

Unannounced Medicines Management Inspection Report 14 April 2016



Northlands Addiction Treatment Centre

Address: Shepherds Way, Dungiven Road, Waterside, Londonderry,
BT47 5GW

Tel No: 028 7131 3232

Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Northlands Addiction Treatment Centre took place on 14 April 2016 from 09:25 to 11:45.

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?

One recommendation has been made in relation to requesting the pharmacist to provide a description of each medicine supplied in a multi compartment compliance aid in order to assist staff in its identification.

Is care effective?

No requirements or 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	1

Details of the QIP within this report were discussed with Ms Nuala Tracey, Acting Manager, 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 23 February 2016.

2.0 Service details

Registered organisation/ registered person: Northlands Addiction Treatment Centre / Mr Declan Eugene Doherty	Registered manager: See box below
Person in charge of the home at the time of inspection: Ms Nuala Tracey (Acting Manager)	Date manager registered: Ms Nuala Tracey – Acting, application not required
Categories of care: RC-A, RC-D	Number of registered places: 8

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 three residents, the acting manager and two addiction counsellors.

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
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 February 2016

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 dated 27 August 2013.

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	The prescribed status of three medicines must be confirmed with the general medical practitioners. Action taken as confirmed during the inspection: On 29 August 2013, RQIA were provided with confirmation that the prescribed statuses of the three medicines were confirmed with the medical director.	Met
Requirement 2 Ref: Regulation 13(4) Stated: Second time	The registered manager must ensure that the non-administration of medicines, with a reason for the non-administration, is clearly recorded on each occasion. Action taken as confirmed during the inspection: The non-administration of medicines, with a reason for the non-administration, had been clearly recorded on each occasion.	Met

<p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must introduce a robust audit system in order to ensure that the personal medication record sheets and medication administration record sheets are being fully and accurately maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A robust audit system had been introduced to ensure that the personal medication record sheets and medication administration record sheets were being fully and accurately maintained. The addiction counsellors stated that they monitor the completion of these records on a weekly basis. The personal medication record sheets and medication administration record sheets examined were observed to have been maintained in a satisfactory manner.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The resident's drug allergy status must be routinely declared on their personal medication record sheet.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The resident's drug allergy status had been routinely declared on their personal medication record sheet.</p>		
<p>Last medicines management inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs, specific to Northlands Addiction Treatment Centre, are developed and implemented.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Standard Operating Procedures for the management of controlled drugs, specific to Northlands Addiction Treatment Centre, had been developed and implemented.</p>		

<p>Recommendation 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>For each resident, only one personal medication record sheet should be retained within the medicines file.</p> <hr/> <p>Action taken as confirmed during the inspection: Only the current personal medication record sheets were retained within the medicines file.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The pages of both the receipt of medicines record and the disposal of medicines record should be sequentially numbered.</p> <hr/> <p>Action taken as confirmed during the inspection: The pages of both the receipt of medicines record and the disposal of medicines record had been sequentially numbered.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The controlled drugs cabinet should be attached to the solid wall.</p> <hr/> <p>Action taken as confirmed during the inspection: The controlled drugs cabinet had been attached to a solid wall.</p>	Met

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through team meetings, supervision and appraisal. Staff medicines management competencies were last reviewed in March 2014; the need to perform these competencies on an annual basis was discussed and agreed with the acting 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. Personal medication records were signed by the medical director.

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.

Two residents had their medicines supplied by community pharmacists in multi compartment compliance aids. There were no descriptions of the medicines in order to assist staff identify them. The pharmacist should be requested to provide a description of each medicine supplied in a multi compartment compliance aid in order to assist staff in its identification; a recommendation was made.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. When held, 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.

Areas for improvement

Staff should request the pharmacist to provide a description of each medicine supplied in a multi compartment compliance aid in order to assist in its identification; a recommendation was made.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. They were aware that ongoing monitoring was necessary to ensure the pain was well controlled and the resident was comfortable. Staff also advised that the residents could verbalise any pain. A pain management care plan was maintained for a resident who was prescribed an analgesic for regular 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 medical director and general medical practitioner.

Medicine records were maintained in a satisfactory manner and facilitated the audit process.

Staff stated that they audited the completion of the personal medication records and medicine administration records each week. The need to record this audit activity was discussed and agreed. The staff also audited all medicines at approximately monthly intervals and recorded the outcomes.

Following discussion with staff, it was evident that, when applicable, other allied healthcare professionals were contacted in response to medicine related concerns or queries.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines. The medical director reviewed the capability of the resident to self-administer their medicines as part of the admission process.

The administration of a controlled drug to one resident was observed. The two staff administering the medicine spoke to the resident in a kind and caring manner. The resident was given time to take the medicine.

Following discussion with three 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
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following discussion with staff, it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. 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 satisfactory outcomes had been achieved. Following discussion with staff, it was evident that they 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 through staff meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Nuala Tracey, Acting Manager 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 the **RQIA office** 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	
<p>Recommendation 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 14 May 2016</p>	<p>The registered person should ensure that the pharmacist is requested to provide a description of each medicine supplied in a multi compartment compliance aid in order to assist staff in its identification.</p> <p>Response by registered person detailing the actions taken: <i>Discussed on telephone with Pharmacist at Medicare. He will speak to his colleague, and agreed that this recommendation will be in place prior to the next medications collection. This approach will be repeated with any subsequent Nomad packs that come in.</i></p>

**Please ensure this document is completed in full and returned to RQIA's Office.*



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