Unannounced Medicines Management Inspection Report
4 May 2016

Rowandale

1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH
Tel No: 028 2888 5543
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Rowandale took place on 4 May 2016 from 10.10 to 14.40. Dr Alan Lennon, Chairman of the Board, RQIA, was present for part of the inspection.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?
No requirements or recommendations have been made.

Is care effective?
One recommendation has been made.

Is care compassionate?
No requirements or recommendations have been made.

Is the service well led?
No requirements or recommendations have been made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Mr Feargal Lynn, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent inspection on 12 January 2016.

2.0 Service details

Registered organisation/registered person: Lynn McKillop Ltd/Mr Feargal Lynn	**Registered manager:** Mr Feargal Lynn
Person in charge of the home at the time of inspection: Mr Feargal Lynn	**Date manager registered:** 9 May 2011
Categories of care: RC-MP(E), RC-DE, RC-I	**Number of registered places:** 15

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two residents and two members of care staff.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management Inspection on 31 May 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must review the management of controlled drugs with regard to storage and record keeping.	**Met**
	Action taken as confirmed during the inspection: A new controlled drug cabinet had been obtained and brought into use. Records of the receipt administration and disposal of controlled drugs were maintained.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 32 **Stated:** First time	The registered manager should closely monitor the process for the stock reconciliation of controlled drugs to ensure checks are performed on all controlled drugs which are subject to the safe custody legislation at each shift change.	**Met**
	Action taken as confirmed during the inspection: Stock levels of controlled drugs stored in the controlled drug cabinet were checked at each change of shift.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. The registered manager advised that refresher training was provided throughout the year and following any medicine related incidents.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. It was suggested that a monitoring system should also be considered for Schedule 4 controlled drugs. The registered manager agreed to put this in place.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts and the safe practice of ensuring that two staff were involved in the administration of each dose of warfarin were acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened e.g. eye drops. Staff were reminded that liquid antibiotics have a limited shelf life and some may require cold storage. Two bottles of one liquid antibiotic were removed for disposal as they were out of date and had not been stored at the correct temperature. Replacement stock was ordered during the inspection. Medicines which require cold storage were stored in the domestic refrigerator. It was advised that these should be stored securely and it was agreed that a locked box would be brought into use and these new arrangements would be discussed with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly medicines were due.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. A care plan was maintained. These medicines were rarely administered and there was no evidence of any recent administration. The registered manager advised that when administered, the reason for and outcome of the administration would be recorded in the resident's notes. He confirmed that staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that the residents could verbalise any pain. A care plan was not maintained and a recommendation was made.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Practices for the management of medicines were audited by the registered manager and staff. Running stock balances were maintained for analgesic medicines. The audits also included a review of external preparations, nutritional supplements, inhalers and medicines prescribed on a weekly basis. In addition, an audit was completed by the community pharmacist on a periodic basis.

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

Areas for improvement

A care plan detailing the management of pain should be in place for all residents prescribed medicines to control pain. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

It was found that the administration of medicines to residents was completed in a caring manner. Residents were given time to take their medicines and medicines were administered as discreetly as possible.

Residents advised that they were administered their medicines on time, staff responded to their requests for medicines which were prescribed on a "when required" basis and they had no concerns regarding the management of their medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These had been updated in December 2014. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff. It was agreed with the registered manager, that these would be further developed to include the arrangements for the cold storage of medicines.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the internal audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff at team meetings or individually with staff.

As part of the communication processes for staff, the registered manager had developed a specific folder which detailed new information or changes regarding medicines management and staff advised that this folder was read as part of the handover at each shift change.

The registered manager provided details of an operational plan which had been recently developed in relation to the four domains of care is safe, effective, compassionate and well led. He highlighted the areas relating to medicines management.

Areas for improvement

No areas for improvement were identified during the inspection.

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

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Feargal Lynn, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 5 June 2016	Where a resident is prescribed medicines for the management of pain, this should be detailed in a care plan.
	Response by registered person detailing the actions taken: Details of prescribed medication for management of pain have been added to the residents individual care plan.

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The Regulation and Quality Improvement Authority

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews