Colebrooke House
RQIA ID: 1334
111 The Roddens
Larne
BT40 1PY

Inspector: Helen Daly
Inspection ID: IN022704

Tel: 028 2827 2696

Unannounced Medicines Management Inspection of Colebrooke House

29 June 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 29 June 2015 from 10:40 to 12:40.

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 some areas for improvement were identified and are 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 2 October 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	1	3

The details of the QIP within this report were discussed with Ms Caroline Lockwood, Assistant Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Anne Marie Rowan	**Registered Manager:** Mrs Anne Marie Rowan
Person in Charge of the Home at the Time of Inspection: Ms Caroline Lockwood, Assistant Manager	**Date Manager Registered:** 1 April 2015
Categories of Care: RC-I, RC-DE	**Number of Registered Places:** 12
Number of Residents Accommodated on Day of Inspection: 11	**Weekly Tariff at Time of Inspection:** £470 - £484

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.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records
Medicines disposed of or transferred
Controlled drug record book
Medicine audits
Policies and procedures
Care plans
Training records.
Medicine storage 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 18 November 2014. The completed QIP was approved by the care inspector on 7 January 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must review the management of records relating to prescribed thickening agents.	**Partially Met**
	Action taken as confirmed during the inspection: The records for one resident were reviewed. The thickening agent had been recorded on the personal medication record and administration had been recorded on the medication administration records. However, a care plan was not in place, the required consistency level had not been recorded and records of administarion by care staff were not being maintained. **This requirement was restated**	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that written evidence is maintained of the competency of relevant staff in the management of warfarin, hypoglycaemia and thickening agents/dysphagia.	**Met**
	Action taken as confirmed during the inspection: Competency assessments on the management of medicines had been completed with all senior carers in April 2015. The assistant manager confirmed that competency assessments are to be completed on an annual basis.	

Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that maximum/ minimum medicine refrigerator temperatures are recorded each day and the temperature is maintained between 2 and 8ºC.	**Met**
	Action taken as confirmed during the inspection: A review of the refrigerator temperature recordings indicated that the maximum and minimum temperatures had been monitored daily and had been maintained between 2 and 8^{o}C.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 31 **Stated:** First time	Where necessary, care plans need to be reviewed and developed to specify the recognition and treatment of hypoglycaemia in insulin dependent diabetes, and the general practitioner's agreement that covert administration of medicines is appropriate	**Not applicable**
	Action taken as confirmed during the inspection: The assistant manager confirmed that this had been addressed following the last inspection but was not currently applicable.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	Written Standard Operating Procedures (SOPs) should be developed for the management of controlled drugs.	**Not met**
	Action taken as confirmed during the inspection: Written SOPs were not in place. The assistant manager was referred to the guidance document which is available on RQIA website. **This recommendation was restated**	

Last Inspection Recommendations		Validation of Compliance
Recommendation 3 **Ref**: Standard 32 **Stated:** First time	All controlled drugs which are subject to safe custody legislation should be stored in a controlled drugs cabinet which meets the requirements of this legislation and the key to this cupboard should be kept separately from all other keys and held by the person in charge.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs were observed to be stored in the controlled drugs cabinet. The key was held separately by the person in charge.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits which were completed at the inspection produced satisfactory outcomes indicating that the medicines had been administered as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

The assistant manager advised that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. A review of one recent admission indicated that medication details were confirmed with the prescriber in writing. The personal medication record sheet had been completed and checked by two designated members of staff.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

The management of warfarin was reviewed and found to be satisfactory. The assistant manager was advised that obsolete dosage directions for warfarin should be cancelled and archived.

The medicine records had been maintained in a mostly satisfactory manner. The assistant manager was advised that where more than one personal medication record and medication administarion record were in place for a resident these must be clearly marked in the interests of both resident safety and maintaining a clear audit trail.

The controlled drug record book and records of stock reconciliation checks of Schedule 3 controlled drugs were well-maintained.

Records showed that discontinued and expired medicines had been returned to the community pharmacist for disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were available. However, Standard Operating Procedures for the management of controlled drugs were not in place.

There was evidence that medicines were being managed by staff who had been trained and deemed competent to do so. Senior carers had received update training on the administration of medicines provided by the community pharmacist in December 2014. Competency assessments had been completed in April 2015. Records were provided for inspection.

Staff had received diabetes awareness training in October 2012 and dysphagia awareness training in February 2014.

There were systems in place to audit the practices for the management of medicines. Daily stock balances were being maintained for several medicines. In addition "end of box" audits were also being completed. There was evidence that the assistant manager had reviewed the auditing systems to ensure that accurate records had been maintained.

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

Is Care Compassionate? (Quality of Care)

A number of residents were prescribed medicines for administration on a "when required" basis for the management of distressed reactions. Staff had the knowledge to recognise signs, symptoms and triggers which may cause a change in the residents' behaviour. However, care plans detailing the management of distressed reactions for each of the residents were not in place. The reason for each administration and subsequent outcome had been recorded in the daily notes.

The assistant manager confirmed that residents have their pain management reviewed as part of the admission assessment and that all residents could verbalise if they are in pain. However care plans for pain management were not in place.

Areas for Improvement

The registered manager must review the management of records relating to prescribed thickening agents. A requirement was restated.

Written Standard Operating Procedures (SOPs) should be developed for the management of controlled drugs. A recommendation was restated.

The registered person should ensure that detailed care plans are in place for the management of distressed reactions for all designated residents. A recommendation was made.

The registered person should ensure that detailed care plans are in place for the management of pain for all designated residents. A recommendation was made.

The assistant manager was advised that obsolete dosage directions for warfarin should be cancelled and archived.

The assistant manager was advised that where more than one personal medication record and medication administarion record were in place for a resident these must be clearly marked.

Number of Requirements:	**1**	**Number of Recommendations**:	**3**

5.4 Additional Areas Examined

Storage was observed to be tidy and organised.

The room temperature of the treatment room was not being recorded each day. A large thermometer was in place and the assistant manager advised that temperatures between 21^{o}C and 23^{o}C were usually observed. It was agreed that the room temperature would be recorded each day.

The storage of inhalers (in line with infection control guidance) and disposal of prophylactic liquid antibiotics at their expiry date were discussed with the assistant manager who advised that the necessary improvements would be implemented following the inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Caroline Lockhart, Assistant 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.

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 HPSS (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 **Regulation and Quality Improvement Authority, 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT** 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 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 requirements and recommendations 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.

Quality Improvement Plan

Statutory Requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be Completed by:** **29 July 2015**	The registered manager must review the management of records relating to prescribed thickening agents. **Response by Registered Person(s) Detailing the Actions Taken:** The use of thickening agents is now recorded to include the food or liquid thickened, the amount of thickener added and the consistency achieved.
Recommendations	
Recommendation 1 **Ref:** Standard 30 **Stated:** Second time **To be Completed by:** **29 September 2015**	Written Standard Operating Procedures (SOPs) should be developed for the management of controlled drugs. **Response by Registered Person(s) Detailing the Actions Taken:** We now have standard operating Procedures relating to the management of controlled drugs in place.
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be Completed by:** **29 July 2015**	It is recommended that the registered person ensures that detailed care plans are in place for the management of distressed reactions for all designated residents. **Response by Registered Person(s) Detailing the Actions Taken:** Details of the management of distressed reactions is in place for designated residents. Details on how to manage such reactions are individual to each resident and can be found in their Care Plan.

Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** **29 July 2015**	It is recommended that the registered person ensures that detailed care plans are in place for the management of pain for all designated residents. **Response by Registered Person(s) Detailing the Actions Taken:** A detailed note has been added to the care plans of all residents who are prescribed pain relief by a Doctor.

Registered Manager Completing QIP		**Date Completed**	10.8.15
Registered Person Approving QIP		**Date Approved**	10.8.15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	17.8.15

Please ensure the QIP is completed in full and returned to: Regulation and Quality Improvement Authority, 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT