



The Regulation and
Quality Improvement
Authority

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 17908
Establishment ID No: 1326
Name of Establishment: Strawberry Fields
Date of Inspection: 1 April 2014
Inspector's Name: Rachel Lloyd

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Strawberry Fields
Type of home:	Residential Care Home
Address:	129b Staffordstown Road Randalstown BT41 3LH
Telephone number:	(028) 9447 2246
E mail address:	strawberry-fields1@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Roisin McCann
Registered Manager:	Mrs Justine Quigg
Person in charge of the home at the time of inspection:	Miss Francesca McCann (Deputy Manager)
Categories of care:	RC-I, RC-MP(E), RC-PH/PH(E), RC-DE
Number of registered places:	6
Number of residents accommodated on day of inspection:	6
Date and time of current medicines management inspection:	1 April 2014 11:20 – 13:05
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	6 March 2012 Unannounced monitoring

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 Miss Francesca McCann, Deputy 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

Strawberry Fields is a purpose built residential care home situated in a rural location on the outskirts of Randalstown.

Mrs Roisin McCann is the registered provider. In September 2012, Mrs Justine Quigg was approved by the RQIA as the registered manager for Strawberry Fields. The registered manager is assisted by a small team of care staff who also undertake mixed duties of cooking and cleaning.

The home was first registered in April 2003 to accommodate five persons in single bedroom accommodation on the ground floor. In July 2007 an additional bedroom was registered.

The accommodation within Strawberry Fields includes a lounge, dining room, kitchen, six single bedrooms, a smoking room and two bathrooms. All bedrooms are fitted with a staff call system.

The home is designed to capture the concept of a domestic home and the furnishings and fittings are in keeping with this ethos. The first floor of the home is used for storage and office facilities.

There are well maintained gardens surrounding the building and ample car parking facilities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Strawberry Fields was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 1 April 2014 between 11:20 and 13:05. 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 deputy manager of the home, Miss Francesca McCann, 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 Strawberry Fields are compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The four recommendations made at the previous medicines management inspection on 6 March 2012 were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0. Three of the four recommendations were assessed as compliant and one as not currently applicable,.

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

Areas of good practice were noted and highlighted during the inspection. Medicines records are well maintained and facilitated the audit process.

Policies and procedures for the management of medicines are in place. Standard Operating Procedures for controlled drugs have been developed and implemented.

There is a programme of training in the home. Records of staff training are well maintained.

The outcomes of a wide range of audit trails, performed on randomly selected medicines, showed that medicines have been administered in accordance with the prescribers' instructions.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' recommendations. Storage areas were clean, tidy and well organised.

The inspection attracted no requirements and two recommendations, one of which has been carried forward from the previous medicines management inspection. These recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the deputy 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 6 March 2012:

No requirements were made following the previous inspection.

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	32	<p>Stocks of Schedule 3 controlled drugs subject to safe custody requirements should be reconciled at each handover of responsibility and records of checks should be maintained.</p> <p>Stated three times</p>	<p>This recommendation has been satisfactorily addressed. Records of reconciliation at each change of shift were available.</p>	<p>Compliant</p>
2	30	<p>Policies and procedures for medicines management should be further developed to include the management of thickening agents.</p> <p>Stated twice</p>	<p>The deputy manager stated that this had been addressed following the previous inspection, however no resident in the home is currently prescribed a thickening agent. This recommendation will be examined at the next medicines management inspection.</p> <p>This recommendation has been carried forward</p>	<p>Not applicable</p>
3	30	<p>The registered manager should review the ordering process for medicines to ensure that designated staff in the home are in control of this process.</p> <p>Stated once</p>	<p>This recommendation has been satisfactorily addressed.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	30	<p>The registered manager should further develop the auditing process to ensure all aspects of the management of medicines are included and to ensure that the practices in the home are consistent with the home's policies and procedures.</p> <p>Stated once</p>	<p>This recommendation has been satisfactorily addressed. Records of audit were available for inspection.</p>	<p>Compliant</p>

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: Satisfactory arrangements were observed to be in place for the management of medicines. A range of audits was performed on randomly selected medicines. These audits showed good correlation between the prescriber's instructions, patterns of administration and stock balances. Running stock balances are maintained for all prescribed medicines. Written confirmation of the current medication regime, from a health or social care professional, was in place for recent admissions examined. The ordering process for medicines was discussed during the inspection. Orders for medicines are made in writing to the prescriber and a record of the order is maintained. Prescriptions are not always currently received by the home and checked against the order before being forwarded to the community pharmacy for dispensing, however a satisfactory system is in place to ensure that the medicines received are checked against the record of the order. Staff in the home have access to current reference sources for medicines.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<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>Policies and procedures for the management of medicines are in place and were most recently reviewed in January 2013. Standard operating procedures (SOPs) for controlled drugs have been developed and integrated into these.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive medicines management training on a regular basis. Training on the management of medicines was last provided on 1 March 2014.</p> <p>A list of the names, sample signatures and initials of staff authorised to administer medicines is maintained.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The deputy manager confirmed that a system of supervision and annual appraisal, including competency assessment is in place. Records are maintained and were available for examination.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>There are currently no residents who require medicines to be administered via a specialised administration technique.</p>	<p>Not applicable</p>
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The deputy manager advised that medication errors/incidents would be reported to RQIA, in accordance with procedures.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The deputy manager advised that regular medicine audits are undertaken and any discrepancies are investigated. Records of audit and any action taken as a result are maintained and were available for inspection.</p>	<p>Compliant</p>

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 sample of medicine records examined were legible, well kept, and had been constructed and completed to ensure a clear audit trail (See 31.2). Archived medicine records were readily available during the inspection.	Compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>A sample of each of the above records was examined.</p> <p>Personal medication records and medication administration records were maintained in a satisfactory manner.</p> <p>Records of medicines ordered and received and medicines disposed of / transferred out of the home were maintained in a satisfactory manner.</p>	Compliant

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:	
No Schedule 2 controlled drugs were in use at the time of the inspection. The controlled drugs record book was observed to have been satisfactorily maintained for Schedule 3 controlled drugs in stock. The quantity of these medicines in stock matched the balances recorded in the controlled drugs record book.	Compliant

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

Criterion Assessed:	COMPLIANCE LEVEL
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Appropriate arrangements were in place for the storage and stock control of medicines.</p> <p>The room temperature of the medicine storage area should be monitored and recorded on a daily basis. A recommendation is stated.</p> <p>A locked box in the refrigerator is available for medicines which require cold storage. No medicine requiring cool storage was in stock at the time of the inspection.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	
Inspection Findings:	
The keys to the medicine cupboards and controlled drug storage box were observed to be in the possession of the person-in-charge.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Inspection Findings:	
Records of the stock reconciliation of controlled drugs indicate that stock balance checks are carried out at each shift handover.	Compliant

7.0 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 Miss Francesca McCann, Deputy 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:

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



QUALITY IMPROVEMENT PLAN

STRAWBERRY FIELDS

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

1 APRIL 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Miss Francesca McCann, Deputy Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

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

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

It is the responsibility of the registered provider / manager to ensure that all 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.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	<p>Policies and procedures for medicines management should be further developed to include the management of thickening agents.</p> <p>This recommendation has been carried forward</p> <p>Ref: Section 5</p>	One	<p><i>A Policy and procedure for the management of thickening agents has been implemented and will be reviewed accordingly.</i></p>	On going
2	32	<p>The registered manager should ensure that the temperature of the medicines storage area is monitored regularly and a record maintained.</p> <p>Ref: Criterion 32.1</p>	One	<p><i>This has been Implemented and records are maintained for inspection.</i></p>	1 May 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 and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Justine Quigg
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Roisin McCann

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		R Lloyd	8/5/14
B.	Further information requested from provider		no	R Lloyd	8/5/14