



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

**Inspection No:** IN018446

**Establishment ID No:** 1368

**Name of Establishment:** Ellis Court Respite Unit

**Date of Inspection:** 15 January 2015

**Inspector's Name:** Judith Taylor

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Ellis Court
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	Ellis Street Carrickfergus BT38 8AZ
<b>Telephone number:</b>	028 9331 5113
<b>E mail address:</b>	elliscourt.respite@northerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Northern Health and Social Care Trust Dr Anthony Baxter Stevens
<b>Registered Manager:</b>	Mrs Rosemary Wray
<b>Person in charge of the home at the time of inspection:</b>	Mrs Elaine Hall (Senior Support Worker)
<b>Categories of care:</b>	RC-LD ,RC-LD(E)
<b>Number of registered places:</b>	6
<b>Number of residents accommodated on day of inspection:</b>	5
<b>Date and time of current medicines management inspection:</b>	15 January 2015 15:00 – 16:55
<b>Name of inspector:</b>	Judith Taylor
<b>Date and type of previous medicines management inspection:</b>	30 April 2013 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 Elaine Hall, Person in Charge  
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

Ellis Court Respite Unit is situated in the town of Carrickfergus in grounds adjacent to a social services building and Hawthorns Adult Centre.

The residential care home is owned and operated by the Northern Health and Social Care Trust. Mrs Rosemary Wray has been the registered manager since February 2013.

Short term respite accommodation is provided for service users in single rooms on the ground floor level of the building.

There is an open plan lounge and activity area, dining room, a quiet / sensory room; kitchen and bathroom facilities. The reception and another wider hall area contain sofas and chairs and is an additional area in which residents may relax.

The first floor is not used as part of the respite service and has been separated by a locked door operational with a key pad.

The home is registered to provide care for a maximum of six persons under the following categories of care:

#### Residential Care

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

### 4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ellis Court Respite Unit was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 15 January 2015 between 15:00 and 16:55. 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 person in charge of the home Mrs Elaine Hall (Senior Support Worker). 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 Ellis Court Respite Unit are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although some areas for improvement were noted.

The one requirement and one recommendation which were made at the previous medicines management inspection on 30 April 2013 were examined during the inspection. The outcomes of compliance can be observed in Section 5.0 of the report. The requirement has been assessed as substantially compliant and recommendation has been 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 and any intelligence that may be received from trusts and other sources.

Practices for the management of medicines are generally maintained in accordance with legislative requirements, professional standards and guidance. Areas of good practice were noted and highlighted at the inspection as detailed in the report.

Written policies and procedures for medicines management are in place.

There is a programme of medicines management training in the home. Staff competencies in medicines management are assessed annually and the effectiveness of training is evaluated through supervision and appraisal.

Suitable arrangements are in place to ensure that up to date medicine information is obtained and medicines are appropriately labelled for each period of respite care.

Practices for the management of medicines are audited on a daily basis and at the end of each period of respite care. The outcomes of the audit trails performed on all of the medicines held in stock and also a spot check of incoming, administered and outgoing medicines for a sample of residents, who had been accommodated in the last few months, indicated medicines had been administered in accordance with the prescribers' instructions. The registered manager and staff are commended for their efforts.

Examination of the records of medicines prescribed, received, administered and transferred had been maintained in the required manner. Some of the residents' care plans should be further developed with regard to distressed reactions, self-administered medicines, crushing medicines and adding medicines to food.

Satisfactory arrangements are in place for the storage of medicines.

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

The inspector would like to thank the person in charge for her assistance and co-operation throughout the inspection.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 30 April 2013:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must review the procedures for crushing medicines to facilitate administration.</p> <p><b>Stated once</b></p>	<p>Staff advised that this area of medicines management had been reviewed and revised and letters had also been sent to the residents' prescribers. However, these letters could not be located at the time of the inspection. Staff advised that these may have been archived in error, following recent filing for the new year. It was confirmed by email that staff would be checking residents' files and would follow up with the prescriber as needed. The policies and procedures had been updated. It was recommended that any specific medicine administration should be recorded in the resident's care plan.</p>	<b>Substantially compliant</b>

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>Personal medication records should be checked for accuracy at each period of respite care.</p> <p><b>Stated once</b></p>	<p>This practice now occurs. The medicines held in stock correlated with the information recorded on the resident's personal medication record.</p>	<b>Compliant</b>



