Unannounced Medicines Management Inspection Report
16 January 2017

Slieveleague

Type of service: Residential Care Home
Address: 34 Cullion Road, Edenmore, Tempo, BT94 3AR
Tel No: 028 8954 1327
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Slieveleague took place on 16 January 2017 from 11.15 to 14.20.

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.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area of improvement was identified in relation to record keeping; a recommendation was stated for the second time.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. Two areas of improvement were identified in relation to recording dates of opening and maintaining care plans for the management of distressed reactions. Two recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. Residents consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Ian Armstrong, Deputy Manager, and with Mrs Patricia Grimes, Registered Manager, (via telephone call, 18 January 2017) 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 most recent inspection on 5 July 2016.

2.0 Service details

Registered organisation/registered person: Slieveleague/Mr John James Wesley Kerr	**Registered manager:** Mrs Patricia Grimes
Person in charge of the home at the time of inspection: Mr Ian Armstrong (Deputy Manager)	**Date manager registered:** 14 December 2015
Categories of care: RC-PH(E), RC-I, RC-DE, RC-MP, RC-MP(E), RC-PH	**Number of registered places:** 8

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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.

We met with one resident, one senior carer and the deputy manager. We spoke with the registered manager on 18 January 2017.

A number of questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

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
- policies and procedures
- care plans
- controlled drug record book

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 18 July 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The policies and procedure for the management of medicines must be updated to ensure that all current practice is detailed accurately.	**Met**
	Action taken as confirmed during the inspection: A selection of medication policies and procedures were available in the policy file. An up to date medication policy was received by RQIA on 19 January 2017. The registered provider confirmed that the obsolete policy documents had been removed from the file.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must closely monitor the administration of Seretide evohaler as part of the home's audit activity.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that an auditing system for Seretide evohalers had been implemented following the last medicines management inspection. Seretide evohalers were not currently prescribed.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that accurate records for the administration of external preparations are maintained.	**Met**
	Action taken as confirmed during the inspection: Accurate records for the administration of external preparations were maintained.	

Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must review the management of blood glucometers.	**Met**
	Action taken as confirmed during the inspection: This was reviewed with the community nursing team; blood glucometers were no longer used by staff in the home.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 30 **Stated:** First time	A photocopy of current prescriptions should be available in the home.	**Met**
	Action taken as confirmed during the inspection: A photocopy of current prescriptions was available in the home.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	The registered manager should ensure that SOPs for the management of controlled drugs specific to Slieveleague are developed and implemented.	**Met**
	Action taken as confirmed during the inspection: A policy for the management of controlled drugs was in place.	
Recommendation 3 **Ref:** Standard 31 **Stated:** First time	In the interests of safe practice two members of staff should verify and sign all updates on the personal medication records.	**Not Met**
	Action taken as confirmed during the inspection: Two members of staff had not verified and signed all updates on the personal medication records. This recommendation was stated for a second time.	

Recommendation 4 **Ref:** Standard 31 **Stated:** First time	When medicines are given to a resident or their carer for administration outside the home a record of the transfer should be maintained. The record should be signed by a staff member and the resident or their carer.	**Met**
	Action taken as confirmed during the inspection: Where medicines were administered by family this was clearly recorded on the medication administration records. Following the last medicines management inspection records of the transfer to family had been maintained in a separate book but this had not been sustained. The deputy manager agreed that a record of the transfer would be maintained on the reverse of the medication administration records and hence this recommendation has not been stated for a second time.	
Recommendation 5 **Ref:** Standard 32 **Stated:** First time	The registered manager should risk assess the arrangements for the security of the controlled drug key.	**Met**
	Action taken as confirmed during the inspection: A controlled drug key was not in use. A keypad was used to access controlled drugs. This arrangement has been risk assessed and deemed to be secure.	
Recommendation 6 **Ref:** Standard 32 **Stated:** First time	Quantities of controlled drugs subject to safe custody requirements should be reconciled on each occasion when responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: Quantities of controlled drugs subject to safe custody requirements were reconciled on each occasion when responsibility for safe custody was transferred.	

