



## **RESIDENTIAL CARE HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** IN018457

**Establishment ID No:** 1339

**Name of Establishment:** Fairways – Duncreggan

**Date of Inspection:** 11 November 2014

**Inspector's Name:** Rachel Lloyd

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Fairways – Duncreggan
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	10 Mark Street Portrush BT56 8BT
<b>Telephone number:</b>	(028) 7082 4287
<b>E mail address:</b>	sbradley@fili.org.uk
<b>Registered Organisation/ Registered Provider:</b>	Fairways Duncreggan Ltd Mr Robert Anthony (Tony) Dunlop
<b>Registered Manager:</b>	Mrs Sonia Bradley
<b>Person in charge of the home at the time of inspection:</b>	Mrs Sonia Bradley
<b>Categories of care:</b>	RC-LD, RC-LD(E)
<b>Number of registered places:</b>	21
<b>Number of residents accommodated on day of inspection:</b>	19
<b>Date and time of current medicines management inspection:</b>	11 November 2014 11:20 – 13:55
<b>Name of inspector:</b>	Rachel Lloyd
<b>Date and type of previous medicines management inspection:</b>	9 August 2011 Unannounced

## 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 Mrs Sonia Bradley, Registered Manager and the 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**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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**

Fairways - Duncreggan is a large three-storey residential care home situated in a central location in the seaside resort of Portrush. It provides accommodation for 21 adults who have learning disabilities.

The home comprises seven single and seven double bedrooms, three sitting rooms, a dining room, kitchen and a variety of bath, shower and toilet facilities. There are also laundry, office and storage rooms.

From some of the upstairs rooms, there are views of the sea and one of Portrush's beaches. All floors are serviced by a passenger lift.

Mrs Sonia Bradley has been the registered manager of the home for over 15 years.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Fairways – Duncreggan was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 11 November 2014 between 11:20 and 13:55. 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 registered manager of the home, Mrs Sonia Bradley 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 Fairways – Duncreggan are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The one requirement and three recommendations made at the previous medicines management inspection on 9 August 2011 were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report. The requirement and recommendations were assessed as compliant.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

Several areas of good practice were noted and highlighted during the inspection, as detailed in the report. The registered manager and staff are commended for their efforts.

Policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place.

Medicines management training has been undertaken by designated staff in the home. Staff competencies are assessed regularly and training is evaluated through appraisal. Records of training are maintained.

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

Medicines records examined were largely well maintained and facilitated the audit process. The management of records regarding external medicines should be reviewed. A daily stock balance should be recorded for warfarin.

Regular control checks of blood glucose monitors should be implemented.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' recommendations.

The inspection attracted a total of three recommendations which are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered 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 9 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that the necessary details are included on the personal medication records and medicine administration records.  <b>Stated once</b>	This was evidenced during the inspection. Both the personal medication records and the medicine administration records had been maintained to a satisfactory standard.	<b>Compliant</b>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	Renew the medicine reference book available in the home.  <b>Stated once</b>	The medicines reference book has been replaced since the previous medicines management inspection.	<b>Compliant</b>
2	33	The registered manager should consult with the general practitioner and dietician regarding the administration of food supplements for a resident.  <b>Stated once</b>	This was completed following the previous inspection as confirmed in the quality improvement plan received by RQIA on 10 October 2011.	<b>Compliant</b>
3	30	The care plan in relation to diabetes should be reviewed to ensure that details are included for the management of any hypoglycaemic episodes.  <b>Stated once</b>	This was completed following the previous medicines management inspection as confirmed in the quality improvement plan received by RQIA on 10 October 2011. The care plan was in place at this inspection alongside a policy and procedure for the management of hypoglycaemia.	<b>Compliant</b>



## SECTION 6.0

### STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely

<b>Criterion Assessed:</b> 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  <p>Satisfactory arrangements were observed to be in place for the management of medicines.</p> <p>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 of most of the medicines selected. The date and time of opening was recorded for medicines in use not supplied in the monitored dosage system. This good practice facilitates the audit process.</p> <p>Some discrepancies were observed in medicine administration records regarding external preparations whereby the frequency of administration did not correlate with the prescribed instructions recorded on the personal medication record. The registered manager confirmed that these preparations are used 'when required' or not currently in use with the prescriber's agreement. The registered manager should review the management of these medicines to ensure that medicine administration records correlate with the current prescribed dosage instructions which should be clearly recorded on the personal medication record. A recommendation is made.</p> <p>The ordering process for medicines was discussed. Orders for medicines are made in writing to the prescriber. Prescriptions are received by the home and checked against the order before being forwarded to the community pharmacy for dispensing, and the medicines received are checked against the written order.</p> <p>The management of anticoagulant medicines was examined. Changes to warfarin doses are confirmed via facsimile from the prescriber. Transcribing of warfarin doses involves two members of staff. Although no discrepancies were observed during the inspection, it was recommended that a daily stock balance is recorded for warfarin as a matter of good practice, to alert staff of any discrepancies.</p>	<p>Substantially compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p>The management of the administration of medicines for Parkinson's disease and the administration of thickened fluids were examined and found to be satisfactory. The level of thickening agent on the personal medication record for one resident did not correlate with that prescribed and recorded in the care plan. However, the correct level was in use and the registered manager agreed to update the personal medication record following the inspection.</p> <p>The management of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions was examined. Care plans are in place and for each resident, the parameters for administration are recorded on the personal medication records and records of administration had been maintained. The reason for administration had been routinely recorded in the daily report notes; the registered manager was advised to ensure that the steps taken prior to the administration of these medicines and the outcome of administration are also recorded on each occasion.</p> <p>The management of blood glucose monitors was examined. Control checks are not currently in place. These should take place in accordance with the manufacturer's instructions and records should be maintained. A recommendation is made.</p>	
<p><b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Policies and procedures for the management of medicines are in place. There was evidence that these policies were reviewed in June 2014.</p> <p>Standard operating procedures (SOPs) regarding the management of controlled drugs are in place.</p>	Compliant
<p><b>Criterion Assessed:</b> 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Staff training and competency assessment were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training on a regular basis. Records are maintained and were available for examination.</p>	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

A list of the names, sample signatures and initials of staff authorised to administer medicines is maintained.	
<b>Criterion Assessed:</b> 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A system of supervision and annual appraisal is in place and records are maintained.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Senior care assistants have received training from the diabetes specialist nurse in the management of diabetes, including the administration of insulin, blood glucose monitoring and the management of hypoglycaemia.	Compliant
<b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A system is in place to manage any medicine errors or incidents in the home.	Compliant
<b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist for disposal.	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 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><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A system to audit the management of medicines is in place. Audit trails are performed on a regular basis, and an external audit is undertaken by a representative from the supplying pharmacy. A sample of records of the audit activity was examined and satisfactory outcomes had been achieved.</p>	<p>Compliant</p>
<p><b>INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>

**STANDARD 31- MEDICINE RECORDS**  
**Medicine records comply with legislative requirements and current best practice**

<b>Criterion Assessed:</b> 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The sample of medicine records examined were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Stock balances of medicines not supplied in the monitored dosage system are carried forward on medicine administration records, this good practice facilitates audit.	Compliant
<b>Criterion Assessed:</b> 31.2 The following records are maintained: <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A sample of each of the above records was examined and found to be satisfactory. The good standard of record keeping was acknowledged. Some small discrepancies were noted and discussed with the registered manager who agreed to address these following the inspection.	Substantially compliant
<b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Schedule 2 controlled drugs were not prescribed for any residents in the home at the time of the inspection.	Not applicable

**STANDARD 31 – MEDICINE RECORDS**

<b>INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

**STANDARD 32 - MEDICINE STORAGE**  
**Medicines are safely and securely stored**

<b>Criterion Assessed:</b> 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Appropriate arrangements are in place for the storage and stock control of medicines. Storage areas were clean, tidy and well organised.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The keys to the medicine cupboards and controlled drug cabinet were held separately and observed to be in the possession of the senior care assistant. Spare keys are stored securely by the registered manager.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
No Schedule 2 controlled drugs were in use at the time of the inspection. Schedule 3 controlled drugs subject to safe custody are reconciled on each occasion when responsibility for safe custody is transferred.	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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 Mrs Sonia Bradley, Registered 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**

**RESIDENTIAL CARE HOME**  
**UNANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**FAIRWAYS - DUNCREGGAN**  
**11 NOVEMBER 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 **Mrs Sonia Bradley, Registered 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 the 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 requirements were made.

**RECOMMENDATIONS**

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	The registered manager should review the management of external preparations.  <b>Ref. Criterion 30.1</b>	One	All external preparations have now been reviewed.	11 December 2014
2	30	The registered manager should ensure that a daily stock balance is recorded for warfarin.  <b>Ref. Criterion 30.1</b>	One	Balance sheet for warfin is now in place.	11 December 2014
3	30	The registered manager should ensure that regular control checks of blood glucose monitors take place in accordance with the manufacturer's instructions, and that records are maintained.  <b>Ref. Criterion 30.1</b>	One	Control checks of blood glucose monitors are now in place.	11 December 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Sonia Bradley
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Tony Dunlop

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	5/1/15
B.	Further information requested from provider		no	R Lloyd	5/1/15