



The Regulation and
Quality Improvement
Authority

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 17269
Establishment ID No: 1223
Name of Establishment: William Street Care Home
Date of Inspection: 4 August 2014
Inspector's Name: Helen Mulligan

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of home:	William Street Care Home
Type of home:	Residential Care Home
Address:	98 William Street Londonderry BT48 9AD
Telephone number:	(028) 7126 4213
E mail address:	moia.irvine@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Ms Elaine Way
Registered Manager:	Ms Moia Patricia Irvine
Person in charge of the home at the time of inspection:	Ms Moia Irvine
Categories of care:	RC-I
Number of registered places:	27
Number of residents accommodated on day of inspection:	18
Date and time of current medicines management inspection:	4 August 2014 10:45 to 13:15
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	26 July 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Ms Moia Irvine (Registered Manager) and staff on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

William Street Care Home is registered to provide care for up to 27 residents. The registered manager of the home is Ms Moia Patricia Irvine.

The home is situated in its own grounds in William Street, within walking distance of the city centre.

The home is a single-storey building which comprises the following:

- 26 single bedrooms all with running water;
- four sitting rooms;
- one quiet room;
- one dining room;
- one kitchen;
- three kitchenettes;
- laundry;
- two offices;
- two garden rooms;
- staff accommodation; and
- bathroom, shower and toilet facilities.

The grounds around the home are landscaped and provide secluded areas to enable residents to relax in tranquil surroundings.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of William Street Care Home was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 4 August 2014 between 10:45 and 13:15 hours. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with the registered manager of the home, Ms Moia Irvine and with the staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in William Street Care Home are substantially compliant with legislative requirements and best practice guidelines.

The seven requirements made at the previous medicines management inspection on 26 July 2011 were examined during the inspection; compliance with these requirements was noted, as detailed in Section 5.0 below.

The results of this inspection indicated no areas of concern, although some improvements in the management of medicines are necessary.

Some areas of good practice were noted during the inspection. Written policies and procedures for the management of medicines are in place and these are reviewed on an annual basis. There was evidence that staff have been trained and deemed competent to manage medicines in the home. Medicine records are generally well-maintained. Medicines are stored safely and securely. The results of medicine audits undertaken during the inspection showed no significant discrepancies.

Additional monitoring arrangements should be implemented for nutritional supplements.

Improvements are necessary in the record keeping arrangements for stock balance checks of controlled drugs.

The inspection attracted a total of two recommendations. The recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 26 July 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must implement some additional monitoring/auditing arrangements for supplies of paracetamol tablets.</p> <p>Stated twice</p>	<p>Additional monitoring arrangements for paracetamol were implemented following the last medicines management inspection. There was evidence that supplies are now being monitored on a monthly basis.</p>	Compliant
2	13(4)	<p>Records of the administration of medicines must be adequately maintained.</p> <p>Stated twice</p>	<p>The majority of records of the administration of medicines were noted to be adequately maintained.</p>	Compliant
3	13(4)	<p>The registered manager must conduct an investigation of the discrepancies noted during the medicine audits for residents 1, 2, 3 and 5 and forward a report of the findings to RQIA, Omagh office.</p> <p>Stated once</p>	<p>The registered manager investigated the discrepancies and forwarded a report of the findings to RQIA.</p>	Compliant
4	13(4)	<p>The level of audit activity with respect to medicines must be increased.</p> <p>Stated once</p>	<p>Each resident's medicines are audited on a monthly basis. Additional monitoring arrangements were noted to be in place for anticoagulant medicines and controlled drugs.</p>	Compliant

5	13(4)	Records of the receipt of medicines must be accurately maintained. Stated once	Records of the receipt of medicines were adequately maintained.	Compliant
6	13(4)	Personal medication records must be reviewed and revised to address the issues highlighted in Criterion 31.2 Stated once	Personal medication records were noted to be well-maintained.	Compliant
7	13(4)	The registered manager must review the administration of inhaled medicines for resident 6 and resident 7 and forward confirmation to RQIA Omagh office, that these medicines are being administered in accordance with the prescribers' instructions. Stated once	The registered manager provided confirmation that these medicines had been administered correctly, in accordance with the prescriber's instructions.	Compliant

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Medicines in this home are managed appropriately in accordance with DHSSPS guidance.</p> <p>The admissions procedure was reviewed for one resident recently admitted to the home; written confirmation of the resident's current medication regime had been obtained from the prescriber.</p> <p>Appropriate arrangements are in place for the management of anticoagulant medicines (warfarin). Written confirmation of dosage regimes is obtained. Separate records of administration are maintained. Stock balances are monitored and recorded on a daily basis. No discrepancies in stock balances of warfarin tablets were noted during the inspection.</p> <p>Robust procedures are in place for ordering supplies of medicines.</p> <p>A randomly selected sampled of medicines was audited during the inspection. No significant discrepancies were noted.</p>	Compliant
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Written policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place. These were reviewed and updated in January and February 2014.</p>	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager provided evidence that staff who manage medicines are trained and competent to do so. Training is provided at induction and updated annually.	Compliant
Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager provided evidence that staff competency with respect to the management of medicines is assessed on an annual basis. Records of competency assessments are maintained.	Compliant
Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Staff in this home are not required to administer any medicines using specific techniques.	Not applicable

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that any medication errors or incidents would be reported to RQIA, in accordance with procedures.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Medicines for disposal are returned to the community pharmacist.	Compliant
Criterion Assessed: 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings:	
Medicines in this home are audited on a monthly basis. Supplies of diazepam and warfarin are monitored on a daily basis, indicating good practice. Additional monitoring arrangements should be in place for nutritional supplements. A recommendation is made	Substantially compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 31- MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

<p>Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Medicine records were noted to be generally well-maintained and facilitated the audit process.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 31.2 The following records are maintained:</p> <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Personal medication records were generally well-maintained.</p> <p>Records of the administration of medicines are adequately maintained. A small number of incomplete records were noted during the audit. Staff are reminded that a record of all medicines administered, along with a record of any variable doses must be maintained.</p> <p>Records of medicines ordered and received are maintained.</p> <p>Records of medicines disposed of and transferred on discharge or during periods of home leave are maintained.</p>	<p align="center">Substantially compliant</p>

Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings: A sample of records in the controlled drugs record book was examined during the inspection. No discrepancies were noted in these records. Staff are reminded that amendments/deletions must be appropriately maintained. Staff are also reminded that the amount obtained column in the record book should not be used to record stock reconciliation checks at staff handover.	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 32 - MEDICINES STORAGE

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Medicines are stored safely and securely. The treatment room was clean, tidy and well-organised. There was sufficient storage space for medicines in the medicine trolley and medicine cupboards.</p> <p>Appropriate arrangements are in place for the storage of controlled drugs.</p> <p>The majority of refrigerator temperatures were within the recommended limits for cold storage. Some recent records were too high; the registered manager advised that this had been noted following a recent power surge and appropriate action had been taken.</p> <p>The room temperature of the treatment room is monitored daily; all recorded temperatures were below 25°C.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	
Inspection Findings:	
Key control in this home is appropriate	Compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
Staff on duty confirmed that quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred. However, records of these checks are not adequately maintained and this should be addressed. A recommendation is made.	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Control solutions for glucometers

Staff are reminded that control solutions for glucometers should be marked with the date of opening to prevent usage beyond the in-use shelf-life.

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Moia Irvine (Registered Manager)** as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Helen Mulligan
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS



The Regulation and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN
RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION
WILLIAM STREET CARE HOME
4 AUGUST 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Moia Irvine, Registered Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
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There are no requirements

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	The registered manager should implement additional monitoring arrangements for nutritional supplements. Ref: Criterion 30.8	One	Additional monitoring of all prescribed nutritional supplements being used has been implemented.	30 days
2	32	The registered manager should ensure that records of checks of stock balances of controlled drugs at each handover of responsibility are adequately maintained. Ref: 32.3	One	The registered manager has commenced a separate recording arrangement for checking stock balance and handover of controlled drugs.	30 days

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Moia Irvine
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Carrie Hogg</i>

REGULATION AND QUALITY
05 SEP 2014
IMPROVEMENT AUTHORITY

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable				
B.	Further information requested from provider				

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Mulligan	9 September 2014
B.	Further information requested from provider		No		