**SECTION 6.0**

<b>STANDARD 30 - MANAGEMENT OF MEDICINES</b> <b>Medicines are handled safely and securely.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	
<b>Inspection Findings:</b>	
<p>The registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. Staff are commended for their continuing efforts.</p> <p>Staff advised that information regarding the resident’s current medicine regime is checked at each period of respite care. In the instances where medicines are recorded on the personal medication record and are not supplied, this is followed up and recorded.</p> <p>The outcomes of the 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. These satisfactory outcomes were acknowledged.</p> <p>The use of anxiolytic/antipsychotic medicines which are prescribed on an “as required” basis for the management of distressed reactions was examined. The good practice of recording the reason for and outcome of the administration was noted. It was recommended that the care plan regarding the administration of these medicines should be further developed.</p> <p>One resident is responsible for the self-administration of some prescribed medicines. This is clearly recorded on the resident’s personal medication record and signed protocols are in place. Staff confirmed that the medicines are securely stored by the resident. This information should also be recorded in the resident’s care plan.</p> <p>A small number of residents require medicines to be crushed prior to administration or medicines are added to food to aid swallowing. This was discussed with regard to written consent and suitability of the medicine to be</p>	<p>Substantially compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p>crushed or added to food. Staff confirmed that letters had been sent to the prescribers' to authorise this practice. The written responses were not available at the time of the inspection and staff advised these may have been archived in error, during the recent filing process. It was confirmed by email on 18 January 2015, that staff would be checking the residents' files to ensure these letters were in place and this would also be followed up with the prescribers. It was recommended that these specific administration needs should be recorded in the relevant residents' care plan.</p> <p>There is a system in place to respond to drug alerts. One drug alert in relation to buccal midazolam was displayed in the treatment room and there was evidence of the action taken.</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>Written policies and procedures for the management of medicines are in place. These had been reviewed and revised in August 2013.</p> <p>Detailed management plans for the treatment of hypoglycaemia and epileptic seizures are kept in the resident's care file and also in a separate folder; they are readily available for staff reference.</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>Records which indicate staff are trained and competent in medicines management are maintained. The most recent training had been in the administration of emergency medicines between October and December 2014.</p> <p>A list of the names, signatures and initials of staff authorised to administer medicines is displayed in the treatment room.</p>	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The person in charge advised that the management of medicines is reviewed through annual staff appraisal, quarterly staff supervision and staff meetings.</p>	<p>Compliant</p>
<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Staff are responsible for the administration of medicines for epileptic seizures and hypoglycaemia. Staff also assist in the use of an oxygen concentrator which is occasionally required overnight. Training has been provided by the Northern Health and Social Care Trust.</p> <p>Community nurses are responsible for the administration of insulin and blood monitoring in the home.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A system is in place to manage any medicine errors or incidents should they occur in this home. Staff confirmed that these would be reported in accordance with the policies and procedures.</p>	<p>Compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<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>	
Any medicines remaining at the end of the period of respite care are returned to the resident's family at the time of discharge.	Compliant
<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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A system to audit the management of medicines is in place. Personal medication records are checked for accuracy at the time of each admission. Audit trails are performed on each medicine following administration and are also completed at the end of each period of respite care. This is good practice	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Substantially compliant

**STANDARD 31- MEDICINE RECORDS**

**Medicine records comply with legislative requirements and current best practice.**

<p><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.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b> 31.2 The following records are maintained:</p> <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>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Each of the above records is maintained in the home. A sample was selected for examination and these were found to be satisfactory. Areas of good practice were acknowledged. This included the updating of personal medication records by two trained staff and the maintenance of a separate receipt/transfer book for each resident. The registered manager and staff are commended for the good standard of record keeping.</p>	<p align="center">Compliant</p>

## STANDARD 31- MEDICINE RECORDS

<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>	
At the time of this inspection Schedule 2 controlled drugs were not prescribed for any residents or held in stock. These medicines have not been prescribed since the previous medicines management inspection.	Not applicable
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

**STANDARD 32 - MEDICINES STORAGE**  
**Medicines are safely and securely stored.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
<b>Inspection Findings:</b>	
<p>Medicines are stored safely and securely and in accordance with the manufacturer's instructions and storage areas were tidy and organised.</p> <p>All of the medicines held in stock were labelled appropriately.</p> <p>Satisfactory arrangements are in place for monitoring the temperatures of the medicine refrigerator. There were no medicines which required cold storage on the day of the inspection.</p> <p>An oxygen concentrator is kept in the home. This is serviced annually.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</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>Inspection Findings:</b>	
<p>Medicine keys are held by the person in charge of the shift. Staff advised that a new arrangement has been implemented in recent weeks, where staff who are trained in medicines management complete the shift at 10:30 and return at 14:00. There are no residents in the home during this time. The procedures for the safe storage of medicine keys were discussed with regard to unauthorised access to medicines during times when trained staff are not present in the home. It was confirmed by email on 18 January 2015, that a risk assessment had been completed.</p>	Compliant

## STANDARD 32 - MEDICINES STORAGE

<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>	
Schedule 2 controlled drugs and Schedule 3 controlled drugs which are subject to safe custody requirements were not prescribed or held in stock at the time of the inspection.	Not applicable
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S 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 Elaine Hall, Person in Charge**, 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**

**ELLIS COURT RESPITE UNIT**  
**15 JANUARY 2015**

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 **Mrs Elaine Hall, Person in Charge** 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 the recommendation contained within the Quality Improvement Plan is 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 following this inspection.

<b>RECOMMENDATION</b>					
<b>This recommendation is based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. This promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.</b>					
<b>NO.</b>	<b>MINIMUM STANDARD REFERENCE</b>	<b>RECOMMENDATION</b>	<b>NUMBER OF TIMES STATED</b>	<b>DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)</b>	<b>TIMESCALE</b>
1	30	The registered manager should further develop the care plans for the relevant residents as detailed in the report.  <b>Ref: Criterion 30.1</b>	One	The Registered Manager has discussed this recommendation with Senior Support Staff and as the residents key workers they will up-date all relevant care plans outlining how medication will be administered. A letter is also being issued to GP's via family to request clarification re crushing of medication and of any food / drink interactions	16 February 2015

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 and return to [pharmacists @rqia.org.uk](mailto:pharmacists@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Rosemary Wray
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Tony Stevens

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	6/3/15
B.	Further information requested from provider				