



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

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| Inspection No: | IN18403 |
| Establishment ID No: | 1529 |
| Name of Establishment: | Hebron House |
| Date of Inspection: | 17 November 2014 |
| Inspector's Name: | Paul Nixon |

1.0 GENERAL INFORMATION

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| Name of home: | Hebron House |
| Type of home: | Residential Care Home |
| Address: | 84-86 Main Street Markethill BT60 1PL |
| Telephone number: | (028) 37551357 |
| E mail address: | norman@ntwylie.co.uk |
| Registered Organisation/ Registered Provider: | Mrs Mildred Jean Wylie Mr Norman Thomas Wylie |
| Registered Manager: | Mrs Mildred Jean Wylie |
| Person in charge of the home at the time of inspection: | Ms Rachel Neville (Senior Care Assistant) |
| Categories of care: | RC-LD, RC-LD(E), RC-MP |
| Number of registered places: | 21 |
| Number of residents accommodated on day of inspection: | 13 |
| Date and time of current medicines management inspection: | 17 November 2014 09:50 – 12.30 |
| Name of inspector: | Paul Nixon |
| Date and type of previous medicines management inspection: | 16 June 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 Ms Rachel Neville (Senior Care Assistant) and Mr Stanley Kingsmill (Governance Lead) 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 to Mrs Mildred Wylie (Registered Manager) and Mr Stanley Kingsmill (Governance Lead)

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 | | |
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| 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

Hebron House is registered to provide residential care for 21 persons. The home is situated on the main street of Markethill and with easy reach of the town's facilities.

The home provides accommodation on three floors. Bedrooms are provided on the ground and first floors with two flat type accommodation on the bottom floor for more independent residents.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Hebron House was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 17 November 2014 between 09:50 and 12:30 hours. 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 Ms Rachel Neville (Senior Care Assistant) and Mr Stanley Kingsmill (Governance Lead). 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 Hebron House are compliant with legislative requirements and best practice guidelines. Staff are commended for their efforts.

No requirements or recommendations were made at the previous medicines management inspection, on 16 June 2011.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

A number of areas of good practice were noted and highlighted during this inspection. They included the arrangements for staff training and competency assessments and the robust audit activity.

Medicines are handled safely and securely.

Medicine records comply with legislative requirements and current best practice.

Medicines are safely and securely stored.

Appropriate arrangements are in place to ensure that medication is safely administered to the residents in accordance with the prescribing practitioners' instructions

The inspection attracted no requirements or recommendations.

The inspector would like to thank the senior care assistant and governance lead for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 16 June 2011:

There were no requirements or recommendations arising from the previous medicines management inspection.

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. These audits indicated that medicines are being administered to residents in accordance with the prescribers' instructions.

From observations made during this inspection and from discussion with the senior care assistant and governance lead, it was concluded that prescribed medicines are only administered to the resident for whom they are prescribed.

The senior care assistant and governance lead advised that written confirmation of current medicine regimes would be obtained from a healthcare or social care professional for any new admissions to the home. There had been no recent admissions.

The process for obtaining prescriptions was reviewed. The senior care assistant and governance lead advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing.

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for two patients. The care plans detailed the circumstances under which the medicines should be administered. The parameters for administration were recorded on the personal medication records. None of the medicines had been administered for a significant period of time.

Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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| <p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>Written policies and procedures for the management of medicines are in place. There are Standard Operating Procedures detailing the arrangements for the management of controlled drugs.</p> | <p>Compliant</p> |
| <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> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>The governance lead confirmed that all staff members who manage medicines are trained and competent. There was evidence that senior care staff undertake comprehensive training prior to being deemed competent to administer medicines. The governance lead co-ordinates this training. At the conclusion of the training process, a competency assessment is completed by the governance lead. Thereafter, competency assessments are performed as part of the annual appraisal process.</p> <p>A list of the names, signatures and initials of staff authorised to administer medicines is maintained.</p> | <p>Compliant</p> |
| <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> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>The governance lead evaluates the impact of medicines management training on staff members through supervision and observation of practice. Staff appraisals and competency assessments are undertaken on an annual basis and a record of this activity is maintained. A sample of the staff competency assessments was examined.</p> | <p>Compliant</p> |

STANDARD 30 - MANAGEMENT OF MEDICINES

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| <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> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>Training in specific techniques is not required by the staff at this time.</p> | <p>Not applicable</p> |
| <p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> | <p>Compliant</p> |
| <p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>Discontinued or expired medicines are returned to the community pharmacy for disposal.</p> | <p>Compliant</p> |

STANDARD 30 - MANAGEMENT OF MEDICINES

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| <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> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> <p>Monthly medication audits are performed by the governance lead and designated senior care assistant. Recorded evidence of this audit activity is maintained. In addition, the community pharmacist conducts a medication audit every three months and provides feedback to management in the form of an action plan. The observations made during this inspection reflected the satisfactory outcomes of the home audit activity. In order to facilitate audit activity, dates and times of opening are recorded on the medicine containers and running stock balances are maintained for medicines not dispensed in the monitored dosage system blister packs. This good practice is commended.</p> | <p>Compliant</p> |

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| <p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |
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STANDARD 31- MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

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| 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: <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: | |
| <p>A randomly selected sample of the above medicine records was assessed. These records had been maintained in a very satisfactory manner.</p> <p>The personal medication records examined contained the required information.</p> <p>The medicine administration record sheets examined were fully and accurately completed.</p> <p>The records of receipts and disposals of medicines contained the necessary information.</p> | Compliant |

STANDARD 31- MEDICINE RECORDS

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| 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: | |
| A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner. | Compliant |

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

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

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| 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. Medicines were being stored safely and securely and in accordance with the manufacturers' instructions. Appropriate arrangements are in place for the stock control of medicines. | 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: | |
| Appropriate arrangements were observed to be in place for the control of the medicine keys. They were observed to be in the possession of the designated senior care assistant. | Compliant |

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| 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: | |
| Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two staff members twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. | Compliant |

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

7.0 ADDITIONAL AREAS EXAMINED

None

8.0 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 **17 December 2014**.

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**



No requirements or recommendations resulted from the **unannounced medicines management** inspection of **Hebron House** which was undertaken on **17 November 2014** and I agree with the content of the report.

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

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| NAME OF REGISTERED MANAGER COMPLETING | MILDRED WYLIE |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING | NORMAN WYLIE |

| Approved by: | Date |
|---------------------|-------------|
| Paul W. Nixon | 17/12/14 |