

# Unannounced Medicines Management Inspection Report

**8 September 2016**



## **Parkanaur College**

**Type of service: Residential Care Home**  
**Address: 57 Parkanaur Road, Dungannon, BT70 3AA**  
**Tel No: 028 8776 1272**  
**Inspector: Helen Daly**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Parkanaur College took place on 8 September 2016 from 10:50 to 14:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. Care staff who administer medicines were trained and had been deemed competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations were made.

### **Is care effective?**

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. No requirements or recommendations were made.

### **Is care compassionate?**

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. Residents consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

### **Is the service well led?**

The service was found to be well led with respect to the management of medicines. The registered manager had plans to review the policies and procedures for the management of medicines. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations were made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Waldemar Mietlicki, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 July 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Thomas Doran Trust / Mr Wilfred Johnston Mitchell	<b>Registered manager:</b> Mr Waldemar Mietlicki
<b>Person in charge of the home at the time of inspection:</b> Mr Waldemar Mietlicki	<b>Date manager registered:</b> 2 August 2016
<b>Categories of care:</b> RC-MP, RC-LD, RC-LD(E), RC-PH	<b>Number of registered places:</b> 24

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

We met with one resident, two care assistants and the registered manager.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 18 September 2014

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 13 (4) Stated: First time	<p>The registered provider must ensure that the current, maximum and minimum refrigerator temperatures are monitored and recorded each day.</p> <p>Corrective action must be taken if temperatures outside the accepted range (2°C – 8°C) are observed.</p> <p><b>Response by registered provider detailing the actions taken:</b>            A new refrigerator was available. The current, maximum and minimum temperatures were being recorded each day. The temperatures were observed to be within the accepted range.</p>	<b>Met</b>
<b>Requirement 2</b> Ref: Regulation 13 (4) Stated: First time	<p>The registered provider must ensure that the medicines refrigerator is locked to prevent unauthorised access to medicines.</p> <p><b>Response by registered provider detailing the actions taken:</b>            The refrigerator was observed to be locked on the day of the inspection.</p>	<b>Met</b>
<b>Requirement 3</b> Ref: Regulation 13 (4) Stated: First time	<p>The registered provider must ensure that medicines are kept in the labelled container into which they have been dispensed by the community pharmacist until the point of administration.</p> <p><b>Response by registered provider detailing the actions taken:</b>            This practice was observed at the inspection.</p>	<b>Met</b>

Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered provider should ensure that the level of assistance each resident requires with their medicines is clearly recorded in the resident's care plan.	<b>Met</b>
	<b>Response by registered provider detailing the actions taken:</b> The sample of care plans reviewed indicated that this recommendation had been addressed.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered provider should ensure that a detailed care plan is in place for the level of support provided for residents who self-administer insulin.	<b>Met</b>
	<b>Response by registered provider detailing the actions taken:</b> The care plan reviewed detailed the level of support required.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered provider should ensure that control checks are carried out on blood glucose meters in accordance with the manufacturers' instructions.	<b>No longer applicable</b>
	<b>Response by registered provider detailing the actions taken:</b> Staff were not responsible for maintaining blood glucose meters.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered provider should ensure that a detailed epilepsy management plan is in place for the management of buccal midazolam and that it is readily available for staff when necessary.	<b>Met</b>
	<b>Response by registered provider detailing the actions taken:</b> The registered manager advised that this had been addressed following the last medicines management inspection.  Buccal midazolam was not currently prescribed for any residents.	

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that all correspondence and communication regarding medication refusals is documented.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The registered manager confirmed that all correspondence regarding medicines was recorded in the daily care notes.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the date and time of opening are recorded on all medicine containers in order to facilitate audit and disposal at expiry.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The date and time of opening had not been recorded for all medicine containers.</p> <p>However audits could be completed on all medicines because staff recorded the quantity of each “boxed” medicine carried over at the end of each cycle. This good practice was commended.</p> <p>It was agreed that staff would be reminded to record the date and time of opening on all containers. The recommendation has therefore not been stated for a second time.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that personal medication records are adequately maintained.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> All personal medication records were reviewed. They had been checked and verified by two care staff at the time of writing and at each update. Staff were commended for the standard of maintenance of the personal medication records.</p>	<p><b>Met</b></p>

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the temperature of the treatment room is monitored and recorded each day. Appropriate corrective action should be taken if the temperature exceeds 25°C.</p> <p><b>Response by registered provider detailing the actions taken:</b> A thermometer was in place. Satisfactory temperatures were observed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the management of distressed reactions is reviewed as detailed in the report.</p> <p><b>Response by registered provider detailing the actions taken:</b> The management of distressed reactions had been reviewed and revised. Dosage directions were clearly recorded on the personal medication records. The reason for and outcome of administration were recorded. Care plans were in place. The registered manager agreed to add more detail to the care plans.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. Competency assessments were completed annually. Refresher training in the management of medicines had been provided in June 2016.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home.

Robust arrangements were observed for the management of high risk medicines e.g. insulin.

Discontinued or expired medicines were returned to the community pharmacist for disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. The majority of medicines were supplied in compliance aids. It was agreed that where residents also have medicines which were supplied in their original packaging e.g. antibiotics, a reminder system for staff would be put in place.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Care plans were in place; it was agreed that these would be updated to include the name of the prescribed medicine. These medicines had not been used recently. The registered manager confirmed that the reason for and outcome of administration were recorded on the reverse of the medication administration records.

Regular pain relief was not prescribed for any residents. The sample of records examined indicated that "when required" medicines which were prescribed to manage pain had been administered as prescribed. The registered manager and staff confirmed that all residents could verbalise their pain.

The registered manager confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the registered manager. In addition all medicines were audited at the end of each four week cycle.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

### Areas for improvement

No requirements or recommendations were made.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---



#### 4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines. The registered manager advised that residents were encouraged to manage their medicines where possible and this was evidenced at the inspection.

We did not observe the medication administration process.

We spoke with one resident who received support to self-administer some of their medicines. The resident confirmed that they were happy with how their medicines were managed and that they could request pain relief if needed. The resident advised that they were very happy in the home and enjoyed their studies.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. A number of residents were going out for a walk.

#### Areas for improvement

No requirements or recommendations were made.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. The registered manager advised that these were due for review.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning which had been implemented following incidents.

A review of the home's audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all staff for learning and implementation.

#### Areas for improvement

No requirements or recommendations were made.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews