THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18257**
Establishment ID No:	**1155**
Name of Establishment:	**Hillside**
Date of Inspection:	**6 May 2014**
Inspector's Name:	**Paul Nixon**

1.0 GENERAL INFORMATION

Name of home:	Hillside
Type of home:	Residential Care Home
Address:	23a Old Mountfield Road Omagh Co Tyrone BT79 7EL
Telephone number:	(028) 8225 2822
E mail address:	hillcrestcarefacility@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Bernadette Kiernan O'Donnell
Registered Manager:	Mrs Karen Shields (Acting Manager)
Person in charge of the home at the time of Inspection:	Mrs Karen Shields
Categories of care:	RC - MP RC - MP(E)
Number of registered places:	15
Number of residents accommodated on day of inspection:	10
Date and time of current medicines management inspection:	6 May 2014 10.00 – 13.00
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	13 September 2011 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 Karen Shields (Acting Manager) during the inspection
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

Hillside is a two storey residential care home, situated on an elevated site on the Old Mountfield Road in Omagh close to the town centre. The building is sub divided into a residential care home and a separate private nursing home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Hillside was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 6 May 2014 between 10.00 and 13.00. 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 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 acting manager of the home, Mrs Karen Shields. 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 Hillside are compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern. The acting manager and staff are commended for their efforts.

No requirements or recommendations were made at the previous medicines management inspection, on 31 May 2011.

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.

A number of areas of good practice were noted and highlighted during this inspection. They included the robust arrangements for staff training and competency assessments, and the recording of the dates and times of opening of medicines in order to facilitate the audit process.

Policies and procedures for the management of medicines are available.

There is a programme of staff training in the home and evidence of training and competency assessments is maintained.

The audit trails, which were performed on randomly selected medicines, indicated that satisfactory correlations existed between the prescribed instructions, patterns of administration and stock balances.

Medicine records were maintained in a satisfactory manner. The personal medication records examined were up to date and contained the necessary information. Handwritten entries on the personal medication record sheets were verified and signed by two staff members. Medicine administration record sheets were fully maintained.

Medicines were stored safely and securely. Storage was observed to be tidy and organised.

The registered provider should ensure that the resident's care plan includes details of the circumstances under which 'when required' anxiolytic and antipsychotic medicines are to be administered in the management of distressed reactions.

The inspection attracted one recommendation. The recommendation is detailed in the Quality Improvement Plan.

The inspector would like to thank the acting manager for her assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 31 May 2011:

There were no requirements or recommendations arising from the previous medicines management inspection.

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 indicated that medicines are being administered to residents in accordance with the prescribers' instructions. From observations made during this inspection and from discussion with the acting manager, it was concluded that prescribed medicines are only administered to the resident for whom they are prescribed. The acting manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. The process for obtaining prescriptions was reviewed. The acting manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing. Blood glucose monitors are checked on a weekly basis using control glucose solutions. Records of checks are maintained. Control glucose solutions in use were in date and had been marked with the date of opening.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines are in place. There are Standard Operating Procedures detailing the arrangements for the management of controlled drugs.	Compliant
Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The acting manager confirmed that all staff members who manage medicines are trained and competent. There was evidence that senior care staff undertake comprehensive training prior to being deemed competent to administer medicines. The acting manager co-ordinates this training. At the conclusion of the training process, a competency assessment is completed by the acting manager. Subsequent staff competency assessments are performed after one month, three months, six months and twelve months have elapsed. Thereafter, competency assessments are performed as part of the annual appraisal process. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Compliant
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.	**COMPLIANCE LEVEL**
Inspection Findings:	
The acting manager evaluates the impact of medicines management training on staff members through supervision and observation of practice. Staff appraisals and competency assessments are undertaken on an annual basis and a record of this activity is maintained. A sample of the staff competency assessments was examined.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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.	**COMPLIANCE LEVEL**
Inspection Findings:	
Training in specific techniques is not required by the staff at this time.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are returned to the community pharmacy for disposal.	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:	
Monthly medication audits are performed by the acting manager. Recorded evidence of this audit activity is maintained. The observations made during this inspection reflected the satisfactory outcomes of the home audit activity. In order to facilitate the audit activity, dates and times of opening are recorded on the medicine containers. This good practice is commended.	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 medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail.	Compliant
Criterion Assessed: 31.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A randomly selected sample of the above medicine records was assessed. These records had been maintained in a satisfactory manner. The personal medication records examined contained the required information. However, some personal medication record sheets were untidy and in need of being rewritten. The acting manager agreed to have these record sheets rewritten without delay. Handwritten entries on the personal medication record sheets had been verified and signed by two staff members. The medicine administration record sheets examined were fully and accurately completed. The records of receipts and disposals of medicines contained the necessary information.	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:	
There were no Schedule 2 controlled drugs.	Not applicable

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Storage was observed to be tidy and organised. Medicines were being stored safely and securely and in accordance with the manufacturers' instructions. Appropriate arrangements are in place for the stock control of medicines.	Compliant
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicine keys were observed to be in the possession of the acting manager. The controlled drug cabinet key was being carried separately from the other medicine keys.	Compliant
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:	
There were no Schedule 2 or 3 controlled drugs.	Not applicable

7.0 ADDITIONAL AREAS EXAMINED

The Management of Distressed Reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for two patients. Neither of the care plans detailed the circumstances under which the medicine should be administered. The parameters for administration were recorded on the personal medication record. In the several instances that medication had been administered to treat a distressed reaction, the reason for administration and outcome had been recorded in the daily progress notes. The registered provider should ensure that the resident's care plan includes details of the circumstances under which 'when required' anxiolytic and antipsychotic medicines are to be administered in the management of distressed reactions. A recommendation is stated.

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 the acting manager, Mrs Karen Shields, during the inspection, 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:

Paul Nixon
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

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Paul Nixon **Date**
Pharmacist Inspector

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

HILLSIDE
6 May 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 **Mrs Karen Shields, Acting 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 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.

RECOMMENDATION This recommendation is based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. It promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.					
NO.	**MINIMUM STANDARD REFERENCE**	**RECOMMENDATION**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	30	The registered provider should ensure that the resident's care plan includes details of the circumstances under which 'when required' anxiolytic and antipsychotic medicines are to be administered in the management of distressed reactions. **Ref: Section 7.0**	One	This has been addressed in full.	5 June 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: T McGoney

NAME: T McGoney
Registered Provider

DATE 3-6-2014

SIGNED: K Shields

NAME: KAREN SHIELDS.
Registered Manager

DATE 8-6-14

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

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	**11/06/14**
B.	Further information requested from provider		X	Paul W. Nixon	**11/06/14**