



RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 17446
Establishment ID No: 1145
Name of Establishment: Creamery House
Date of Inspection: 14 April 2014
Inspector's Name: Helen Mulligan

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of home:	Creamery House
Type of home:	Residential Care Home
Address:	38 Main Street Kesh BT93 1TE
Telephone number:	(028) 6863 2176
E mail address:	lynette.mchugh@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Ms Elaine Way
Registered Manager:	Ms Lynette McHugh
Person in charge of the home at the time of inspection:	Mr Eamon Kelly (Senior Team Leader)
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	11
Number of residents accommodated on day of inspection:	9
Date and time of current medicines management inspection:	14 April 2014 12:45 - 15:45
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	Unannounced Medicines Management 22 August 2011

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 Mr Eamon Kelly (Senior Team Leader)
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

Creamery House Residential Care Home is registered to provide care for persons with learning disability aged 18 years and over. Full occupancy is for 11 residents.

The home is a detached, two-storey facility which has been extended over time. The home is situated close to all amenities within the town of Kesh in County Fermanagh.

There are car parking spaces to the front and a patio area to the rear of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Creamery House Residential Care Home was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 14 April 2014 between 12:45 and 15:45. 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 senior team leader on duty, Mr Eamon Kelly. 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 Creamery House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The recommendation made at the previous medicines management inspection on 22 August 2011 was examined during the inspection; the home is moving towards achieving compliance with this recommendation. However, further improvements are necessary to ensure that records of the time of administration of medicines are adequately maintained and this recommendation is re-stated.

Since the previous inspection, RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

Arrangements for the management of medicines in this home are generally satisfactory. Some areas of good practice were noted and highlighted during the inspection, including arrangements for staff training, medicines audits and the medicine ordering process.

Improvements are necessary in the management of liquid medicines, the maintenance of records of medicines administered, monitoring medicine refrigerator temperatures and the management of anxiolytic medicines.

The inspection attracted a total of one requirement and four recommendations. The requirement and recommendations are 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 22 August 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>Records of the administration of bisphosphonate medicines should indicate that they have been administered 30 minutes clear of food and other medicines.</p> <p>Stated once</p>	<p>The time of administration of bisphosphonate medicines is now recorded on each occasion. However, records of the administration of other medicines would indicate that they are being administered at the same time. Staff on duty confirmed that these are not being administered at the same time; the time of administration on the printed medication administration records should be amended to ensure that the time of administration of all medicines is accurately recorded.</p> <p>This recommendation is re-stated.</p>	<p>Moving towards compliance</p>

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed:	COMPLIANCE LEVEL
30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	
Inspection Findings:	
<p>Satisfactory arrangements were noted to be in place for the management of medicines.</p> <p>The admission procedure was not inspected as staff advised there have been no recent admissions to the home. Staff on duty confirmed that written confirmation of current medication regimes is obtained for each resident admitted to the home. The home has a written policy and procedure for admissions.</p> <p>Staff in the home have access to a current reference source for medicines (BNF September 2013).</p> <p>Arrangements for ordering supplies of medicines were noted to be robust. A copy of current prescriptions is kept in the home. Orders for medicines are made in writing to the prescriber. Prescriptions are collected from the prescriber and checked against the order before being forwarded to the pharmacist for dispensing. Staff also maintain a record of prescriptions forwarded to the dispensing pharmacist. This good practice is commended.</p> <p>No residents in the home are prescribed anticoagulant medicines.</p> <p>A number of medicine audits were undertaken during the inspection. The majority of these produced satisfactory results, indicating that medicines are being administered in accordance with the prescriber's instructions. However, there was an apparent deficit of 20ml of Bumetanide 1mg/5ml liquid for one resident. Staff should continue to closely monitor and audit liquid medicines in the home. A recommendation is made.</p> <p>Arrangements for the management of non-prescribed medicines (home remedies) were reviewed. Appropriate protocols, signed by the prescriber were noted to be in place. These were last reviewed in May 2013. Stock</p>	<p>Substantially compliant</p>

