



The **Regulation** and
Quality Improvement
Authority

Seabank
RQIA ID: 1324
12a Bath Terrace
Portrush
BT56 8AN

Inspector: Rachel Lloyd
Inspection ID: IN022412

Tel: 028 7082 4285
Email: seabankdawn@yahoo.com

**Unannounced Medicines Management Inspection
of
Seabank**

4 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 4 August 2015 from 11:10 to 15:00.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 13 December 2012.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with the registered manager, Mrs Dawn Fullerton, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Persons: Mr William Alexander Duncan Mr Ian McClure (Registration Pending)	Registered Manager: Mrs Dawn Fullerton
Person in Charge of the Home at the Time of Inspection: Mrs Dawn Fullerton	Date Manager Registered: 26 August 2008
Categories of Care: RC-PH, RC-MP, RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of Registered Places: 37
Number of Residents Accommodated on Day of Inspection: 36	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 30: Management of medicines

Standard 31: Medicine records

Standard 33: Administration of medicines

Theme 1: Medicines prescribed on a “when required” basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager, Mrs Dawn Fullerton, briefly with the registered person, Mr William Alexander (Lexi) Duncan and some of the staff on duty.

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 refrigerator temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced care inspection dated 2 October 2014. The completed QIP was returned and approved by the care inspector on 13 January 2015.

5.2 Review of Recommendations from the Last Medicines Management Inspection

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30 Stated: Twice	Nutritional supplements should be included in the auditing process.	Met
	Action taken as confirmed during the inspection: Nutritional supplements were observed to have been included in the auditing process regularly since the last medicines management inspection.	
Recommendation 2 Ref: Standard 31 Stated: Once	The registered manager should ensure that a daily stock balance is recorded for warfarin.	Met
	Action taken as confirmed during the inspection: A daily stock balance record was observed to be in place for all residents prescribed warfarin.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The majority of audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All of the medicines examined at the inspection were available for administration and were labelled appropriately.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. Medication details were confirmed with the prescriber and personal medication record sheets had been completed and checked by two staff members.

The majority of medicine records were legible and accurately maintained so as to ensure a clear audit trail. Records of the ordering, receipt, administration, disposal and transfer of medicines were well maintained. Separate medicine administration records were in place for external medicines administered by care assistants; those examined were not accurately maintained.

Controlled drug record books and records of the stock reconciliation of controlled drugs which are subject to safe custody requirements were well maintained. Stock balances of these medicines had been reconciled on each occasion when the responsibility for safe custody was transferred.

Any medicines which had been discontinued or were unsuitable for use had been returned to the community pharmacy for disposal.

There were procedures in place to report and learn from any medicine related incidents that occur in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place. There were Standard Operating Procedures for the management of controlled drugs.

Medicines were managed by staff that have been trained and deemed competent to do so. An induction process was in place and the records examined were satisfactory for one new member of staff. Medicines management training had been provided by the registered manager, the community pharmacist and an external training agency. Training had included the management of diabetes and insulin administration, the management of anticoagulants and the management of transdermal patches. The impact of training had been monitored through supervision and appraisal.

There were arrangements in place to note any compliance issues with medicine regimes and these had been reported to the resident's prescriber where necessary.

Practices for the management of medicines had been reviewed regularly. A review of audit records indicated that satisfactory outcomes had been achieved and in the instances where a discrepancy had been identified, a reason had been recorded. The audit process was facilitated by the good practice of recording the date of opening on both the medicine container and the medicine administration record.

Is Care Compassionate? (Quality of Care)

The records for several residents prescribed medication for administration “when required” for the management of distressed reactions were examined. The medicine administration records indicated that the medicines were being administered only occasionally and in accordance with the prescribers’ instructions. The parameters for administration were recorded on the personal medication records. The reason for and outcome of the administration of these medicines were usually recorded in the resident’s notes.

Residents had a care plan in place for the management of distressed reactions where necessary. The details of any medication prescribed for use “when required” for this reason were usually included.

The records for several residents prescribed medication for the management of pain were examined. The medicine administration records indicated that the medicines were being administered in accordance with the prescribers’ instructions. The parameters for administration were recorded on the personal medication records.

The registered manager confirmed that staff were aware of the signs, symptoms and triggers of pain in residents. The registered manager confirmed that current residents can tell staff if they are in pain. Staff were aware that ongoing monitoring is necessary to ensure the pain is well controlled and the residents are comfortable.

There were systems in place to report any increased frequency in the use, or lack of effect of pain management medicines to the prescriber.

Areas for Improvement

Records of the administration of external medicines should be accurately maintained at all times. A recommendation was made.

The registered manager agreed that the reason for and the outcome of administration of medicines prescribed on a “when required” basis for the management of distressed reactions would be recorded on every occasion.

The registered manager agreed to ensure that care plans include the details of any medication prescribed for use “when required” for the management of distressed reactions.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

Medicines were safely and securely stored in accordance with the manufacturers' instructions.

Records of the calibration of blood glucose monitors were in place. The registered manager was advised to ensure that blood glucose monitors are calibrated according to the manufacturer's instructions.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Dawn Fullerton 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 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.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 31 Stated: First time To be Completed by: 3 September 2015	<p>It is recommended that the registered person ensures records of administration of external medicines are accurately maintained at all times.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All care staff have had updated training and subsequent supervision regarding administration of external medication. Increased audits carried out and records checked by myself to ensure records are being accurately maintained.</p>
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Registered Manager Completing QIP	Dawn Fullerton	Date Completed	18/08/2015
Registered Person Approving QIP	Lexie Duncan	Date Approved	19/08/2015
RQIA Inspector Assessing Response	Rachel Lloyd	Date Approved	27/8/15

Please ensure the QIP is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the recommendation set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.