RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No: **IN021137**

Establishment ID No: **1317**

Name of Establishment: **Malone**

Date of Inspection: **21 January 2015**

Inspector's Name: **Helen Daly**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Malone
Type of home:	Residential Care Home
Address:	188 Upper Malone Road Belfast BT17 9JZ
Telephone number:	028 9061 1745
E mail address:	malone@malonehealthcare.co.uk
Registered Organisation/ Registered Provider:	Malone Residential Home Mr Kevin McKinney
Registered Manager:	Mrs Rhonda Spence (registration pending)
Person in charge of the home at the time of Inspection:	Mrs Rhonda Spence
Categories of care:	RC-PH, RC-DE, RC-I
Number of registered places:	28
Number of residents accommodated on day of inspection:	19
Date and time of current medicines management inspection:	21 January 2015 11:00 – 14:30
Names of inspector:	Helen Daly
Date and type of previous medicines management inspection:	11 September 2014 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 monitoring 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 previous medicines management inspection of this home on 11 September 2014 had shown that robust systems for the management of medicines were not in place and improvements were required. The findings of the inspection were discussed with the senior pharmacy inspector and it was agreed that RQIA would give a period of time to enable improvements to be made in relation to the management of medicines and that a unannounced medicines management monitoring inspection would take place.

The purpose of this visit was to determine what progress had been made in addressing the 13 requirements and four recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes and to determine if the safety of residents, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

Discussion with Mrs Rhonda Spence, Manager, and staff on duty
Mr Kevin McKinney, Responsible Person, was available in the home throughout the inspection
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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes 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

Standard 33: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard 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

Malone is a large detached house situated in a rural location within a quiet cul-de-sac. It has large private grounds and ample car parking at the front. The communal areas overlook a large garden area with mature shrubs and trees. The home is within the Belfast Health and Social Care Trust area, approximately four miles from Belfast City Centre and one and a half miles from Finaghy.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Malone was undertaken by Helen Daly, RQIA Pharmacy Inspector on 21 January 2015 between 11:00 and 14:30. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes and to determine if the safety of residents, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for medicines management within the home and focused on 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
- Standard 33: Administration of Medicines

During the course of the inspection, the inspector met with the manager of the home, Mrs Rhonda Spence, and staff on duty. Mr Kevin McKinney, Responsible Person, was present for some of the feedback discussions. 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.

The 13 requirements and four recommendations made at the previous medicines management inspection on 11 September 2014 were examined during the inspection. Six of the requirements and three of the recommendations were assessed as compliant. Six of the requirements were assessed as substantially compliant. The remaining requirement and recommendation were assessed as moving towards compliance; they have been restated. The inspector's validation of compliance is included in Section 5.0 below.

The outcome of this inspection indicated that management and staff had addressed the concerns raised at the previous inspection. With two exceptions, satisfactory standards for the management of medicines are now in place. No areas of concern were noted. The improvements made must be sustained and further developed in order to ensure the safety and well-being of the residents. The manager should ensure that the management audits are completed regularly so that any shortfall in the required standards is identified and addressed. This was discussed in detail.

The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a generally satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. Staff continue to maintain running stock balances for all medicines which are not contained within the blister pack system. The value of this practice was discussed as inaccurate stock balances had been recorded on some occasions.

The manager gave assurances that all senior carers and care staff would have completed their training and competency assessments on medication by the end of January 2015 and that records would be maintained. This training had been completed for some staff.

Records had been maintained in a mostly satisfactory manner. The allergy status had not been recorded for a small number of residents on their personal medication records and some antibiotic courses had not been recorded as completed; these findings were discussed. The date of receipt is now recorded for the monthly and interim medicines. However records of receipt of medicines for periods of respite care are not maintained. Accurate records for the receipt of medicines for periods of respite care must be maintained. A requirement has been restated. The date of return of medicines must be recorded and this was discussed.

Storage was tidy and organised. Staff were reminded that Versatis envelopes must be re-sealed after opening.

The use of 'when required' medicines for the management of distressed reactions was again discussed in detail with the manager as the necessary improvements had not been implemented. The recommendation which was made at the previous inspection is restated. The management of 'when required' medicines for distressed reactions should be reviewed and revised to ensure that:

- the dose is clearly recorded on the personal medication record
- records of administration are clearly recorded on the medication administration records
- a care plan is in place detailing when the medicine can be administered
- the reason for and outcome of each administration is recorded
- if the 'when required' medicine is needed regularly the prescription is referred to the prescriber for review

The inspection attracted one restated requirement and one restated recommendation which are detailed in the Quality Improvement Plan.

The inspector would like to thank the responsible person, 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 11 September 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that all relevant staff have been trained and deemed competent to administer thickening agents. Records of the training provided and competency assessments must be maintained. **Stated twice**	At present only senior carers administer thickening agents; this is clearly documented on the records of administration. The manager confirmed that all senior carers have been trained and deemed competent to administer thickening agents. Training on the management of thickening agents is now provided for care staff as part of their induction. On-line training followed by competency assessments on the use of thickening agents have been completed with three care staff. Records were provided for inspection. The remaining care staff are currently completing a module on the use of thickening agents on-line. The deadline for completion of this course is 23 January 2015. Competency assessments will then be completed. The manager advised that when all care staff are trained they will be responsible for administering thickening agents.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	13(4)	The registered manager must ensure that complete records for the administration of thickening agents are maintained. **Stated twice**	One resident is prescribed a thickening agent. Records of administration are maintained on the fluid intake chart.	**Compliant**
3	13(4)	The temperature of the treatment room must be monitored and recorded each day. Appropriate corrective action must be taken if the temperature exceeds +25 ºC. **Stated twice**	New documentation is in place for recording the room temperature. The temperature of the treatment room is monitored and recorded each day. Most of the temperatures recorded were observed to be below 25 ºC. An extractor fan has been installed.	**Compliant**
4	13(4)	The register manager must ensure that appropriate corrective action is taken if the temperature of the refrigerator falls outside the accepted range. **Stated twice**	New documentation is in place for recording the refrigerator temperatures and resetting the thermometer. There is evidence that the manager is informed of any temperatures noted to be outside the accepted range.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The registered manager must ensure that appropriate risk assessments are in place when medicines are stored in resident's bedrooms. **Stated twice**	Risk assessments are in place for the relevant residents. The manager advised that these are reviewed monthly by their named care workers. A sample of records was provided for review.	**Compliant**
6	13(4)	The registered person must implement a robust auditing system which monitors all aspects of the management and administration of medicines. **Stated once**	The manager has developed a revised audit tool which covers the areas identified for improvement at the previous inspection. The audit had not been completed since the end of November 2014 due to time constraints. The manager advised that she regularly spot checks the management of medicines including record keeping and storage. It was agreed that the management audit would be completed approximately monthly.	**Substantially compliant**
7	13(4)	The registered person must ensure that the date of opening is recorded on all medicines and that medicines are removed from use at their expiry date. **Stated once**	Out of date medicines were not observed at this inspection. The date of opening had been recorded on the majority of medicine containers; audits could be completed.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
8	13(4)	The registered person must review and revise the systems in place for the management of warfarin. **Stated once**	The management of warfarin has been reviewed and revised. Dosage directions are received in writing. Staff refer to the faxed directions at each administration; there is no transcribing. A sheet to record the dose administered and balance remaining is used. Only the in-use supplies are counted each day. It was agreed that the obsolete facsimiles would be cancelled and archived.	**Substantially compliant**
9	20(1)	The registered person must ensure that senior carers are competent to perform all of the medication tasks assigned to them; records of their competency assessments must be maintained. **Stated once**	Two new competency assessment forms are in use. The manager is currently completing these assessments with all senior carers.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
10	20(1)	The registered person must ensure that all relevant staff have been trained and deemed competent to administer external preparations. Records of the training provided and competency assessments must be maintained. **Stated once**	Training on the use of external preparations is included in the on-line package which care staff are currently completing. Competency assessments are also in place. Records for three care staff were reviewed. The manager advised that all training outstanding will be completed by 23 January 2015. Competency assessments will then be completed.	**Substantially compliant**
11	30(1)	The registered person must ensure that medication errors and incidents are reported to RQIA without delay. **Stated once**	Three medication related incidents have been reported to RQIA since the previous medicines management inspection. They had been managed appropriately and reported in a timely manner.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
12	13(4)	The registered person must ensure that complete records of the administration of external preparations are maintained. **Stated once**	Records for the administration of external preparations by senior carers are maintained on the medication administration record sheets (MARs). Care staff record the administration of emollient preparations on the daily care notes. The standard of completion of these records is reviewed as part of the home's audit system.	**Compliant**
13	13(4)	The registered person must ensure that records of medicines which are received into the home are fully and accurately maintained. **Stated once**	Records of the receipt of the monthly medication order and interim medicines are maintained on the MARs sheets. The date of receipt is now maintained. Records of medicines received into the home for residents receiving respite care are still not being maintained. **This requirement is restated**	**Moving towards compliance**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	Two members of staff should verify and initial all entries on the personal medication records. **Stated twice**	Two members of staff had verified and initialled all entries on the personal medication records reviewed at this inspection.	**Compliant**
2	31	Two members of staff should verify and initial all hand-written updates on the medication administration records. **Stated twice**	Two members of staff had verified and initialled all hand-written updates on the medication administration records reviewed at this inspection.	**Compliant**
3	30	A list of the names, signatures and initials of care staff who have been trained and deemed competent to administer external preparations and thickening agents should be maintained. **Stated twice**	This list is in place and is currently being updated as the training and competency assessments are completed.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	30	The registered person should review the recording systems in place for all residents who are prescribed 'when required' medicines for the management of distressed reactions as detailed in the report. **Stated once**	Records for two residents were reviewed. For one resident a care plan was in place and a sheet to record the reason for and outcome of each administration was in place. For the second resident a care plan was not in place and the reason for and outcome of each administration was not being recorded. These findings were discussed in detail with the manager who agreed to ensure that care plans and recording sheets for all residents who are prescribed 'when required' medication for the management of distressed reactions are put in place and that senior carers are advised of the home's procedures with regard to these medicines. **This recommendation is restated**	**Moving towards compliance**

6.0 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 **Mrs Rhonda Spence, 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 Daly
Pharmacist Inspector
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 MONITORING INSPECTION

MALONE
21 JANUARY 2015

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 **Mrs Rhonda Spence, 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)	The registered person must ensure that records of medicines which are received into the home are fully and accurately maintained. **Ref. Section 4.0 and 5.0**	Two	Records have been reviewed and updated to ensure all medications received into the home are individually recorded.	Ongoing

RECOMMENDATION **This recommendation is 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 person should review the recording systems in place for all residents who are prescribed 'when required' medicines for the management of distressed reactions as detailed in the report. **Ref: Sections 4.0 and 5.0**	Two	Systems have been reviewed and all senior staff have been made aware of all records that have to be in-place and be completed for all clients who are prescribed when required medicines for the management of distressed reactions.	Ongoing

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	Rhonda Spence
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	MR Kevin McKinney

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	10 March 2015
B.	Further information requested from provider				