



RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020811

Establishment ID No: 1375

Name of Establishment: Rosedale

Date of Inspection: 18 November 2014

Inspectors' Names: Cathy Wilkinson & Rachel Lloyd

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

Name of home:	Rosedale
Type of home:	Residential Care Home
Address:	100 Kilgreel Road Antrim BT41 1EH
Telephone number:	(028) 9442 9402
E mail address:	heather.allison@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern Health and Social Care Trust Mr Tony Stevens (registration pending)
Registered Manager:	Mrs Heather Susan Allison
Person in charge of the home at the time of inspection:	Mrs Heather Susan Allison
Categories of care:	RC-I
Number of registered places:	38
Number of residents accommodated on day of inspection:	20
Date and time of current medicines management inspection:	18 November 2014 11:30 – 13:20
Names of inspectors:	Cathy Wilkinson & Rachel Lloyd
Date and type of previous medicines management inspection:	18 April 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Heather Allison 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 inspectors 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

Rosedale is a purpose built, single storey, statutory residential home in the Northern Health and Social Care Trust. The home is located at the entrance to a housing estate, Park Hall, within the boundary of Antrim town.

Rosedale is registered by the Regulation and Quality Improvement Authority to provide residential care to 38 elderly persons over the age of 65 years.

There is a modern designed central courtyard type garden with a water feature which provides an attractive outdoor sitting and recreational area for the residents.

There is ample off street parking at the front of the home for visitors.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rosedale was undertaken by Cathy Wilkinson and Rachel Lloyd, RQIA Pharmacist Inspectors, on 18 November 2014 between 11:30 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 inspectors 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 inspectors met with Ms Heather Allison, Registered Manager, and staff on duty. The inspectors 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 Rosedale are compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern.

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

The two requirements and two recommendations which were made at the previous medicines management inspection on 18 April 2011 were examined and found to be compliant. The registered manager and staff are commended for their efforts.

There is a programme of medicines management training.

The outcomes of the audits which were carried out at this inspection indicated that medicines are being administered as prescribed. Some further monitoring was advised for a small number of medicines which showed audit discrepancies during the inspection.

Medicine records had been maintained in a satisfactory manner.

Medicine storage was observed to be tidy and organised. The management of the medicines refrigerator is satisfactory; it is maintained within the required temperature range and the thermometer is reset daily.

The inspection attracted no requirements or recommendations; therefore a Quality Improvement Plan has not been appended on this occasion.

The inspectors would like to thank the registered 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 18 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	<p>A record to indicate that care assistants are trained and competent in the administration of external preparations and thickening agents must be maintained.</p> <p>Stated once</p>	<p>These records were observed during the inspection.</p>	<p>Compliant</p>
2	13(4)	<p>The following improvements are necessary with respect to the maintenance of the personal medication record (PMR):</p> <ul style="list-style-type: none"> • In the absence of GP verification two members of staff should date and sign all entries on the PMR when it is written and updated; • If the resident is prescribed a large number of regularly prescribed medicines, more than one PMR should be written to ensure that all entries are legible and meet with legislative requirements. <p>Stated once</p>	<p>The personal medication records had been signed by two staff members and all of the required details were recorded. The registered manager was advised to confirm the allergy status for two residents.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	30	Nutritional supplements, liquid medicines and inhaled medicines should be included in the monthly audits. Stated once	A range of medicines are regularly audited and good outcomes are generally observed.	Compliant
2	31	The reason for disposal should be recorded when medicines are returned to the community pharmacy for destruction. Stated once	The reason for disposal of medicines is recorded.	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: This inspection indicated that the arrangements for the management of medicines are compliant with legislative requirements and current minimum standards. The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. A small number of medicines were discussed with the registered manager who agreed that they would be included in the audit programme. Prescriptions are received and checked by the home before being dispensed by the pharmacy. The registered manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home. The management of warfarin is satisfactory. Written confirmation of the regime is obtained and held on file. All transcriptions are signed by two staff members. A running balance for both strengths of warfarin tablets is recorded. The management of 'when required' medicines prescribed for distressed reactions was examined. The prescribed medicine dosage was detailed on the personal medication record. A record of the administration had been made on each occasion and there was evidence that the medicine usage was frequently audited. Details of the reason for and the outcome of the administration are generally detailed in the resident's daily progress notes.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>The administration of medicines for Parkinson's Disease was discussed. Staff were knowledgeable regarding the importance of adhering to strict times of administration of these medicines.</p>	
<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines, including standard operating procedures for the management of controlled drugs, are in place. These were available for inspection.</p>	Compliant
<p>Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager advised that training on the management and administration of medicines is provided for designated staff annually by the Trust. Competency assessments are also completed annually and more often if required.</p> <p>There is a list of the names, signatures and initials of senior staff that have been trained and deemed competent to administer medicines.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager advised that supervision is carried out with staff at regular intervals and that there is annual staff appraisal.</p>	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Training in specific techniques is not required at present.</p>	Not applicable
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>No medication incidents have been reported to RQIA since April 2014. The registered manager advised that should incidents occur they would be reported.</p>	Compliant
<p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Expired and discontinued medicines are returned to the community pharmacy for disposal.</p>	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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Recorded evidence of the medicines management audit activity is maintained.</p> <p>The date and time of opening had been recorded on medicine containers which facilitates the audit process.</p>	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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 are constructed and completed in such a manner as to ensure that there is a clear audit trail.	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:	
The personal medication records and medication administration records which were reviewed at this inspection had been maintained in a satisfactory manner. Staff are commended for their ongoing efforts. Records for the receipt and disposal/transfer of medicines had been maintained in a satisfactory manner.	Compliant
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:	
Observation of the controlled drug record book indicated that records had been maintained in a satisfactory manner.	Compliant

STANDARD 31- MEDICINE RECORDS

INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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
Inspection Findings:	
Satisfactory arrangements were observed to be in place for the storage of medicines. There was sufficient storage space for medicines within the medicine trolleys and the overstock cupboard. The refrigerator temperature is monitored daily. The maximum and minimum temperatures of the medicines refrigerator had been maintained within the acceptable range of 2°C to 8°C. The thermometer is reset each night.	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 keys of the medicine trolleys and cupboards were observed to be in the possession of the senior care assistant in charge. The key to the controlled drug cabinet is carried separately by the senior care assistant in charge.	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:	
Schedule 2 and 3 controlled drugs are reconciled three times daily at each shift change.	Compliant

STANDARD 32 - MEDICINES STORAGE

INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

7.0 QUALITY IMPROVEMENT PLAN

As no requirements or recommendations were made following the inspection a Quality Improvement Plan has not been appended on this occasion. The registered manager/provider is asked to please complete and return a copy of the signature page at the end of the report for our records by **30 December 2014**.

Enquiries relating to this report should be addressed to:

Cathy Wilkinson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the **unannounced medicines management** inspection of **Rosedale** which was undertaken on **18 November 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Heather Allison
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Dr Tony Stevens Una Cuning

Approved by:	Date
Cathy Wilkinson	17/12/2014