those residents responsible for self-administration of medicines. Some residents in Lee Cottage have been facilitated to store and administer some or all of their medicines.

The administration of medicines to residents was completed in a caring manner and residents were given time to take their medicines. The home had recently installed medicine cupboards in each resident's bedrooms which allowed medicines to be administered discreetly.

Some of the residents who were spoken to advised that they managed some or all of their medicines and confirmed that they had received their medicines that morning. Residents who self-administered medicines knew how to take their medicines and how to complete their medicine records. Residents also advised that they knew what to do if they were in pain and that they would "tell a member of staff and get tablets".

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

#### 4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed every year and they were last reviewed in 2015. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

Medicine related incidents that were reported to RQIA since the last medicines management inspection were discussed. These incidents had also been reported to the Western Health and Social Care Trust and at the time of the inspection and at the request of the Trust, the home had implemented daily auditing of all medicines in the home. It was agreed that medicines in the home would continue to be audited in accordance with the directions of the Trust.

A review of the audit records indicated that the registered manager had not been made aware of all discrepancies identified by staff in the home. The registered manager should ensure that the outcome of medicine audits are reviewed on a regular basis and followed up to ensure any incidents or errors are analysed and any learning is embedded into practice. A recommendation was made.

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.

Staff confirmed that any concerns in relation to medicines management were raised with management and this was evidenced by the minutes of the last team meeting with senior care staff.



Staff on duty advised that they had good working relationships with the community pharmacy, the prescribers and the Trust.

### Areas for improvement

The registered manager should ensure that the outcome of medicine audits are reviewed and followed up to ensure any incidents or errors are analysed and any learning is embedded into practice. A recommendation was made.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Geraldine O'Neill, Registered 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.

## 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](mailto: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

### Statutory requirements

#### Requirement 1

Ref: Regulation 13(4)

Stated: First time

To be completed by:  
11 May 2016

The registered person must review and revise the procedures in place for ordering medicines to ensure all service users have a continuous supply of their prescribed medicines.

#### Response by registered person detailing the actions taken:

The policy and procedures within the home do ensure compliance with the recommendation. Management have discussed this policy with all the senior staff who are responsible for the ordering of medication and have reiterated the need to adhere to this policy at all times. Discussion has taken place with the Health centre practice manager with regard to adequate timelines for the ordering process .

### Recommendations

#### Recommendation 1

Ref: Standard 30

Stated: First time

To be completed by:  
11 May 2016

The registered person should ensure that all designated staff are trained and deemed competent to manage medicines.

#### Response by registered person detailing the actions taken:

All staff who administer medication have been deemed capable and competent in this area. This is reviewed at least annually and as required.

#### Recommendation 2

Ref: Standard 34

Stated: First time

To be completed by:  
11 May 2016

The registered person should put systems in place to ensure all medicines are stored at the correct temperature.

#### Response by registered person detailing the actions taken:

Systems are in place to ensure all medicines are stored at the correct temperature. This policy was shared with all staff.

#### Recommendation 3

Ref: Standard 10

Stated: First time

To be completed by:  
11 May 2016

The registered person should review the management of medicines prescribed on a “when required” basis for the management of distressed reactions to ensure comprehensive care plans are in place and staff record why and when a medicine is administered and details of the outcome of each administration.

#### Response by registered person detailing the actions taken:

This has been reviewed as recommended .

<p><b>Recommendation 4</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2016</p>	<p>The registered person should review and revise the procedures in place for the management of pain.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been reviewed as recommended.</p>
<b>Recommendations</b>	
<p><b>Recommendation 5</b></p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2016</p>	<p>The registered person should review and revise policies and procedures for auditing medicines to ensure they are robust.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The policy and procedure on the auditing of medicines has been reviewed and revised to reflect this recommendation. Senior staff competency has been reviewed in this area.</p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2016</p>	<p>The registered person should ensure that the outcome of medicine audits are reviewed and followed up to ensure any incidents or errors are analysed and any learning is embedded into practice</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Management carry out random spot checks on a regular basis, the findings from this are discussed with senior staff and learning outcomes form part of monthly team meetings and staff supervision.</p>

*\*Please ensure this document is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\**



The Regulation and  
Quality Improvement  
Authority

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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews