



The Regulation and  
Quality Improvement  
Authority

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## Unannounced Medicines Management Inspection of Edenmore

28 July 2015

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced medicines management inspection took place on 28 July 2015 from 10:50 to 13:45.

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 areas of concern. A Quality Improvement Plan (QIP) is not included in 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 27 September 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
<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 can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Florence Dhand & Mrs Ella O'Reilly	<b>Registered Manager:</b> Mrs Florence Dhand
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Florence Dhand	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> RC-DE, RC-I, RC-MP(E), RC-PH(E)	<b>Number of Registered Places:</b> 15
<b>Number of Residents Accommodated on Day of Inspection:</b> 13	<b>Weekly Tariff at Time of Inspection:</b> £485

### 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 any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager and some of the staff on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicine administration records	Care plans
Medicines disposed of or transferred	Training records
Controlled drug record book	

### 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 28 October 2014. The completed QIP was returned and was approved by the care inspector on 29 December 2014.

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

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: once</p>	<p>The registered manager must review and revise the management of dosage changes:</p> <ul style="list-style-type: none"> <li>dosage changes should be received in writing</li> <li>medicine labels must not be amended</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that dosage changes are routinely received in writing and/or a copy of the prescription instructing the dosage change is kept. This was evidenced during the inspection. No amended medicine labels were observed during the inspection. Amended doses were recorded appropriately on the personal medication records examined.</p>	
Last Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 30</p> <p>Stated: once</p>	<p>The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Standard operating procedures for the management of controlled drugs were in place dated October 2012. Robust arrangements were in place for the management of controlled drugs.</p>	
<p><b>Recommendation 2</b></p> <p>Ref: Standard 32</p> <p>Stated: once</p>	<p>All Schedule 3 controlled drugs which are subject to safe custody legislation should be stored in the controlled drugs cabinet.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>At the time of the inspection only temazepam tablets required safe custody, these were stored satisfactorily in the locked controlled drugs box which is fixed to the inside of the medicines cupboard.</p>	

<p><b>Recommendation 3</b></p> <p>Ref: Standard 32</p> <p>Stated: once</p>	<p>The keys to the controlled drug cabinet should be held separately from other medicine and home keys by one designated person during each shift.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This was evidenced during the inspection. A controlled drugs key register was additionally in place which is signed by staff during handover of keys.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 32</p> <p>Stated: once</p>	<p>Quantities of Schedule 3 controlled drugs should be reconciled on each occasion when responsibility for safe custody is transferred.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This was evidenced during the inspection. Records of reconciliation at each handover were maintained.</p>	<p><b>Met</b></p>

### 5.3 The Management of Medicines

#### Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The 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.

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.

Medicines were prepared immediately prior to their administration from the container in which they were dispensed. All of the medicines examined were available for administration and had been labelled appropriately. This included those medicines which had been supplied in monitored dosage system blister packs.

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, these were well 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 may occur in the home. There have been no reported incidents since the last medicines management inspection.

### **Is Care Effective? (Quality of Management)**

Written policies and procedures for the management of medicines were in place. These were reviewed in March 2015. There were Standard Operating Procedures for the management of controlled drugs.

Medicines were managed by staff who 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 was provided by the registered manager. The impact of training had been monitored through supervision and appraisal; these respectively take place every six months and annually.

There were arrangements in place to note any compliance issues with medicine regimes and these had been reported to the resident's prescriber. This was evidenced for two residents who routinely refuse prescribed medicines.

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 the medicine container.

### **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.

A care plan was in place for the management of distressed reactions. The care plan did not always include the details of any medication prescribed for use "when required" for this reason.

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.

From discussion with the staff on duty, it was evident 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 resident's prescriber.

### Areas for Improvement

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 the care plan includes the details of any medication prescribed for use "when required" in the management of distressed reactions.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
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### 5.4 Additional Areas Examined

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

### 6. No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Florence Dhand	<b>Date Completed</b>	04/08/2015
<b>Registered Person</b>	Ella O'Reilly	<b>Date Approved</b>	04/08/2015
<b>RQIA Inspector Assessing Response</b>	<b>Rachel Lloyd</b>	<b>Date Approved</b>	<b>6/8/15</b>
Please provide any additional comments or observations you may wish to make below:			

\*Please complete in full and returned to [pharmacists@rqia.org.uk](mailto: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.