RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18386**
Establishment ID No:	**1362**
Name of Establishment:	**Croft Lodge**
Date of Inspection:	**22 May 2014**
Inspector's Name:	**Judith Taylor**

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

Name of home:	Croft Lodge
Type of home:	Residential Care Home
Address:	6 Woodcroft Lane Oldpark Road Ballymena BT42 1FZ
Telephone number:	(028) 2563 7799
E mail address:	mail@artiemagee.co.uk
Registered Organisation/ Registered Provider:	Mrs Sharon Magee
Registered Manager:	Mr Arthur John Magee
Person in charge of the home at the time of Inspection:	Mr Arthur John Magee
Categories of care:	RC-I, RC-MP, RC-DE, RC-MP (E)
Number of registered places:	5
Number of residents accommodated on day of inspection:	5
Date and time of current medicines management inspection:	22 May 2014 10:30 – 13:20
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	20 September 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 Mr Arthur Magee (Registered Manager) and Mrs Sharon Magee (Registered Provider)
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

Croft Lodge is a modern, two storey, detached house situated in a quiet residential area on the outskirts of Ballymena. The home is registered to accommodate five adults, who are capable of accessing the bedrooms on the first floor, either by the stairs or by using the stair lift chair.

The home is owned and staffed by Mr Arthur Magee and Mrs Sharon Magee, and is managed by Mr Arthur Magee. Mr and Mrs Magee have their own accommodation within the home. Residents have a living room, dining room and a toilet on the ground floor, and have use, as required, of the kitchen. Each resident has a single bedroom, two with en-suite shower and toilet, and there is a communal bathroom on the first floor.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Croft Lodge was undertaken by Judith Taylor RQIA Pharmacist Inspector, on 22 May 2014 between 10:30 and 13:20. 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 persons of the home, Mr and Mrs Magee. 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 Croft Lodge are substantially compliant with legislative requirements and best practice guidelines. The outcomes of the inspection showed no areas of concern however, some areas for improvement have been identified.

The six requirements and three recommendations made at the previous medicines management inspection on 20 September 2011 were examined during the inspection. The outcomes can be observed in the tables following this summary in Section 5.0 of the report. Five of the requirements and all of the recommendations had been fully complied with. One requirement has been assessed as substantially compliant. The registered manager and staff are commended for their efforts.

Since the previous inspection RQIA has monitored the management of medicines in the home through discussion with other inspectors.

An improvement in the control and management of medicines was evidenced at the inspection.

A new medicines system has been implemented since the previous medicines management inspection. This appeared to working well.

A written policy and procedures for medicines management has been developed since the previous medicines management inspection. This should be further developed as discussed at the inspection and include Standard Operating Procedures (SOPs) for controlled drugs.

All staff managing medicines have been trained and deemed competent to do so. Medicines management training is provided each year. Staff competencies are usually assessed annually and training is evaluated through supervision and appraisal.

Largely satisfactory arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited on a monthly basis. The outcomes of the audit trails performed on randomly selected medicines at the inspection, indicated medicines had been administered in accordance with the prescribers' instructions. However, the audit trails could not be concluded on the medicines which were not supplied in the 28 day monitored dosage system, as the date of opening had not been recorded. This is best practice and should be implemented.

Suitable arrangements are in place for the record keeping pertaining to medicines prescribed for distressed reactions.

Overall, the medicines records which were selected for examination had been maintained in the required manner.

Medicines are stored safely and securely and key control was appropriate.

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

The inspector would like to thank the registered manager and registered provider for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 20 September 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Written policies and procedures detailing all aspects of the management of medicines within Croft Lodge must be in place. **Stated twice**	A policy document specific to medicines management had been developed. This policy is brief. A recommendation has been made in regard to further development of the policy.	**Substantially compliant**
2	13(4)	The system to document medicines management training must be further developed to ensure that more details are recorded and that all medicines training is recorded. A list of the names, specimen signatures and initials of staff authorised to administer medicines should be maintained. **Stated twice**	Records of staff training were observed at the inspection and included a list of the names, signatures and initials of authorised staff.	**Compliant**
3	13(4)	A personal medication record must be fully and accurately maintained for each resident. **Stated twice**	A personal medication record is in place for each of the five residents. These are well maintained.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The arrangements for the self-administration of medicines must be reviewed and revised to ensure the relevant documentation is in place. **Stated twice**	Records pertaining to the self-administration of medicines were observed at the inspection.	**Compliant**
5	13(4)	The storage arrangements for medicines should be reviewed to ensure that: • a record of refrigerator temperatures is maintained • oxygen signage is displayed in the area where oxygen is stored. **Stated once**	When prescribed, medicines which require cold storage are stored in the domestic refrigerator. At the time of the inspection, medicines which require cold storage were not prescribed or held in stock. The registered manager advised that medicines which require cold storage have not been prescribed for some time. He confirmed that daily temperatures are now monitored and recorded for the domestic refrigerator. Oxygen signage was in place.	**Compliant**
6	13(4)	Medicines must be dispensed from the medicine container at the time of administration only. Medicines must not be pre-dispensed for administration at a later time. **Stated once**	A new medicine system has been implemented. Medicines are only dispensed at the time of administration.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	An up to date medicines reference source should be obtained. **Stated twice**	An up to date medicines reference source had been obtained following the previous medicines management inspection. Staff advised that all medicine queries are directed to the community pharmacist.	**Compliant**
2	30	Records of staff appraisal and supervision in the management of medicines should be maintained. **Stated once**	There was evidence of staff appraisal and staff supervision with respect to medicines management.	**Compliant**
3	30	A record of the audit trails performed on the management of medicines should be maintained. **Stated twice**	Audits are performed each month and a record of the audit outcomes is maintained.	**Compliant**

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:	
The registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. Staff advised that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. There had been no recent admissions to the home. The process for obtaining prescriptions was reviewed. Not all prescriptions are received into the home and checked against the medicines order before being forwarded to the community pharmacy before dispensing. This was discussed with reference to the Health and Social Care Board recommendations and a copy was left in the home for reference. It was agreed that this would be reviewed. An up to date medicine list is kept in the home for repeat prescriptions and this is replaced when any changes are made. A copy of any acute prescription is kept in the home. With the exception of one inhaler, all of the medicines selected for examination had been appropriately labelled. The outcomes of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. However, a small number of audit trails could not be concluded as the date of opening had not been recorded on medicines which are not supplied in the monitored dosage system. In order to facilitate the audit process, the date of opening should be routinely recorded, particularly for those medicines which are administered on an infrequent basis.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
A written policy for the management of medicines is in place. This is a brief document and should be expanded as discussed at the inspection. In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures: - Ordering, transport and receipt - Safe storage - Administration - Disposal - Record keeping - Management of errors and incidents. Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on RQIA website. A recommendation regarding further development of the medicine management policies and procedures has been made.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff who manage medicines are trained and competent. A record is kept of medicines management training including induction. Training had been provided in the last year and further training is planned later this year. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Compliant
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.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager stated that he evaluates the impact of medicines management training on the staff through annual appraisal, competency assessment, supervision and observation of practice. Records of this activity were made available at the inspection.	Compliant
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.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff are not responsible for the administration of any medicines which require training in specific techniques.	Not applicable

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager stated that medication errors and incidents would be routinely reported to RQIA. There had been no reportable incidents since the previous medicines management inspection.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant
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.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system to audit the management of medicines is in place. Audit trails are performed on a monthly basis, by the registered manager, and any discrepancies are investigated and discussed. One resident's medicines are selected for audit each month. A sample of records of the audit trails were reviewed at the inspection and these showed that satisfactory outcomes had been achieved. This correlated with the outcomes of the audits performed on randomly selected medicines during the inspection. Staff are commended for their efforts. However, some of the audit trails could not be completed as the date of opening had not been recorded on all medicines. In order to facilitate the audit process, the date of opening should be recorded on the medicine container and the quantity of any remaining stock of medicines which are being carried forward into the next medicine cycle should be recorded. A recommendation has been made.	Substantially compliant

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:	
Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. All records were readily available for inspection.	Compliant
Criterion Assessed: 31.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A selection of each of the above medicine records was examined at the inspection. These had been well maintained and the good standard of record keeping was acknowledged. Two staff are involved in the writing and updating of personal medication records; this is good practice. It was advised that on the few occasions where staff have to handwrite medicine entries on medication administration records, two staff should initial the entry. It was agreed that this would be implemented with immediate effect. Staff are reminded that when a medicine has been discontinued, a line should be struck through the entry.. The administration of bisphosphonate medicines was examined. These had been administered separately from other medicines in accordance with the manufacturer's instructions.	Substantially 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:	
Schedule 2 controlled drugs were not prescribed or held in stock at the time of the inspection. These medicines have not been prescribed since the previous medicines management inspection.	Not applicable

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines are stored safely and securely and in accordance with the manufacturer's instructions. There was sufficient storage space for medicines in the medicine cupboards. Appropriate arrangements are in place for the stock control of medicines. Oxygen is stored and managed appropriately and signage is in place.	Compliant
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager is responsible for the management of medicine keys. A controlled drug cabinet is not in use in this home.	Compliant
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Inspection Findings:	
Controlled drugs which are subject to the safe custody regulations are not prescribed or held in stock for any residents.	Not applicable

7.0 ADDITIONAL AREAS EXAMINED

Self-administration of medicines

One resident is responsible for the self-administration of some of their medicines. A risk assessment had been undertaken and signed protocols were in place. The resident's personal medication record and printed medication administration record clearly states which medicines are to be self-administered. The storage area for the medicine is documented. A record of the handover of the medicine had not been recorded and this was discussed with reference to the home's policy and procedures. It was agreed that this would be implemented from the day of the inspection onwards, in order to monitor compliance.

Management of distressed reactions

The records in place for the use of 'when required' anxiolytic medicines for the management of distressed reactions were examined. A care plan was in place and the parameters of administration were recorded on the personal medication record. The administration of the 'when required' dose of the anxiolytic medicine has not been required.

8.0 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 **Mr Arthur Magee (Registered Manager) and Mrs Sharon Magee (Registered Provider)** 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:

Judith Taylor
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

CROFT LODGE

22 MAY 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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Arthur Magee**, **Registered Manager**, and **Mrs Sharon Magee, Registered Provider,** during the inspection visit.

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.

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 further develop the medicine management policy and procedures and include written standard operating procedures for controlled drugs. **Ref: Criterion 30.2**	One	A more detailed medication management policy to include operating procedures for controlled drugs is being drawn up with professional input and will be implemented well within the timescale given	23 August 2014
2	30	The registered manager should ensure that a record of the date of opening of medicines and the quantity of any medicines which are being carried forward into the next medicine cycle are maintained. **Ref: Criterion 30.1 & 30.8**	One	Date of opening medications is now being recorded and balances carried forward also being recorded	23 June 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Arthur Magee
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sharon Magee

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	1/7/14
B.	Further information requested from provider				