



The Regulation and
Quality Improvement
Authority

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN018482
Establishment ID No:	1365
Name of Establishment:	Hollybank
Date of Inspection:	14 August 2014
Inspector's Name:	Helen Daly

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Hollybank
Type of home:	Residential Care Home
Address:	13 Union Road Magherafelt BT45 5DF
Telephone number:	028 7963 3369
E mail address:	arlene.stewart@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern Health and Social Care Trust Mr Tony Stevens
Registered Manager:	Ms Arlene Elizabeth Stewart
Person in charge of the home at the time of inspection:	Ms Cecilia Donnelly (Deputy Manager)
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	9
Number of residents accommodated on day of inspection:	3
Date and time of current medicines management inspection:	14 August 2014 10:20 -12 :05
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	21 July 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 Ms Cecilia Donnelly, Deputy Manager, and 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

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

Hollybank is a residential care home in Magherafelt. It is situated close to the town's amenities.

The residential care home is owned and operated by the Northern Health and Social Care Trust. The registered manager is Mrs Arlene Stewart.

Accommodation for residents is provided in single rooms over two floors. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided. The main lounge is situated opposite the front entrance and a smaller 'quiet' lounge is also available on the ground floor.

The home provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

Hollybank provides residential care on a planned respite basis only. No permanent residents are accommodated. The home is registered to provide care for a maximum of nine persons under the following categories of care:

LD	Learning Disability
LD (E)	Learning Disability – over 65 years

Due to the assessed needs of the persons accommodated the numbers of residents at any one time is variable. On the day of this inspection there were three residents in the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Hollybank was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 14 August 2014 between 10:20 and 12:05. 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 deputy manager, Ms Cecelia Donnelly, and 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 Hollybank 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 three requirements which were made at the previous medicines management inspection on 21 July 2011 were examined. Two requirements were assessed as substantially compliant and one requirement was 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.

Policies and procedures for the management of medicines, including controlled drugs, are in place.

There is a programme of medicines management training and competency assessment.

The majority of audits carried out at this inspection indicated that medicines are being administered as prescribed. One audit discrepancy was brought to the attention of the deputy manager. An incident report form was received by RQIA on 15 August 2014 detailing the action to be taken to prevent a recurrence.

Records had been maintained in a satisfactory manner.

Storage was observed to be tidy and organised. Guidance on monitoring the temperature range of the medicines refrigerator was provided and it was agreed that a maximum/minimum thermometer would be brought into use. The registered manager should ensure that the temperature of the treatment room is monitored and recorded each day to confirm that it is maintained at or below 25°C.

The inspection attracted a one recommendation which is detailed in the Quality Improvement Plan.

The inspector would like to thank the deputy manager and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 21 July 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The allergy status of the resident must be recorded on personal medication records.</p> <p>Stated three times</p>	<p>Where there is a known allergy this is recorded on the personal medication records (PMRs).</p> <p>Where this is no known allergy this is not recorded. The deputy manager emailed the inspector on 15 August 2014 to confirm that this had now been recorded on all relevant records.</p>	Substantially compliant
2	13(4)	<p>A record of the auditing of medicines management in the home must be maintained.</p> <p>Stated twice</p>	Records of the home's auditing activity are now maintained.	Substantially compliant
3	13(4)	<p>Each individual medicine contained within the blister packs must be recorded on the receipt and disposal records.</p> <p>Stated once</p>	A review of the records of medicines received and transferred out of the home indicated that this practice is observed.	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
<p>Inspection Findings:</p> <p>Mostly satisfactory arrangements are in place for the management of medicines; the registered manager and staff are commended for their efforts.</p> <p>The deputy manager advised that a personal medication record (PMR) is held in the home for all residents who receive respite care; where medication changes have occurred families and carers are requested to provide an updated PMR. Medicines are supplied by the residents' families or carers for each period of respite care; staff check the medicines supplied against the PMR during the admission process and any queries are then confirmed. The PMRs reviewed at this inspection were up to date and had been signed by the prescriber; they correlated with the medicines supplied.</p> <p>Epilepsy management plans are in place for a number of residents. One was reviewed at the inspection and was found to be satisfactory.</p> <p>Audit trails were performed on all medicines held in the home on the day of the inspection. The audits indicated that the majority of the medicines had been administered as prescribed. However, one audit indicated that medicines had been omitted for one resident on 13 August 2014. The deputy manager advised that this would be investigated. An incident report form detailing the action to be taken to prevent a recurrence was received by RQIA on 15 August 2014.</p>	<p>Substantially compliant</p>

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:	
The trust policies and procedures for the management of medicines, including controlled drugs, are in place.	Compliant
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:	
Annual update training and competency assessments on the management of medicines are provided for all senior carers and support workers who administer medicines. The most recent training had occurred in May 2013. Update training is planned for 9 September 2014 and 24 September 2014. There is a list of the names, signatures and initials of senior carers and support workers who have been trained and deemed competent to administer medicines.	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 deputy manager advised that there is annual staff appraisal and that staff supervisions occur every three months.	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 attend epilepsy awareness training every two years; training on the administration of buccal midazolam is provided as part of the epilepsy awareness update training. The deputy manager advised that staff had previously been trained to administer medicines and nutrition via the enteral route for one resident and that refresher training would be requested prior to their readmission.	Compliant
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The deputy manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Any medicines remaining after a period of respite care are returned to the residents' families or carers.	Compliant

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Medicines are audited at the end of each period of respite care. Any discrepancies are investigated and discussed with staff for improvement. The deputy manager advised that staff would sign the audit column to evidence that these audits have been completed. A review of a sample of these records indicated that satisfactory outcomes had been achieved.</p> <p>Records of additional spot checks are now maintained. Satisfactory outcomes were observed. Staff are commended for their efforts.</p>	<p>Compliant</p>

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

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:	
The medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail. Staff are commended for their ongoing efforts.	Compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records (PMRs) are written and signed by the prescriber. The allergy section is only completed when the resident has a known allergy. The deputy manager emailed the inspector on 15 August 2014 to confirm that when there are no known drug allergies this had been recorded on all the PMRs.</p> <p>The medication administration records (MARs) which were examined at this inspection had been completed in a satisfactory manner. One missed signature was observed; this was brought to the attention of the deputy manager who agreed to discuss it with the staff member.</p> <p>Records of medicines received and transferred out of the home had been maintained in a satisfactory manner.</p>	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 have not been prescribed since the last medicines management inspection.	Not applicable

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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
<p>Inspection Findings:</p> <p>Medicines were observed to be stored safely and securely in accordance with the manufacturers' instructions. There was sufficient storage space for all medicines and all currently prescribed medicines were available for administration on the day of the inspection.</p> <p>Medicines which require cold storage were not prescribed for any residents on the day of the inspection. A medicines refrigerator is available. When in use the current temperature is recorded each day and temperatures between 2°C and 8°C were observed. In order to ensure that the temperature range within the refrigerator is maintained between 2°C and 8°C the maximum, minimum and current temperature must be recorded and the thermometer must then be reset every day when the refrigerator is in use. The deputy manager advised that a maximum/minimum thermometer would be purchased and that all staff would be briefed on the need to monitor the temperature range of the refrigerator when it is in use. No further action is required at this time.</p> <p>The temperature of the treatment room is not monitored. The registered manager should ensure that the temperature of the office is monitored and recorded each day to confirm that it is maintained at or below 25°C. A recommendation has been made.</p> <p>Oxygen or blood glucometers are not managed in the home at present.</p>	<p align="center">Substantially compliant</p>

STANDARD 32 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>One senior carer is in charge of medicines during each shift. The keys to the medicines cupboards and refrigerator were observed to be held by this person during the inspection.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs had not been prescribed for any residents since the last inspection.</p> <p>The deputy manager advised that quantities of Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each shift change when they are prescribed.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

The deputy manager advised that two residents are prescribed 'when required' anxiolytic medicines for the management of distressed reactions.

The records for one resident who was in the home on the day of the inspection were examined. The 'when required' medicine was recorded on the PMR and a record of the one administration had been maintained on the MARs. The reason for the administration and outcome had been recorded in the daily notes. This is in accordance with good practice.

A care plan detailing when the medication can be administered was not in place. The deputy manager had contacted the challenging behaviour team prior to the administration to confirm if the use was appropriate. It was agreed that appropriate in house care plans would be put in place for all residents who are prescribed 'when required' medicines for the management of distressed reactions.

Management of thickening agents

Thickening agents were not in use on the day of the inspection. The deputy manager advised that when in use thickening agents are recorded on the PMRs and administration is recorded on the MARs. The consistency level is recorded. Care plans and up to date speech and language assessments are in place. Staff have been trained and deemed competent on the use of thickening agents.

Covert administration

Medicines were not being administered covertly on the day of the inspection. The deputy manager advised that two residents have their medicines administered covertly in agreement with their general practitioner and family. She confirmed that appropriate documentation and care plans are in place.

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 **Ms Cecilia Donnelly, Deputy 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:

Helen Daly
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

HOLLYBANK

14 AUGUST 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 **Ms Cecilia Donnelly, Deputy Manager**, during the inspection.

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 all requirements and 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.

RECOMMENDATION

This recommendation is 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	32	The registered manager should ensure that the temperature of the office is monitored and recorded each day to confirm that it is maintained at or below 25°C. Ref: Criterion 32.1	One	A thermometer has been obtained and mounted on the wall in the medical room. A new temperature recording sheet is now in place and Senior staff have been advised to record room temperature daily.	15 September 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	Arlene Stewart
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Anthony Stevens

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	11 September 2014
B.	Further information requested from provider				