RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18398**
Establishment ID No:	**1509**
Name of Establishment:	**Roughan House**
Date of Inspection:	**26 June 2014**
Inspector's Name:	**Paul Nixon**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Roughan House
Type of home:	Residential Care Home
Address:	Roughan House 68 Roughan Road Newmills Coalisland BT71 4BY
Telephone number:	(028) 8774 0816
E mail address:	patrickmcavoy@mcavoygroup.com
Registered Organisation/ Registered Provider:	Roughan Care Ltd Mr Patrick McAvoy
Registered Manager:	Mrs Dolores Carron
Person in charge of the home at the time of Inspection:	Mrs Dolores Carron
Categories of care:	RC-I, RC-LD, RC-LD(E), RC-MP
Number of registered places:	16
Number of residents accommodated on day of inspection:	16
Date and time of current medicines management inspection:	27 June 2014 10.00 – 13.00
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	4 August 2011 Unannounced Inspection

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 Dolores Carron (Registered Manager) during the inspection
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

Roughan House was registered by the Southern Health and Social Services Board in 1988. In September 2007 Mr Patrick McAvoy became the Registered Person in control and Mrs Dolores Carron, the Registered Manager.

The facility, a large early 19th century three story house, is located approximately one mile outside Coalisland on grounds where the ruin of Roughan Castle, a historical monument, is located. The elevated position provides attractive views on all sides, across the countryside and the building retains many of its original architectural features.

Accommodation comprises of a large sitting room, large dining room, two single bedrooms, seven double bedrooms, kitchen, laundry facilities and bathrooms and toilets. There are good storage areas throughout the home. Car parking spaces are available near the front entrance.

The home may accommodate a maximum of 16 people requiring residential care, including, where appropriate, a small number of people with a learning disability or with mental ill health.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Roughan House was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 26 June 2014 between 10.00 and 13.00. 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 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 Mrs Dolores Carron (Registered Manager). 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 Roughan House 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 one requirement and one recommendation which were made at the previous medicines management inspection, on 4 August 2011, were examined during the inspection. The requirement was assessed as compliant. The recommendation was assessed as not compliant and is restated in the Quality Improvement Plan.

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.

A number of areas of good practice were noted and highlighted during this inspection. They included the robust audit arrangements, the recording of the dates and times of opening of medicines in order to facilitate the audit process and the good correlation between personal medication records and medicine administration records.

The written policy and procedures should cover each of the activities concerned with the management of medicines. There should be Standard Operating Procedures detailing the arrangements for the management of controlled drugs. A procedure should be written detailing the arrangements for the management of medicine related incidents.

A record should be maintained of the content of the medicines management training provided to staff. A record should also be maintained of staff medicines management competency assessments.

The audit trails, which were performed on randomly selected medicines, indicated that satisfactory correlations existed between the prescribed instructions, patterns of administration and stock balances. The registered manager and staff are commended for their efforts.

Medicine records were maintained in a broadly satisfactory manner. The personal medication records examined were up to date and correlated with the information printed on the medicine administration record sheets. The resident's medicine allergy status should be routinely recorded on their personal medication record sheet. The size of the resident's photograph should be of appropriate dimensions for and be attached onto the designated section of the personal medication record sheet. Medicine administration record sheets were fully maintained.

General medicines were stored safely and securely. Storage was observed to be tidy and organised. The registered provider should review the storage of temazepam in order to maximise its security.

The registered provider should ensure that the recording system in place for a resident who is prescribed 'when required' anxiolytic medicines includes a detailed care plan.

The inspection attracted a total of one requirement and eight recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

The inspector 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 4 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that : • A detailed care plan is developed for the resident who requires blood glucose monitoring • Staff record each blood glucose reading and subsequent direction from the health centre on one clear record sheet • Staff receive additional training on the management of hypoglycaemia • Staff receive additional training on the use of the blood glucometer, including the necessary control checks. **Stated once**	A detailed care plan has been developed for the resident who requires blood glucose monitoring. Staff record each blood glucose reading and subsequent direction from the health centre. Staff have received training on the management of hypoglycaemia and the use of blood glucometers from the diabetic nurse specialist.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	A procedure should be written detailing the arrangements for the management of medicine related incidents. **Stated once**	The registered manager could not provide evidence that this procedure had been written. **The recommendation is restated.**	**Not 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:	
Satisfactory arrangements were observed to be in place for the management of medicines. A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system trays. These audits indicated that medicines are being administered to residents in accordance with the prescribers' instructions. The registered manager advised that written confirmation of current medicine regimes is obtained from the general medical practitioner for new admissions to the home. The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing.	Compliant

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 written policies and procedures for the management of medicines are very brief. There should be comprehensive written policies and procedures for the management of medicines. A recommendation is stated. Standard Operating Procedures need to be written detailing the arrangements for the management of controlled drugs. A recommendation is stated.	Moving towards compliance
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:	
The registered manager explained the arrangements that are in place for staff medicines management induction and update training and confirmed that all staff members who manage medicines are trained and competent. Staff members receive annual update training. A record is maintained of the staff that attended the annual update training. There was, however, no recorded evidence of the content of the medicines management training provided to staff. A record should be maintained of the content of the medicines management training provided to staff. A recommendation is stated. There was no record of staff medicines management competency assessments. A record should be maintained of all staff medicines management competency assessments. A recommendation is stated.	Moving towards compliance

STANDARD 30 - MANAGEMENT OF MEDICINES

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 registered manager confirmed that she evaluates the impact of medicines management training on staff members through supervision and observation of practice.	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:	
Training in specific techniques is not required by the staff at this time.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager confirmed that a system is in place to manage medicine errors or incidents, should they occur in this home. There was no written procedure detailing the arrangements for the management of medicine related incidents. A procedure should be written detailing the arrangements for the management of medicine related incidents. A recommendation is restated.	Moving towards compliance

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant
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.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are robust medicines management audit arrangements in place. Weekly medication audits are performed by the registered manager. Recorded evidence of this audit activity is maintained. The registered manager confirmed that any issues arising are discussed with staff and followed up at the next audit. The observations made during this inspection reflected the satisfactory outcomes of the home audit activity. In order to facilitate the audit activity, dates and times of opening are recorded on the medicine containers. This good practice is commended.	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:	
The medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail.	Compliant
Criterion Assessed: 31.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A randomly selected sample of the above medicine records was assessed. These records had been maintained in a satisfactory manner. There was a good correlation between the entries on the personal medication record and medicine administration record sheets and the details printed on the medicine labels. Handwritten entries on the personal medication record and medicine administration record sheets were verified and signed by two staff members. Some residents did not have their medicine allergy status declared on their personal medication record sheet. The resident's medicine allergy status must be routinely recorded on their personal medication record sheet. A requirement is stated. The photographs of eight residents were of too large dimensions for the layout of the personal medication record sheet. The photographs were not attached onto the designated section of the personal medication record sheet.	Substantially compliant

STANDARD 31- MEDICINE RECORDS

The size of the resident's photograph should be of appropriate dimensions for the layout of and be attached onto the designated section of the personal medication record sheet. A recommendation is stated. The medicine administration record sheets examined were fully and accurately completed. Records of the receipts and disposals of medicines had been appropriately completed.	
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:	
The registered manager confirmed that there have been no Schedule 2 controlled drugs.	Not applicable

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:	
Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine cupboard. Appropriate arrangements are in place for the stock control of medicines The controlled drug temazepam was not being stored in a controlled drugs cabinet. The registered provider should review the storage of temazepam in order to maximise its security. A recommendation is stated.	Substantially 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 medicine keys were observed to be in the possession of the designated senior care assistant.	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:	
There were no Schedule 2 controlled drugs. Quantities of Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred. Records of stock balance checks were inspected and found to be satisfactory.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

The Management of Distressed Reactions

The records in place for the use of a 'when required' anxiolytic medicine in the management of distressed reactions were examined for one patient. The care plan did not detail the circumstances under which the medicine should be administered. The parameters for administration were recorded on the personal medication record. The medication is rarely administered to the resident. The registered provider should ensure that the recording system in place for a resident who is prescribed 'when required' anxiolytic medicines includes a detailed care plan. A recommendation is stated.

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 **Mrs Dolores Carron (Registered Manager)**, during the inspection, 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:

Paul Nixon
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

ROUGHAN HOUSE
26 JUNE 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 **Mrs Dolores Carron, Registered Manager**, after the inspection visit.

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.

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 (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13 (4)	The registered provider must ensure that the resident's medicine allergy status is routinely recorded on their personal medication record sheet. **Ref: Criterion 31.2**	One	Resident's medicine allergy status is now recorded on their personal medication record sheet.	26 July 2014

RECOMMENDATIONS

These recommendations are 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	30	A procedure should be written detailing the arrangements for the management of medicine related incidents. **Ref: Section 5 and Criterion 30.6**	Two	A procedure has been written detailing the arrangements for the management of medicine related incidents.	26 July 2014
2	30	The registered provider should ensure that there are comprehensive written policies and procedures for the management of medicines. **Ref: Criterion 30.2**	One	Working on policy and procedures. Will have completed within timescale.	26 September 2014
3	30	The registered provider should ensure that there are Standard Operating Procedures detailing the arrangements for the management of controlled drugs. **Ref: Criterion 30.2**	One	Working on operating procedures for management of controlled drugs will have completed within time scale	26 September 2014
4	30	The registered provider should ensure that a record is maintained of the content of the medicines management training provided to staff. **Ref: Criterion 30.3**	One	A record is now maintained of the content of the medicines management training provided to staff.	26 July 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	30	The registered provider should ensure that a record is maintained of all staff medicines management competency and capability assessments. **Ref: Criterion 30.3**	One	A medicine management competency and capability assessment has been drawn up and a record maintained of all staff.	26 July 2014
6	31	The registered provider should ensure that the size of the resident's photograph is of appropriate dimensions for the layout of and is attached onto the designated section of the personal medication record sheet. **Ref: Criterion 31.2**	One	Residents photographs of the appropriate dimensions have been attached to designated section of the personal medication record sheet.	26 July 2014
7	32	The registered provider should review the storage of temazepam in order to maximise its security. **Ref: Criterion 32.1**	One	Registered Provider has ordered a lockable controlled drugs cabinet.	26 July 2014
8	30	The registered provider should ensure that the recording system in place for a resident who is prescribed 'when required' anxiolytic medicines includes a detailed care plan. **Ref: Section 7**	One	A detailed care plan has been drawn up for resident who is prescribed when required anxiolytic medicines.	26 July 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 and return to pharmacists@rqia.org.uk:

NAME OF REGISTERED MANAGER COMPLETING QIP	Dolores Carron
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Patrick McAvoy

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	08/08/2014
B.	Further information requested from provider		X	Paul W. Nixon	08/08/2014