

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN018430
Establishment ID No:	1224
Name of Establishment:	The Cottages
Date of Inspection:	16 September 2014
Inspector's Name:	Judith Taylor

1.0 GENERAL INFORMATION

Name of home:	The Cottages
Type of home:	Residential Care Home
Address:	Shepherds Way Dungiven Road Derry BT47 5GW
Telephone number:	(028) 7134 4484
E mail address:	marie.mullan@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western Health and Social Care Trust Ms Elaine Way CBE
Registered Manager:	Ms Marie Mullan
Person in charge of the home at the time of Inspection:	Ms Marie Mullan
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	7
Number of residents accommodated on day of inspection:	3
Date and time of current medicines management inspection:	16 September 2014 10:25 – 14:40
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	13 September 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 Marie Mullan, 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

The Cottages is registered as a residential care home to provide planned short-term respite care for adults with learning disability needs. No residents live permanently in this home.

The home is situated close to local shops, schools, churches and community facilities and within walking distance from the city centre of Londonderry.

The Cottages consists of five bedrooms, a kitchen, sitting room, laundry room, one shared bathroom / toilet and office accommodation.

There is a small garden to the front and side of the building and a small secure patio area.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of The Cottages was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 16 September 2014 between 10:25 and 14:40. 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 Marie Mullan 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 The Cottages are moving towards compliance with legislative requirements and best practice guidelines. The outcomes of this inspection found no significant areas of concern however, areas for improvement were noted.

The six requirements and six recommendations which were made at the previous medicines management inspection on 13 September 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary in Section 5.0 of the report. Two of the requirements have been assessed as substantially compliant; three as moving towards compliance and one requirement is no longer applicable. Three recommendations have been fully complied with, two have been assessed as moving towards compliance and one is no longer applicable. Three requirements and one recommendation are restated in the Quality improvement plan (QIP).

Since the previous medicines management inspection, RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence that maybe received from trusts or other sources.

Some areas of the management of medicines are maintained in accordance with legislative requirements, DHSSPS standards and professional guidance, and areas of good practice were noted and highlighted during the inspection. However, areas where improvements in the management of medicines are necessary were identified and discussed with the registered manager. This included record keeping and storage. The registered manager gave assurances that each of the issues would be addressed.

There are procedures in place to ensure senior staff receive training in medicines management. Staff competency is reviewed annually, and training is evaluated through supervision and appraisal. When social care workers are responsible for the administration of external preparations, records of training and competency must be maintained. An up to date list of the names of all staff trained and deemed competent in medicines management should be maintained.

Written policies and procedures for the management of medicines should be updated to ensure they are current and include standard operating procedures for controlled drugs.

The procedures for checking medicines at each period of respite care must be reviewed to ensure the information on personal medication records and labels match and all current medicines are included.

Arrangements for the administration of medicines during the night should be reviewed to ensure that trained staff are readily available, to avoid any unnecessary delays in the administration of medicines.

The management of medicines prescribed on a 'when required' basis for distressed reactions should be reviewed to ensure that care plans are developed.

Practices for the management of medicines are audited on regular basis. The outcomes of the audit trails performed on a variety of randomly selected medicines during the inspection indicated that the majority of medicines had been administered in strict accordance with the prescribers' instructions. However, some discrepancies were observed and discussed during the inspection. All medicines must be administered as prescribed.

Some of the medicine records which were selected for examination had been maintained in the required manner. The management of personal medication records must be reviewed. Records of the administration of external medicines and thickening agents must be adequately maintained. The maintenance of records for the administration of medicines via the enteral route should also be reviewed.

The control of medicine keys must be reviewed to ensure that members of staff can only access the medicines that they are trained and competent to manage and administer.

The inspection attracted a total of six requirements and five recommendations. The requirements and 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 13 September 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>Policies and procedures for confirming medicines on admission must be reviewed and revised to ensure that there is evidence that current medication regimes have been confirmed at each admission, all personal medication records are accurate and current, all prescribed medicines are included, all medicines are in date and all medicines are appropriately labelled.</p> <p>Stated once</p>	<p>This process was discussed at the inspection. The registered manager advised of the ongoing difficulties in ensuring that personal medication records are up to date and accurate for use at each period of respite care. Of the three personal medication records examined at the inspection, it was noted that one record was not up to date and there was no evidence that the personal medication record which is held in the home had been checked for accuracy/changes at the beginning of the period of respite care. This is the expected practice. Of the other two personal medication records, areas for improvement were identified and discussed at the inspection.</p> <p>All current medicines were in date and had been labelled by the community pharmacist</p> <p>Elements of this requirement are restated</p>	Moving towards compliance

