# Unannounced Medicines Management Inspection Report
# 19 April 2016

# Trevenna Lodge

**1 Tully Road, Killadeas, Enniskillen, BT94 1RE**
**Tel No: 028 6862 1500**
**Inspector: Paul Nixon**

## 1.0 Summary

An unannounced inspection of Trevenna Lodge took place on 19 April 2016 from 09:30 to 11:30.

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 one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

**Is care safe?**
No requirements or recommendations have been made.

**Is care effective?**
One recommendation has been made in relation to the recording of the reason for and outcome of the administration of medicines prescribed on a 'when required' basis for the management of distressed reactions.

**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 | 1 |

Details of the QIP within this report were discussed with Ms Madeline Power, Care Assistant at the conclusion of the inspection and also with Mr Tom Corr, Responsible Person, via telephone on 20 April 2016, 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 .8 December 2015.

## 2.0 Service details

| | |
|---|---|
| **Registered organisation/registered person:**<br>Trevenna Lodge /<br>Mr Tom Corr | **Registered manager:**<br>Mrs Heather Knox |
| **Person in charge of the home at the time of inspection:**<br>Ms Madeline Power (Care Assistant) | **Date manager registered:**<br>25 March 2014 |
| **Categories of care:**<br>RC-I | **Number of registered places:**<br>9 |

## 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.

We met with two residents and one care assistant.

The following records were 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
- medicines storage temperatures

## 4.0 The inspection

## 4.1 Review of requirements and recommendations from the most recent inspection dated 8 December 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 05 September 2013

| Last medicines management inspection statutory requirements | | Validation of compliance |
|---|---|---|
| **Requirement 1**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** Second time | The time recorded for the administration of bisphosphonate medicines must be accurate. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The times recorded for the administration of a bisphosphonate medicine were accurate. | |
| **Requirement 2**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time | The responsible person must implement a robust audit tool which covers all aspects of the management of medicines and evidences that medicines are being administered as prescribed on all occasions. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The responsible person had implemented a robust audit tool which covered all aspects of the management of medicines and evidenced that medicines were being administered as prescribed. Good audit outcomes had been obtained. | |

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| **Requirement 3**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time | The responsible person must ensure that up to date self-administration protocols are in place for all relevant residents. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The responsible person confirmed that up to date self-administration protocols were in place for all relevant residents. The risk assessment for self-administration was reviewed on an ongoing basis and formally at the resident's annual care review. | |
| **Requirement 4**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time | The responsible person must ensure that detailed records are maintained of all correspondence with the prescriber when medicines are refused. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Staff confirmed that detailed records were maintained of all correspondence with the prescriber when medicines were refused. This was not a current issue. | |
| **Requirement 5**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time | The medicine refrigerator must be kept locked when not in use. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The medicine refrigerator was locked. | |
| **Requirement 6**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time | The responsible person must ensure that medicines are removed from use when their expiry date is reached. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The medicines examined were in date. Dates of opening were recorded on all medicines; this practice facilitated the removal from use of limited shelf life medicines when their expiry date was reached. | |
| **Requirement 7**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time | Medicines must be retained in their labelled container until the point of administration. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The medicines examined were retained in their labelled containers. | |

| Last medicines management inspection recommendations | | Validation of compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time | The responsible person should audit those medicines which are self-administered to monitor on going compliance. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There were arrangements in place to audit those medicines which were self-administered. A record was maintained of medicines given to residents for self-administration and this record was used as a means of monitoring compliance. | |
| **Recommendation 2**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time | Written authorisation should be requested from the general practitioner for the administration of non-prescribed medicines. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The care assistant confirmed that written authorisation had been requested from the general practitioners for the administration of non-prescribed medicines. Non-prescribed medicines were no longer kept. | |
| **Recommendation 3**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time | In order to facilitate audit activity and disposal at expiry, the date of opening should be recorded on all medicine containers. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The dates of opening were recorded on all medicine containers and were used to facilitate audit activity and disposal at expiry. | |
| **Recommendation 4**<br><br>**Ref**: Standard 31<br><br>**Stated:** First time | Two members of staff should verify and sign all updates on the personal medication records. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Two members of staff had verified and signed the updates on the personal medication records. | |

| | | |
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| **Recommendation 5**<br><br>**Ref**: Standard 32<br><br>**Stated:** First time | The ambient temperature of the medicine storage area should be monitored and recorded each day to ensure that it is maintained at or below 25°C. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The ambient temperature of the medicine storage area was monitored and recorded each day. The temperature had been maintained below 25°C. | |

## 4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. There was an induction process in place. The impact of training was monitored through team meetings, supervision and appraisal. The responsible person confirmed that competency and capability assessments were performed annually; the last assessments were performed during May 2015. The responsible person also confirmed that the registered manager provided staff with refresher training in medicines management at least once annually.

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. Personal medication records and handwritten entries on medication 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 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 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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | | | |
|---|---|---|---|
| **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 prescriber's instructions. 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. A care plan was maintained. The reason for and the outcome of administration were not always 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. Staff advised that the residents could verbalise any pain. A pain management care plan was maintained.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the 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 staff, 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.

| Number of requirements: | 0 | Number of recommendations: | 1 |
|---|---|---|---|

## 4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to one resident was observed during the inspection. Medicines were administered to the resident in the dining room. The care assistant administering the medicines spoke to the resident in a kind and caring manner. The resident was given time to take their medication.

Following discussion with two residents, no concerns in relation to the management of their medicines were raised.

**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?

Written policies and procedures for the management of medicines were in place. Following discussion with a member of care staff, it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff. They were also familiar with their roles and responsibilities in relation to medicines management.

There were robust arrangements in place for the management of medicine related incidents. The member of care staff confirmed that they knew how to identify and report incidents. They also confirmed that there had been no medicine related incidents since the last medicines management inspection.

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

The member of care staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated either individually with the staff member or through 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

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Madeline Power, Care Assistant at the conclusion of the inspection and also with Mr Tom Corr, Responsible Person, via telephone on 20 April 2016, as part of the inspection process. The timescale commences 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 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 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**<br><br>**Ref**: Standard 8<br><br>**Stated:** First time<br><br>**To be completed by:**<br>19 May 2016 | The registered person should ensure that the reason for and the outcome of administration of medicines prescribed for administration on a "when required" basis for the management of distressed reactions are routinely recorded.<br><br>**Response by registered person detailing the actions taken:**<br>STAFF HAVE BEEN REMINDED TO RECORD THE REASON FOR AND OUTCOME OF ADMINISTRATION OF MEDICATIONS PRESCRIBED ON A "WHEN REQUIRED" BASIS FOR DISTRESSED REACTIONS IN RESIDENTS DAILY RECORDS. |

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

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