4.3 Is care safe?

The deputy manager advised that medicines were managed by staff who have been trained and deemed competent to do so. He confirmed that regular update training was provided by a representative of the community pharmacist. Records of the training and competency assessment were not available for inspection as the registered manager was not on duty. The registered provider confirmed (via email) that training had been provided in January 2016. Update training was planned for 1 February 2017.

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.

The management of medication changes was reviewed. Entries on the personal medication records and handwritten entries on medication administration records had not been completed by two members of staff. In the interests of safe practice updates on the personal medication records and the medication administration records should be verified and signed by two members of staff. The recommendation made previously in relation to this was stated for a second time.

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.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's 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.

A medicine refrigerator was available but was not in use.

Areas for improvement

In the interests of safe practice two members of staff should verify and sign all updates on the personal medication records. A recommendation was stated for the second time.

Number of requirements	0	**Number of recommendations**	1

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. However, a number of audits on medicines which were not supplied in the monitored dosage system could not be completed as dates of opening had not been recorded. The registered provider should ensure that dates of opening are recorded on medicines which are not supplied in the monitored dosage system. A recommendation was made.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly medicines were due. 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. Detailed care plans were not in place. There had been one recent administration, the reason and outcome had been recorded. Care plans for the management of distressed reactions should be in place. 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. Staff advised that all residents could verbalise their pain.

The management of swallowing difficulty was examined. Detailed care plans were not in place. For those residents prescribed a thickening agent, this was recorded on their personal medication record but did not include the consistency level. Administration records were not maintained. Following the inspection the registered provider confirmed that the prescriber had been contacted and the thickening agents had been discontinued. The registered manager and care assistants were reminded that if thickening agents are prescribed in future the following documentation must be in place:

- detailed care plans
- up to date speech and language assessments
- accurate records of prescribing, including the required consistency level
- accurate records of administration

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

Medicine records were usually well maintained and facilitated the audit process (see section 4.3).

The registered manager confirmed that medicines were audited throughout the month by staff and management.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

The registered provider should ensure that dates of opening are recorded on medicines which are not contained in the monitored dosage system. A recommendation was made.

The registered provider should ensure that detailed care plans for the management of distressed reactions are in place. A recommendation was made.

Number of requirements	0	**Number of recommendations**	2

4.5 Is care compassionate?

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

We spoke with one resident who advised that they were very happy in the home. They stated that they were happy for staff to look after their medicines.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process 16 questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection. Five residents, three relatives and four members of staff completed and returned the questionnaires. The responses were positive and these were recorded as “very satisfied” or “satisfied” with regard to the management of medicines in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.6 Is the service well led?

Following discussion with staff it was evident that they were familiar with the home’s policies and procedures for the management of medicines. The registered provider forwarded a copy of the home’s medication policy to RQIA on 19 January 2017.

The registered manager and staff confirmed that there were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

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. They advised that any resultant action was communicated with staff either individually or via staff meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Patricia Grimes, Registered Manager by telephone call, and Mr Ian Armstrong, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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 provider 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 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to *pharmacists@rqia.org.uk* for assessment 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 provider 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 provider 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 31 **Stated:** Second time **To be completed by:** 16 February 2017	In the interests of safe practice two members of staff should verify and sign all updates on the personal medication records.
	Response by registered provider detailing the actions taken: This has been put into immediate practice, such that two members of staff verify and sign all updates on the personal medication records.
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 February 2017	The registered provider should ensure that dates of opening are recorded on medicines which are not contained within the monitored dosage system.
	Response by registered provider detailing the actions taken: Dates of opening are recorded on medicines which are not contained within the monitored dosage system. This has been implemented with immediate effect.
Recommendation 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 16 February 2017	The registered provider should ensure that detailed care plans for the management of distressed reactions are in place.
	Response by registered provider detailing the actions taken: Detailed care plans for the management of distressed reactions are in place. This will be continued on an ongoing basis.

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

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
Web www.rqia.org.uk
@RQIANews