Unannounced Medicines Management Inspection Report
19 May 2016

Northwick House

1 Aghalun Road, Brookeborough, BT94 4EY
Tel No: 028 8953 1630
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Northwick House took place on 19 May 2016 from 09:30 to 12:20.

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 management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though two areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

Two recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been 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
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Mrs Carole Johnston, Registered Manager and Registered Person and Mrs Dorothy Johnston, Registered Person, 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 QIP there were no further actions required to be taken following the inspection on 24 November 2015.

2.0 Service details

Registered organisation/registered person: Northwick House/ Mrs Carole Helena Johnston Mrs Dorothy Elizabeth Hannah Johnston	**Registered manager:** Mrs Carole Helena Johnston
Person in charge of the home at the time of inspection: Mrs Carole Helena Johnston	**Date manager registered:** 1 April 2005
Categories of care: RC-LD, RC-LD(E), RC-I,RC-PH, RC-PH(E), RC-DE, RC-MP	**Number of registered places:** 15

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

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with three residents and the two registered persons.

A sample of the following records was examined during the inspection:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 November 2015

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 8 July 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must closely monitor the administrations of two medicines in order to ensure compliance with the prescribers' instructions.	**Met**
	Action taken as confirmed during the inspection: The audits performed during the inspection indicated that medicines had been administered to residents in accordance with the prescribers' instruction.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The times of administration of bisphosphonates must be accurately recorded.	**Met**
	Action taken as confirmed during the inspection: The times of administration of bisphosphonates were accurately recorded.	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	Staff must not amend medicine labels.	**Met**
	Action taken as confirmed during the inspection: No medicine labels had been amended.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. The registered manager stated that there had been no changes in staff managing medicines since the previous medicines management inspection. The impact of training was monitored through team meetings, supervision and appraisal. Staff had recently attended a medicines management update session, which was delivered by the registered manager. Competency and capability assessments were performed annually; they were currently being updated by the registered manager.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Handwritten entries on personal medication records and medicine administration records were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a resident's admission to and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained. Twice daily checks were performed on controlled drugs which require safe custody. Additional running balance checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts for warfarin was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Only the current temperature of the medicines refrigerator was monitored and recorded daily; the registered manager gave an assurance that the temperature range would be monitored and recorded.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescribers' instructions. There was evidence that time critical medicines had been administered at the correct time.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the 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. A care plan was maintained. The reason for and the outcome of administration were generally not recorded; a recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. The registered manager advised that the residents could verbalise any pain. A pain management care plan was not maintained; a recommendation was made.

The management of swallowing difficulty was examined for one resident. The thickening agent was not recorded on their personal medication record and its use was not recorded; the registered manager gave an assurance that these matters would be addressed. Care plans and speech and language therapy assessment reports were in place.

The registered manager 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.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the staff and management. The dates of opening were routinely recorded on medicine containers in order to facilitate audit activity; this good practice was recognised.

Following discussion with the registered manager, it was evident that, when applicable, healthcare professionals were contacted in response to medicine related concerns or queries.

Areas for improvement

The reason for and the outcome of administration of medicines prescribed for administration on a 'when required' basis for the management of distressed reactions should be routinely recorded; a recommendation was made.

A care plan should be maintained for any resident prescribed medicines to control pain. A recommendation was made.

Number of requirements	0	Number of recommendations	2

4.5 Is care compassionate?

The administration of medicines to several residents was observed. Medicines were administered in the dining room with breakfast. The staff member administering the medicines spoke to the residents in a kind and caring manner.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their residents' needs, wishes and preferences. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident.

Medicines management was discussed with a several residents. All responses were positive regarding the administration of medicines. Residents stated that they were given medicines promptly, for example, pain relief medicines when they requested them outside of the regular medicine round.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	**0**	**Number of recommendations**	**0**

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. The registered persons were able to clearly explain the arrangements for the management of medicines.

There were robust arrangements in place for the management of medicine related incidents. The registered manager confirmed that staff knew how to identify and report incidents. There had been no recent medicine related incidents.

A review of the internal audit records indicated that good outcomes had been achieved.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements:	**0**	**Number of recommendations:**	**0**

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Carole Johnston, Registered Manager and Registered Person and Mrs Dorothy Johnston, Registered Person, 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 the 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 persons meet 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 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

Recommendations	
Recommendation 1 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 18 June 2016	The reason for and the outcome of administration of medicines prescribed for administration on a “when required” basis for the management of distressed reactions should be routinely recorded. **Response by registered person detailing the actions taken:** Staff have been informed of this area and recording takes place as per adminsitration.
Recommendation 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 18 June 2016	Where residents are prescribed medicines to manage pain, this should be recorded in the care plan. **Response by registered person detailing the actions taken:** Care pans have been updated to include this.

The Regulation and Quality Improvement Authority

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