<p>balance records of supplies of non-prescribed medicines are maintained; one discrepancy was noted in the stock balance of paracetamol tablets and staff are reminded that these records should be adequately maintained. Records of the administration of non-prescribed medicines are maintained.</p>	
<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>Written policies and procedures for the management of medicines are in place. These were last reviewed in May 2012 and the next review is planned for May 2015.</p> <p>Standard operating procedures for controlled drugs are in place.</p> <p>A specialist management plan was noted to be in place for one resident for the management of epilepsy.</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>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Staff on duty provided evidence that designated members of staff receive training on the management of medicines as part of the home's staff induction programme. There was evidence that staff have been trained and deemed competent to manage medicines in the home.</p>	<p>Compliant</p>
<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>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Records show that staff competency with respect to the management of medicines is reviewed on an annual basis.</p>	<p>Compliant</p>
<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>Staff on duty confirmed that designated members of staff, including kitchen staff, have been trained and deemed competent to manage thickening agents. There was evidence that staff have received training on the management of topical medicines.</p>	<p>Compliant</p>

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The home has not reported any medication errors or incidents to RQIA since the last medicines management inspection. Staff on duty were aware of the policies and procedures for the appropriate management of medication errors and incidents, including notification of RQIA.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Medicines for disposal are returned to the community pharmacist.	Compliant
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:	
Medicine audits are completed on a 6 - 8 weekly basis; records of audits were reviewed during the inspection and noted to be satisfactory. Stock balances of medicines not dispensed in the monitored dosage cassettes are reconciled and recorded on a daily basis, indicating good practice.	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:	
Medicines records in this home are generally well-maintained and facilitated the audit of medicines.	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>Samples of the above medicine records were reviewed during the inspection.</p> <p>Personal medication records are maintained for residents. These are generally well-maintained and are signed and dated by two designated members of staff. The frequency of administration of one medicine prescribed on an “as required” basis was not qualified; staff are reminded that the frequency of dosing of such medicines along with the minimum interval between doses should be recorded.</p> <p>Records of medicines administered were reviewed. These were generally well-maintained. However, a small number of incomplete records were noted and the time of administration recorded on the printed medication administration records does not always accurately reflect the time of administration. This should be reviewed. A recommendation is made.</p>	Substantially compliant

Records of medicines ordered, received and disposed of are appropriately maintained.	
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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:	
There were no Schedule 2 or 3 controlled drugs in the home at the time of the inspection.	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:	
Medicines are stored safely and securely. The medicines storage areas were noted to be tidy and well-organised. The refrigerator thermometer is not being re-set on a daily basis and this must be addressed. A requirement is made.	Substantially 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:	
Appropriate arrangements were noted to be in place for the safe management of medicine cupboard keys.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Inspection Findings:	
There were no Schedule 2 or 3 controlled drugs in the home at the time of the inspection.	Not applicable

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions/anxiolytic medicines

The management of anxiolytic medicines prescribed for two residents in the home for the management of distressed reactions was reviewed during the inspection. The parameters for use were not recorded on the residents' personal medication records. The residents' care plans did not make reference to the management of these anxiolytic medicines. There was no stock of these medicines in the home at the time of the inspection, and staff on duty advised that it had been some considerable time since these medicines had been required to be administered to either resident. The management of anxiolytic medicines should be reviewed and revised to address these issues. A recommendation is made. During the inspection, staff were advised that they should review these medicines in consultation with the prescriber.

8.0 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 **Mr Eamon Kelly (Senior Team Leader)** 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:

Helen Mulligan
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS



QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CREAMERY HOUSE

14 APRIL 2014

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 **Mr Eamon Kelly, Senior Team Leader**, 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 all requirements and recommendations contained within the Quality Improvement Plan 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.

STATUTORY REQUIREMENTS

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

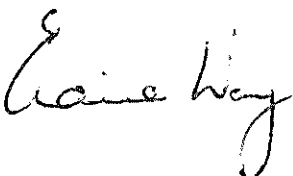
NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must ensure that the maximum/minimum refrigerator thermometer in the medicines refrigerator is re-set on a daily basis. Ref: Criterion 32.1	One	The maximum/minimum temperature is now reset on a daily basis with a record of temperatures maintained.	30 days


RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	31	Records of the administration of bisphosphonate medicines should indicate that they have been administered 30 minutes clear of food and other medicines. Ref: Section 5.0	Two	We will ensure this is the case if any future situations should arise. Resident is now discharged.	30 days
2	30	The registered manager should ensure that liquid medicines are closely monitored and audited on a regular basis. Ref: Criterion 30.1	One	All liquids are now audited daily.	30 days
3	31	The registered manager should ensure that records of the administration of medicines are adequately maintained. Ref: Criterion 31.2	One	Administration records will be fully maintained including household remedies.	30 days
4	30	The registered manager should review and revise the management of anxiolytic medicines. Ref: Section 7.0	One	Care plans revised and updated - these will be kept under review.	30 days

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 and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs. Gillian Ingram (Interim)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			10/6/14
B.	Further information requested from provider		✓		