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	13(4)	<p>The management of Logynon tablets for resident number 3 must be reviewed with the prescriber and appropriate action taken.</p> <p>Stated once</p>	<p>There are currently no residents using this service who are prescribed Logynon. The completed quality improvement plan from the previous medicines management inspection stated that the incident had been discussed with the prescriber, family and community nurse. This was also confirmed by the staff at the inspection.</p>	Not applicable
3	13(4)	<p>Medicines must be administered in accordance with the prescribers' instructions.</p> <p>Stated once</p>	<p>Whilst the outcomes of the majority of audit trails indicated that medicines had been administered as prescribed, there was evidence that three medicines had not been administered as prescribed.</p> <p>This requirement is restated</p>	Moving towards compliance
4	13(4)	<p>The home must have written policies and procedures in place for the management of rectal diazepam, PEG tubes and thickening agents.</p> <p>Stated once</p>	<p>The registered manager provided evidence that these policies had been developed. It was advised that the policies regarding PEG tubes and thickening agents should be further developed to ensure they reflect current practice.</p> <p>A recommendation is stated</p>	Substantially compliant

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	<p>Personal medication records must be adequately maintained, in accordance with DHSSPS guidance.</p> <p>Stated once</p>	<p>Personal medication records continue to raise concerns and staff advised that this has been identified as a high risk area. Three residents' records were reviewed at the inspection. Areas where further improvements in the maintenance of personal medication records are necessary were highlighted and discussed during the inspection.</p> <p>It is acknowledged that a meeting with senior management is planned on 17 September 2014 to address this issue.</p> <p>This requirement is restated</p>	Moving towards compliance
6	13(4)	<p>Records of the receipt of medicines must be adequately maintained.</p> <p>Stated once</p>	<p>The majority of incoming medicines had been receipted accurately. A small number of medicines had been recorded incorrectly and this was discussed at the inspection.</p>	Substantially compliant

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	Records of medicines received should include the dosage directions for each medicine. Stated twice	The dosage directions are clearly recorded in the receipt of medicines record book.	Compliant
2	31	The registered manager of the home should review the current staffing arrangements with respect to the administration of medicines at night. Stated once	Although staff advised of the current arrangements at night time, there are no staff members present in the home, who are trained in the administration of general medicines during the night. This recommendation is restated	Moving towards compliance
3	32	The current arrangements for key control should be reviewed and the key to the controlled drugs cabinet should be kept separately from all other keys. Stated once	The controlled drug key is now kept separate from all other keys. However, this key is kept locked in the medicine cupboard. The safe custody of the medicine cupboard key requires review as detailed in the report. A requirement regarding key control for medicines is made	Moving towards compliance
4	32	Policies and procedures for reconciling stocks of controlled drugs should be reviewed. Stated once	When held in stock, staff reconcile stock balances of controlled drugs at each change of shift.	Compliant

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	30	<p>Resident care plans and individual protocols for the management of rectal diazepam should be reviewed and revised to ensure they are current and complete.</p> <p>Stated once</p>	At the time of this inspection, rectal diazepam was not prescribed for any residents using this service. The registered manager advised that the residents who had been prescribed rectal diazepam had since been changed to buccal midazolam. There was evidence of the care plans and epilepsy management plans regarding buccal midazolam for these residents.	Not applicable
6	30	<p>The level of thickening of fluids required by each resident with a swallowing difficulty should be recorded on their care plans.</p> <p>Stated once</p>	Three residents care plans were observed during the inspection. The required consistency level of thickened fluid was clearly referenced.	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>Whilst some areas of the management of medicines are well maintained in accordance with legislative requirements, professional standards and DHSSPS guidance, areas for improvement were noted and discussed at the inspection as detailed below.</p> <p>The admissions procedure, with respect to confirming current medicine regimes, was examined in detail for three residents in the home. Staff advised of the ongoing difficulties in ensuring that up to date information is received on each occasion; this is currently being reviewed and a meeting to discuss this issue has been scheduled with senior management. One of the personal medication records was not up to date and there was no evidence that this had been reviewed for accuracy prior to or at admission. This is the expected practice. The resident's prescriber was contacted during the inspection to verify the correct prescription details. As this is a short-stay respite home, it is essential that robust procedures are in place for confirming each resident's current medicines every time they are admitted to the home. A requirement made at the previous medicines management inspection is restated.</p> <p>The staffing arrangements regarding the administration of medicines during the night was examined. Staff advised that senior staff remain in the home until all the evening medicines have been administered, (the majority being administered at 8pm), and staff rotas are adjusted for those residents who require medicines to be administered at 10pm. However, if medicines are required between 10pm and 8am, there are no staff present in the home who are trained and deemed competent in medicines management (with the exception of buccal midazolam). If a medicine is required overnight, the senior staff on call is contacted. This may cause an unnecessary delay in the administration of a medicine. This issue was raised at the previous medicines management inspection and was further discussed with the registered manager and staff. The recommendation</p>	<p>Moving towards compliance</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>is restated.</p> <p>The outcomes of the majority of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. However, it was noted that three medicines had not been administered in accordance with the prescriber's instructions. All medicines must be administered as prescribed. A requirement made at the previous medicines management inspection is restated.</p> <p>Epilepsy management plans and care plans for the administration of buccal midazolam are in place</p> <p>Staff have access to an up to date medicine reference source (BNF March 2014)</p>	
<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures: ordering, transport and receipt, safe storage, administration, disposal, record keeping and management of errors and incidents. Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on the RQIA website.</p> <p>The medicines management policy and procedures covered most areas relating to the use and control of medicines. This should be further developed and updated as discussed at the inspection and to ensure that it reflects the current practices for medicines management, including the new medicine system and the Standard Operating Procedures for controlled drugs. A recommendation is made.</p>	<p>Substantially compliant</p>

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:	
<p>The registered manager provided evidence to indicate that she maintains records of the medicines management training completed by the staff. Training is provided by the Western HSC Trust. The Cottages is closed to admissions for one week per year and during this week training is provided for the staff. This occurred in June 2014 and included general medicine management training for senior staff and training in the management of epilepsy for the senior staff and other care workers.</p> <p>Senior care workers administer medicines in this home. Other care workers in the home administer thickening agents, medicines for external use and buccal midazolam. There was evidence that these staff had received training on the administration of thickening agents and buccal midazolam but not on the administration of medicines for external use. This must be addressed. A requirement is made.</p> <p>The registered manager advised that the arrangements for assessing staff competency is under review, with the aim that this undertaken at least annually. She provided a sample of competency and capability assessments which had been completed this month.</p> <p>A list of the names, signatures and initials of senior staff authorised to administer medicines was observed. This should be updated to include all staff who have been trained and deemed competent in medicines management. A recommendation is made.</p>	<p>Substantially compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

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 advised that staff appraisal is undertaken on an annual basis and staff supervision occurs throughout the year.	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 are responsible for the administration of buccal midazolam. Training was provided by the specialist nurse from Western Health and Social Care Trust in June 2014. Epilepsy management plans are in place for each resident where applicable and the registered manager confirmed that all staff were familiar with each resident's plan.	Compliant
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in this home. These are reported to the trust and RQIA in accordance with The Cottage's policies and procedures. The reported incidents had been managed appropriately.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Any discontinued or expired medicines are returned to the resident or their advocate when the resident is discharged at the end of the period of respite care, or are returned to the community pharmacy for disposal.	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:	
A system to audit the management of medicines is in place. Audit trails are performed on a weekly basis and any discrepancies are investigated and discussed. Records of completed audits were inspected and generally satisfactory outcomes were noted. Personal medication records are also audited on a regular basis.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant

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

Criterion Assessed:

31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.

COMPLIANCE LEVEL

Inspection Findings:

The majority of medicine records were legible and had been constructed and completed to ensure a clear audit trail. Further attention is necessary in the maintenance of some medicine records as detailed below in Criterion 31.2.

Substantially compliant

Criterion Assessed:

31.2 The following records are maintained:

- Personal medication record
- Medicines administered
- Medicines requested and received
- Medicines transferred out of the home
- Medicines disposed of.

COMPLIANCE LEVEL

Inspection Findings:

Each of the above records is maintained in the home. A sample of each of the above medicine records was selected for examination and these were found to be mostly satisfactory. Some areas for improvements were identified as detailed below:

Personal medication records (PMRs)

Three residents' records PMRs were selected for examination at the inspection. Some of the information was recorded appropriately. One PMR was not up to date as detailed in Criterion 30.1. The dosage directions on two medicine labels did not correlate with that recorded on the resident's PMR. This must be addressed. Staff should ensure that where medicines are prescribed on a 'when required' basis, the minimum dosage frequency and maximum daily dose are recorded. The required consistency level of thickened fluids should be recorded on the

Moving towards compliance

STANDARD 31- MEDICINE RECORDS

resident's personal medication record.

It was advised that the number of doses required should be recorded in the 'Dose' column; staff are recording the strength of the medicine in this section.

Concerns regarding the maintenance of personal medication records were raised at the previous medicines management inspection and the requirement made at the previous inspection is restated.

Medication administration records

The outcomes of medicine audits undertaken during this inspection indicated that most medicines had been generally administered as prescribed and records of administration had been well maintained.

It was established at the inspection that when social care workers administer external preparations this is recorded by the senior staff. The person who administers the medicines should make the record of administration. This should be reviewed. Some omissions were also observed. When senior staff thicken fluids this is recorded, however, this is not recorded when fluids are thickened by social care workers. The registered manager must ensure that records of the administration of medicines are fully and accurately maintained on every occasion. A requirement is made.

Receipt of medicine records

The majority of incoming medicines had been recorded appropriately. However, the quantity of two medicines had been recorded incorrectly.

The need to ensure that thickening agents are routinely recorded in this record was also discussed. It was agreed that the receipt of medicine records would be closely monitored within the audit process.

STANDARD 31- MEDICINE RECORDS

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:	
<p>At the time of this inspection Schedule 2 controlled drugs were not prescribed for any residents or held in stock.</p> <p>When Schedule 2 and Schedule 3 controlled drugs are prescribed, a separate controlled drug record book is maintained for each resident. The controlled drugs record books were inspected and these had been maintained in a satisfactory manner.</p>	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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

Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	COMPLIANCE LEVEL
Inspection Findings:	
<p>All medicines are stored in locked medicine cupboards, in accordance with the manufacturer's instructions.</p> <p>A controlled drugs cabinet is available when needed.</p> <p>Satisfactory arrangements are in place for the management of medicines which require cold storage.</p>	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Arrangements for key control and access to medicines were reviewed during the inspection. When controlled Drugs (CDs) are held in stock, the key to the CD cupboard is not carried by the person-in-charge. This should be reviewed. At night, care workers have access to all medicines; they have only been trained and deemed competent to administer buccal midazolam in an emergency and should therefore not have access to other medicines in the home.</p> <p>The registered manager must review the arrangements in place for the management of keys to ensure that all medicines are stored securely and can only be accessed by those members of staff who have been trained and deemed competent to manage and administer them. A requirement is made.</p>	Not 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: Schedule 2 controlled drugs and Schedule 3 controlled drugs which are subject to safe custody requirements were not prescribed or held in stock at the time of the inspection. Records show that supplies of these medicines are reconciled at each handover of responsibility whenever supplies are held in the home.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Moving towards compliance
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7.0 ADDITIONAL AREAS EXAMINED

Management of medicines for distressed reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined. Three residents' records were examined. The registered manager advised that these medicines were rarely required. A care plan was maintained for one resident only; however, this should be further developed. The parameters for the administration were recorded on the personal medication records for two of the residents.

A resident had recently received one dose of an anxiolytic medicine; this was recorded on the administration record and also in the daily notes and specific restrictive practice sheets. The reason for the administration and the effect of administration had been recorded. This is good practice.

The registered manager should review the management of distressed reactions to ensure care plans are developed and the parameters for administration are fully recorded on the resident's personal medication record. A recommendation is made.

Management of medicines via enteral feeding tubes

One resident requires medicines to be administered via an enteral feeding tube. The name of the enteral feed and flow rate is recorded on the personal medication record which is signed by the resident's prescriber. The registered manager advised that staff are trained and competent in this area and also advised that update training was planned.

Staff confirmed that the administration of medicines is accompanied by flushes of water in accordance with the enteral feeding regime. There are no records of this activity and this was recommended.

Management of thickened fluids

The use of thickening agents was discussed. Training on the administration of thickening agents and the management of swallowing difficulties has been provided for all designated staff.

A placemat is in use for those residents who have swallowing difficulty. This placemat is supplied by the speech and language team and details the required level of consistency of thickened fluids. Care plans are in place. The thickening agent is recorded on the personal medication record, however; the required consistency level is not recorded. This should be addressed. It was noted that the administration records were incomplete as the administration was not always recorded. A record of each administration must be maintained.

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 Marie Mullan, 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:

Judith Taylor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

THE COTTAGES

16 SEPTEMBER 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 timescales for completion commence from the date of inspection.

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

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
1	13(4)	<p>Policies and procedures for confirming medicines on admission must be reviewed and revised to ensure that there is evidence that current medication regimes have been confirmed at each admission, all personal medication records are accurate and current, and all prescribed medicines are included.</p> <p>Ref: Section 5.0 and Criterion 30.1</p>	Two	<p>All medication will be recorded on admission detailing clients medications. Any noted discrepancies the nurse in charge will contact GP surgery for a print out of the clients present medication regime. The nurse will then attach the prescription to the medication kardex and transcribe details onto the medicine kardex were both family and staff nurse will sign, or two nursing staff will sign. If on admission the present prescription cannot be provided by the GP practice then the nurse in charge will ask family to make an entry on the clients daily records directing the specific requirements for the administration for medications on that admission.</p>	17 October 2014
2	13(4)	<p>Medicines must be administered in accordance with the prescribers' instructions.</p> <p>Ref: Section 5.0 & Criterion 30.1</p>	Two	<p>Medications must be clearly labelled and documentation or GP prescription must be brought in or kardex signed by family. These kardexs must be not older than six months.</p>	17 October 2014
3	13(4)	<p>Personal medication records must be adequately maintained, in accordance with DHSSPS guidance.</p> <p>Ref: Section 5.0 & Criterion 31.1</p>	Two	<p>All medication records need to be signed clearly in accordance with DHSSPS guidance whilst nurse working within NMC guidelines regarding administration of medications.</p>	17 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	<p>The registered manager must ensure that care workers responsible for the administration of external preparations are trained and competent; and records of training and competency assessment are maintained.</p> <p>Ref: Criterion 30.3</p>	One	Training is being organised for application of topical creams and PRN Paracetamol - awaiting date. Competency Assessment will be completed for each band 3 level.	17 October 2014
5	13(4)	<p>The registered manager must ensure that records of the administration of medicines are fully and accurately maintained on every occasion.</p> <p>Ref: Criterion 31.2 & Section 7.0</p>	One	All medications are to be accurately recorded on admssion and GP prescriptions needed.	17 October 2014
6	13(4)	<p>The registered manager must review the arrangements in place for the management of keys to ensure that all medicines are stored securely and can only be accessed by those members of staff who have been trained and deemed competent to manage and administer them.</p> <p>Ref: Criterion 32.2</p>	One	A booklet has been commenced to log person responsible for handover and storage of keys which access the medication cupboard. A list of names of straff and signatures are held now for inspection purposes.	17 October 2014

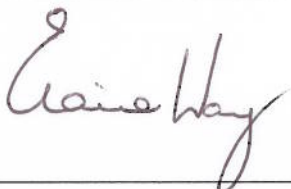
RECOMMENDATIONS

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 of the home should review the current staffing arrangements with respect to the administration of medicines at night. Ref: Section 5.0 & 6.1	Two	Staffing arrangements at night time will ensure that needs of clients who present with pain relief / Buccal Midazolam can have appropriate treatment carried out as immediate. Training is presently being organised for band 3 Social Care Workers.	17 October 2014
2	30	The registered manager should further develop the policies and procedures for medicines management and include standard operating procedures for controlled drugs. Ref: Criterion 30.2	One	At present the Cottages medicine policy is being updated to cover the management, ordering, transport and receipt, safe storage, administration, disposal, record keeping and management of errors and incidents of controlled drugs.	17 December 2014
3	30	The registered manager should ensure that an up to date list of the names, signatures and initials of all staff who are trained and deemed competent in medicines management is maintained. Ref: Criterion 30.3	One	A list of names will be available for any further inspections at the unit.	17 October 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	30, 31	<p>The registered manager should review the management of distressed reactions to ensure care plans are developed and the parameters for administration are fully recorded on the personal medication record.</p> <p>Ref: Section 7.0</p>	One	Manager to ensure that Care plans are further developed to include exact specifications in relation to the administration of PRN medications. This must be specifically recorded on their medication kardex.	17 October 2014
5	30, 31	<p>The registered manager should ensure that records are maintained which indicate that medicines which are administered via enteral feeding tubes are accompanied by flushes of water.</p> <p>Ref: Section 7.0</p>	One	A record of all fluid i.e. enteral tube will be recorded and available for inspection purposes.	17 October 2014

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Marie Mullan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

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	x		Judith Taylor	14/11/14
B.	Further information requested from provider				