



The Regulation and
Quality Improvement
Authority

Westlands
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Unannounced Medicines Management Inspection of Westlands

14 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 14 May 2015 from 11:00 to 14:40.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were identified and these are set out in the quality improvement plan (QIP) within this report.

This inspection was underpinned by The Department of Health Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 23 October 2012.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

The details of the QIP within this report were discussed with Mr Sean McCartan (Registered Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust (NHSCT) Mr Anthony Baxter Stevens	Registered Manager: Mr Sean McCartan
Person in Charge of the Home at the Time of Inspection: Mr Sean McCartan	Date Manager Registered: 17 October 2006
Categories of Care: RC-I	Number of Registered Places: 29
Number of Residents Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: £485

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 30: Management of medicines
Standard 31: Medicine records
Standard 33: Administration of medicines

Theme 1: Medicines prescribed on a 'when required' basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of any medicine related incidents reported to RQIA since the last medicines management inspection.

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

The following records were examined during the inspection:

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 18 December 2014. The completed QIP was returned and was approved by the care inspector.

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

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13(4) Stated once	<p>The registered manager must ensure that policy and procedure documents are regularly reviewed and revised and include all aspects of medicines management undertaken in the home, including the management of thickening agents and warfarin.</p> <hr/> <p>Action taken as confirmed during the inspection: Medicines management policy and procedure documents were available at the time of inspection. The registered manager stated that these had been reviewed following the last inspection and these were still relevant. It was discussed and agreed that these would be reviewed and dated as such following the inspection to ensure they are up to date.</p>	Partially met
Requirement 2 Ref: Regulation 13(4) Stated once	<p>The registered manager must ensure that medicines are administered only to the resident for whom they were prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection: The outcomes of audits undertaken during the inspection indicated that one or two bottles of lactulose continue to be shared amongst all residents for whom this medicine is prescribed. The registered manager and staff confirmed this. All other medicines are administered only to the resident for whom they were prescribed. This requirement was restated.</p>	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30 Stated once	The registered manager should review and revise personal medication records to ensure that: <ul style="list-style-type: none"> two members of staff sign all new entries in the absence of the prescriber's signature; and when medicines are prescribed for use 'when required', maximum daily dosages and dose intervals are recorded. 	Met
	Action taken as confirmed during the inspection: Personal medication records examined were maintained to a satisfactory standard.	
Recommendation 2 Ref: Standard 30 Stated once	The registered manager should ensure that copies of the most recent prescription for each resident are kept in the home.	Met
	Action taken as confirmed during the inspection: This was evidenced during the inspection.	
Recommendation 3 Ref: Standard 30 Stated once	The registered manager should ensure that written Standard Operating Procedures (SOPs) are developed for the management of controlled drugs.	Met
	Action taken as confirmed during the inspection: SOPs were in place.	
Recommendation 4 Ref: Standard 30 Stated once	The registered manager should ensure that staff in the home have access to current reference sources for medicines.	Met
	Action taken as confirmed during the inspection: This was evidenced during the inspection.	
Recommendation 5 Ref: Standard 30 Stated once	The registered manager should be able to demonstrate the assessment of competency of staff in all aspects of medicines management undertaken in the home.	Not met
	Action taken as confirmed during the inspection: Records of competency assessment were not in place. This recommendation was restated.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 6 Ref: Standard 31 Stated once	The registered manager should ensure that two members of staff sign the warfarin administration record and check the stock balance to ensure the accuracy of this record.	Not met
	Action taken as confirmed during the inspection: Administration and stock balance records examined were well maintained, however these were signed by only one member of staff. This recommendation was restated.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are being administered in accordance with the prescribers' instructions. The majority of audit trails performed on a variety of randomly selected medicines produced satisfactory outcomes.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There was evidence that robust arrangements are in place to ensure the safe management of medicines during a resident's admission to the home. Medication details are confirmed with the prescriber and personal medication record sheets are completed and checked by two staff members.

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

Medicine records were legible and accurately maintained so as to ensure a clear audit trail. Records of the ordering, receipt, administration, disposal and transfer of medicines were maintained in a satisfactory manner.

Controlled drug record books and records of the stock reconciliation of controlled drugs which are subject to safe custody requirements were well maintained. Stock balances of these medicines are reconciled on each occasion when the responsibility for safe custody is transferred.

Any medicines which are discontinued or are unsuitable for use are returned to the community pharmacy for disposal.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. One reported incident had been managed appropriately.

Some warfarin dose changes had been received by one member of staff over the telephone.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place. There are Standard Operating Procedures for the management of controlled drugs.

Medicines are managed by staff who have been trained, however no record of competency assessment was in place. An induction process is in place. Medicines management training is provided by the Trust and was last undertaken by relevant staff in 2013. The impact of training is monitored through supervision and appraisal.

There are arrangements in place to note any compliance issues with medicine regimes and these are reported to the resident's prescriber.

Practices for the management of medicines were previously audited regularly by the deputy manager, but no recent overarching audit activity of medicines management was observed. Stock balance counts are undertaken and recorded by staff on medicine administration records and satisfactory outcomes were observed. This process is facilitated by the good practice of recording the date of opening on the container.

Is Care Compassionate? (Quality of Care)

The records for several residents prescribed medication for administration 'when required' for the management of distressed reactions were examined. Medicine administration records indicated that the medicines were being administered in accordance with the prescribers' instructions. The parameters for administration were recorded on the personal medication records. The reason for the administration of these medicines and the effect were generally recorded in the progress notes. This was discussed with the registered manager and staff who agreed that this would be recorded on every occasion.

A care plan was not in place for the management of distressed reactions.

The records for several residents prescribed medication 'when required' for the management of pain were examined. The medicine administration records indicated that the medicines were being administered in accordance with the prescribers' instructions. The parameters for administration were recorded on the personal medication records.

From discussion with the staff on duty, it was evident that staff are aware of the signs, symptoms and triggers of pain in residents. Staff are aware that ongoing monitoring is necessary to ensure the pain is well controlled and the residents are comfortable.

There are systems in place to report any increased frequency in the use, or lack of effect of pain management medicines to the resident's prescriber. There was evidence that the prescriber had been contacted and requested to review these medicines when necessary.

Areas for Improvement

Medicines must be administered only to the resident for whom they were prescribed. A requirement was restated.

Regular assessment of the competency of staff in all aspects of medicines management undertaken in the home should be undertaken and recorded. A recommendation is restated.

Two members of staff should sign the warfarin administration record and check the stock balance to ensure the accuracy of this record. A recommendation is restated.

As a matter of good practice it was advised that warfarin doses should normally be received in writing but that when received by telephone these should be confirmed by a second member of staff.

Regular audit of all areas of the management of medicines should be undertaken and records maintained. A recommendation was made.

A care plan for the use of prescribed medication for administration 'when required' in the management of distressed reactions should be in place and evaluated regularly. A recommendation was made.

Number of Requirements:	1	Number of Recommendations:	4
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5.4 Additional Areas Examined

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

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Sean McCartan (Registered Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered manager /person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager/registered person and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 13(4) Stated: Second time To be Completed by: 12 June 2015	<p>The registered manager must ensure that medicines are administered only to the resident for whom they were prescribed.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Actioned and now in place. Regular audits and spot checks will also be undertaken to ensure adherence</p>
Recommendations	
Recommendation 1 Ref: Standard 30 Stated: Second time To be Completed by: 12 June 2015	<p>The registered manager should be able to demonstrate the assessment of competency of staff in all aspects of medicines management undertaken in the home.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Competency Tool has now been accessed and will be used to demonstrate assessment of competency of staff</p>
Recommendation 2 Ref: Standard 31 Stated: Second time To be Completed by: 12 June 2015	<p>The registered manager should ensure that two members of sign the warfarin administration record and check the stock balance to ensure the accuracy of this record.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Actioned and now in place</p>
Recommendation 3 Ref: Standard 30 Stated: First time To be Completed by: 12 June 2015	<p>It is recommended that regular audit of all areas of the management of medicines is undertaken and that records are maintained.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Actioned and now in place</p>

Recommendation 4 Ref: Standard 30 Stated: First time To be Completed by: 12 June 2015	It is recommended that a care plan for the use of prescribed medication for administration 'when required' in the management of distressed reactions is in place and is evaluated regularly. <hr/> Response by Registered Person(s) Detailing the Actions Taken: Care plans for those residents who have prescribed medication administered 'when required' in the management of distressed reactions have been updated and will be reviewed regularly		
Registered Manager Completing QIP	Sean McCartan	Date Completed	22.06.2015
Registered Person Approving QIP	Dr Tony Stevens Una Cunning	Date Approved	23.06.15
RQIA Inspector Assessing Response	R Lloyd	Date Approved	25/6/2015

Please ensure the QIP is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address