Unannounced Medicines Management Inspection Report
3 October 2016

Seymour Gardens

Type of service: Residential Care Home
Address: Nelson Drive, Waterside, Londonderry, BT47 6ND
Tel No: 028 7134 4470
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of Seymour Gardens took place on 3 October 2016 from 09:55 to 14:40.

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 patients. 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. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. Improvements were necessary in the admission process, the management of warfarin, the ordering process for medicines and infection control. Two requirements and two recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. Improvements were necessary in the management of pain and the management of distressed reactions and the management of medicine records. Two recommendations were made and a requirement from the previous inspection was stated for the second time.

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 patients. Residents consulted with confirmed that they were administered their medicines appropriately. There were no areas for improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. One area for improvement was identified in relation to updating medicine policies and procedures. A recommendation was 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	3	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Miss Jacqueline McCafferty, Acting Manager (registration pending) 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 9 June 2016.

2.0 Service details

Registered organisation/registered person: Western HSC Trust/Mrs Elaine Way CBE	**Registered manager:** See below
Person in charge of the home at the time of inspection: Miss Jacqueline McCafferty	**Date manager registered:** Miss Jacqueline McCafferty – Pending Registration
Categories of care: RC-DE	**Number of registered places:** 26

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home.

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 five residents and three members of staff.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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 9 June 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 27 August 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The resident's allergy status must be recorded on the personal medication record.	**Met**
	Action taken as confirmed during the inspection: All personal medication records were reviewed. Three out of the 24 records did not have the allergy status recorded. This was addressed during the inspection and no further action was required.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	Records of external preparations administered by designated care staff must be fully and accurately maintained.	**Not Met**
	Action taken as confirmed during the inspection: The administration records were reviewed. Incomplete records were noted. This requirement was stated for the second time.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 32 **Stated:** Second time	All insulin pens in use should be marked with the date of opening.	**Met**
	Action taken as confirmed during the inspection: No residents were prescribed insulin on the day of the inspection. Staff confirmed this had been addressed following the last medicines management inspection.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	Prescriptions should be received and checked against the medicines order before forwarding to the pharmacy for dispensing.	**Met**
	Action taken as confirmed during the inspection: The majority of medicines are supplied to the home in monitored dosage cassettes on a weekly basis. Staff advised that the community pharmacist visits the home once a week to complete the medicine order in consultation with a member of home staff. A copy of current prescriptions was kept in the home. As there are robust systems in place for obtaining medicines, in consultation with the community pharmacist, and the manager has agreed to further review the ordering system, this recommendation has been assessed as met and not been re-stated. A recommendation regarding the need to keep a copy of medicine orders has been made.	
Recommendation 3 **Ref**: Standard 32 **Stated:** Second time	The management of anticoagulant dose regimens should be reviewed to ensure that: • The confirmation of warfarin doses is received in writing or by two members of staff by telephone • Transcribing involves two members of staff.	**Not Met**
	Action taken as confirmed during the inspection: Written confirmation had not been received for one resident prescribed warfarin and transcribing of doses did not involve two members of staff. This recommendation has been subsumed into a requirement regarding the management of warfarin.	

Recommendation 4 **Ref**: Standard 32 **Stated:** Second time	All relevant staff should be competent in the correct use of the medicines refrigerator.	**Met**
	Action taken as confirmed during the inspection: The temperature of the medicines refrigerator had been monitored and recorded on a daily basis and temperatures were within the recommended limits for cold storage.	

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 for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Records of competency assessments were not available for inspection. The manager advised that she is due to complete her own medicines management training in the near future and, following this, she will complete a review of staff competency and annual appraisals with respect to medicines management. Refresher training in medicines management was provided for care staff in the last year.

Improvements were necessary in the ordering processes for medicines (see Section 4.2). Records of medicine orders should be maintained. A recommendation was made. 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 updated by two members of staff. This safe practice was acknowledged.

Robust procedures were not in place to ensure the safe management of medicines during a resident's admission to the home. Current medication regimes must be confirmed with a health or social care professional each time a resident is admitted to the home on a permanent basis or for a period of respite care. A requirement 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. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

The management of warfarin was not robust. For one resident, the dosage instructions had not been confirmed in writing and transcribing of doses did not involve two members of staff. A requirement was made.

Discontinued or expired medicines were disposed of appropriately.

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. Medicine refrigerators were checked at regular intervals. Some improvements were necessary with regard to infection control; spacer devices for inhalers should be kept covered when not in use; urine samples should not be stored in the medicines refrigerator; and tubes of creams in use and which require refrigeration should be segregated on an individual resident basis. A recommendation was made.

Areas for improvement

Records of medicine orders should be maintained in the home. A recommendation was made.

Current medication regimes must be confirmed with a health or social care professional each time a resident is admitted to the home on a permanent basis or for a period of respite care. A requirement was made.

Confirmation of dosage regimes for warfarin must be confirmed in writing and transcribing of doses should involve two members of staff. A requirement was made.

The storage of medicines should be reviewed and revised with regard to appropriate infection control measures; spacer devices for inhalers should be kept covered when not in use; urine samples should not be stored in the medicines refrigerator; and tubes of creams in use and which require refrigeration should segregated on an individual resident basis. A recommendation was made.

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

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, monthly or three monthly 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. The reason for administration was recorded. Staff were reminded that the outcome of administration should also be recorded. A care plan was not maintained and this should be addressed. 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. A care plan was not maintained for those residents prescribed regular pain relief and pain is not assessed as part of the admission process. This should be addressed. A recommendation was made.

Staff 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.

The majority of medicine records were well maintained and facilitated the audit process. A recommendation regarding records of medicines ordered was made in Section 4.3. A requirement regarding the maintenance of records of the administration of external preparations was stated for the second time (see Section 4.2).

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

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to issues or concerns relating to medicines management.

Areas for improvement

Care plans detailing the management of medicines prescribed for administration on a "when required" basis for the management of distressed reactions should be maintained. A recommendation was made.

The management of pain should be reviewed to ensure pain is assessed on admission and reference is made to the management of pain in the care plans where applicable. A recommendation was made.

Records of external preparations administered by designated care staff must be fully and accurately maintained. A requirement was stated for the second time.

Number of requirements	1	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. Pain relief was offered during the medicine round.

Residents advised:

"I have pain in my legs – I got tablets for the pain."
"I got my tablets this morning."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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. These had not been updated since August 2011. Written policies and procedures for the management of medicines should be subject to regular review. A recommendation was made.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved.

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.

Not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with designated members of staff.

Areas for improvement

Written policies and procedures for the management of medicines should be subject to a regular review. A recommendation was made.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Jacqueline McCafferty, Acting Manager (registration pending) 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

Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 3 November 2016	Records of external preparations administered by designated care staff must be fully and accurately maintained.
	Response by registered provider detailing the actions taken: The community pharmacist and OIC will provide training on external medication application and skin care for the elderly (on 18th and 25th November 2016). SCAs will check external medication applications and recording on a daily basis to ensure external preparation procedures are being followed. The OIC is in the process of drawing up detailed care plans for residents who require external preparations. The OIC will undertake a monthly audit of external preparation to monitor external medication procedures and application.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 3 November 2016	The registered provider must ensure that confirmation of dosage regimes for warfarin is obtained in writing and transcribing of doses involves two members of staff.
	Response by registered provider detailing the actions taken: The OIC is negotiating with the relevant GP practices for immediate written confrimation by email of the dosage regimes for warfarin; one practice is already doing this. When telephoning the dosage through the OIC has reiterated that 2 members of staff must receive the instructions. When transcribing dosages onto personal medication charts the OIC has reiterated that 2 staff members carry out the procedure to confirm the dosage is accurate in line with the GPs guidelines. One of those involved in transcribing must be the OIC or a Senior Care Assistant.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 3 November 2016	The registered provider must ensure that current medication regimes are confirmed with a health or social care professional each time a resident is admitted to the home on a permanent basis or for a period of respite care.
	Response by registered provider detailing the actions taken: The Head of Service has communicated with the relevant community teams to underline that a requirement for admission to Seymour is the provision of a current medication regime to ensure that the medication the resident brings with them corresponds with the prescription information provided by the GP, Consultant, Hospital Pharmacist. This was done on 9/11/16 In the event of a discrepancy the OIC/SCA on duty will liaise with the relevant professional for confirmation of the current medication regime.

Recommendations	
Recommendation 1 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should ensure a copy of medicine orders is kept in the home.
	Response by registered provider detailing the actions taken: The OIC has had a discussion with the Pharmacist who will supply a copy of the 4 weekly script, any prn medications and any other medications prescribed for the resident. There is also an ordering drugs received book within the home where drugs ordered and received are recorded.
Recommendation 2 **Ref**: Standard 32 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should review and revise the storage of medicines with regard to appropriate infection control measures as detailed in the report.
	Response by registered provider detailing the actions taken: The OIC will ensure that SCAs comply with appropriate infection control measures. Spacer devices for inhalers will be kept covered when not in use. Urine samples will not be kept in the fridge and tubes of cream which require refrigeration will be kept in individual residents trays
Recommendation 3 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should ensure care plans detailing the management of medicines prescribed for administration on a “when required” basis for the management of distressed reactions are maintained.
	Response by registered provider detailing the actions taken: New recording sheets for the administration of "when required", basis for distressed reactions have been drawn up. These include the effect of the medication. All residents on "when required", for distressed reactions have this referenced in their care plans.
Recommendation 4 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should review pain management to ensure pain is assessed on admission and reference is made to the management of pain in care plans where applicable.
	Response by registered provider detailing the actions taken: The Head of Service will undertake to communicate with the relevant community teams to reinforce that comprehensive details of pain; management of; and manner of expressing pain are included in the NISAT. On admission this information will be included in the resident's care plan and kept under review.
Recommendation 5 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should ensure written policies and procedures for the management of medicines are subject to a regular review.
	Response by registered provider detailing the actions taken: The OIC has reviewed and is currently updating written policies and procedures that are used within the home in relation to the control and administration of medication. A copy of Trust Medication Policy, dated June 2016, is available for staff to read.

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