

# Unannounced Medicines Management Inspection Report 4 August 2016



## Naroon House

**Type of Service: Residential Care Home**  
**Address: 1 Ballyquillan Road, Crumlin, BT29 4DD**  
**Tel No: 028 9445 2204**  
**Inspector: Helen Daly**

## 1.0 Summary

An unannounced inspection of Naroon House took place on 4 August 2016 from 11.05 to 14.30.

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

### Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff were trained and competent. There were safe processes for the management of medicines changes and high risk medicines. No requirements or recommendations were made.

### Is care effective?

There was evidence that the management of medicines supported the delivery of effective care for residents. There were systems in place to ensure that residents were administered their medicines as prescribed. No requirements or recommendations were made.

### Is care compassionate?

There was evidence that the management of medicines supported the delivery of compassionate care. Staff interactions with residents were observed to be compassionate, caring and timely. No requirements or recommendations were made.

### Is the service well led?

There was evidence that the service was well led with respect to the management of medicines. Written medicine policies and procedures were in place. There were robust systems to manage and share the learning from medication audits. No requirements or recommendations were 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Maureen Kelly, Registered Provider, Miss Mary Kelly, Registered Manager, and the senior carer, as part of the inspection process and can be found in the main body of the report.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the inspection on 19 July 2016.

## 2.0 Service details

<b>Registered organisation/ registered provider:</b> Mrs Margaret Kelly	<b>Registered manager:</b> Miss Mary Kelly
<b>Person in charge of the home at the time of inspection:</b> Miss Mary Kelly	<b>Date manager registered:</b> 28 August 2015
<b>Categories of care:</b> RC-I, RC-LD, RC-LD(E), RC-MP, RC-MP(E)	<b>Number of registered places:</b> 12

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. No one availed of the opportunity.

We met with three residents, the senior carer, the registered manager and the registered provider.

A sample of the following records was 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 19 July 2016

The most recent inspection of the home was an unannounced care inspection. The draft report was issued to the home on 28 July 2016 and the completed QIP will be reviewed by the care inspector when it is returned. The QIP will be validated by the care inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 6 September 2013

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered manager must update two care plans regarding the management of medicines, as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This requirement referred to care plans for diabetes and the covert administration of medicines.  The care plans were now in place. The registered manager advised that further details would be recorded as discussed at the inspection.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered manager must put robust arrangements in place for the management of controlled drugs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of controlled drugs had been reviewed and revised. Satisfactory systems were in place.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered manager must keep a record of all staff training in the management of medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of staff training were available.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must confirm that all relevant staff are familiar with the management of hypoglycaemia.</p> <p><b>Action taken as confirmed during the inspection:</b> Training on the management of hypoglycaemia had been provided. A care plan was in place. Detailed instructions on the use of Glucogel were available on the medicines file.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure the auditing system covers all the areas of medicines management.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that a robust auditing system was in place.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must investigate the observations made in the record-keeping pertaining to the management of Schedule 2 controlled drugs; a written report of the findings and action taken must be forwarded to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> The investigation was completed and a report of the findings was forwarded to RQIA.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must review the management of medicines which require cold storage and commence daily temperature monitoring.</p> <p><b>Action taken as confirmed during the inspection:</b> Only one medicine which required cold storage was in use. The medicine was being stored in a locked container in the domestic refrigerator. The maximum, minimum and current temperature was being monitored each day. The temperature was maintained between 2°C and 8°C.</p>	<p><b>Met</b></p>

Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 32 <b>Stated:</b> Second time	Stock balances of controlled drugs should be reconciled at each handover of responsibility.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Controlled drugs were being reconciled three times each day at shift handovers.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered manager should review the policies and procedures for the receipt and disposal of medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Up to date medication policy and procedures were in place.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered manager should develop and implement written Standard Operating Procedures for the management of controlled drugs in Naroon House.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Written Standard Operating Procedures were in place.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered manager should ensure staff are provided with update training in the management of medicines, including controlled drugs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Update training had been provided by the community pharmacist in August 2015. Further update training has been requested for October 2016.	

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure that two members of trained staff are involved in the writing and updating of personal medication records; signatures of both staff should be recorded.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Two members of staff were involved when personal medication records were written/rewritten.</p> <p>Some updates had been signed by the prescriber.</p> <p>The registered manager and senior carer advised that when updates are not signed by the prescriber they will be verified and signed by two members of staff from the date of the inspection onwards.</p> <p>Due to the progress made and assurances provided this recommendation has not been restated.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure that where medicines are prescribed on a 'when required' basis, the minimum dosage frequency and maximum daily dose is recorded in the resident's personal medication record.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Where medicines were prescribed on a 'when required' basis, the minimum dosage frequency and maximum daily dose was recorded on the personal medication records.</p>		

#### 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 supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of medicines was provided in August 2015.

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. The majority of updates on the personal medication records had been signed by the prescriber. The registered manager advised that updates would be verified and signed by two members of staff from the date of the inspection onwards.

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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. Insulin was administered by the community nursing team. Staff ensured that a supply was always available and that the insulin was stored appropriately. Guidance on the identification and management of hypoglycaemia were available.

Mostly satisfactory arrangements were in place for administering medicines in disguised form. Written authorisation from the prescriber was in place. Although there was a care plan in place, it required more detail and this was discussed during the inspection. The registered manager advised that a more detailed care plan would be written following the inspection.

Discontinued or expired medicines were returned to the community pharmacy.

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. Medicines that required cold storage were stored in a locked container in the domestic refrigerator. The temperature was being monitored each day.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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### 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.

A small number of residents were prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. The dosage directions were recorded on the personal medication record. 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. Staff advised that these medicines were administered only after other interventions had been unsuccessful and the management team had been informed. The medicines had not been administered within the last six months. The registered manager advised that a care plan would be written for the identified residents and that the reason for and outcome of each administration would be recorded from the date of the inspection onwards.



The management of pain was discussed. Regular pain relief was not prescribed for any residents. The registered manager advised that all residents could tell staff if they were in pain. A review of the records indicated that the reason for administration of “when required” analgesics was recorded when they were used. The registered manager advised that a pain assessment would be completed as part of the admission process from the date of the inspection onwards.

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.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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**4.5 Is care compassionate?**

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 very happy in the home and that ‘staff could not be better.’

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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#### 4.6 Is the service well led?

Up to date policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

The management of medicines related incidents was discussed. The registered manager and staff confirmed that robust arrangements were in place for the management of medicine related incidents. There had been no medication related incidents reported to RQIA since the last medicines management inspection.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. The senior carer advised that if a discrepancy is identified it is reported to the registered manager for investigation and staff are made aware of any necessary changes in 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 all staff either individually or via team meetings.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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#### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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