

# Unannounced Medicines Management Inspection Report 19 January 2017



## Peacehaven

**Type of service: Residential Care Home**  
**Address: 34-38 Newry Street, Rathfriland, BT34 5PY**  
**Tel No: 028 4063 8855**  
**Inspector: Helen Daly**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Peacehaven took place on 19 January 2017 from 10.30 to 13.45.

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. Staff administering medicines were trained and competent. Two areas of improvement were identified in relation to the storage of controlled drugs and the management of warfarin. One requirement and one recommendation 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. One area of improvement was identified in relation to the management of distressed reactions. A recommendation was stated for the second time.

### 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. There were no areas of improvement identified.

### Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. One incident was identified at the inspection. An incident report form detailing how the incident occurred and the action taken to prevent a recurrence was received by RQIA on 2 February 2017.

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>	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Janine Porter, Supervisor, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 report/QIP there were no further actions required to be taken following the most recent inspection on 10 January 2017.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Peacehaven Care Services Ltd Miss Mary Helen O'Hanlon	<b>Registered manager:</b> Miss Mary Helen O'Hanlon
<b>Person in charge of the home at the time of inspection:</b> Ms Janine Porter (Supervisor)	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 8

## 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; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

We met with two residents, two visitors, two senior carers and the supervisor.

Twelve questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

A sample of the following records was examined during the inspection:

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

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 January 2017

The most recent inspection of the home was an unannounced care inspection. The draft record will be issued within 28 days of this inspection date.

### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 26 November 2013

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered manager must ensure that policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are available in the home at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A copy of the medication policy was available in the treatment room.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered manager must ensure that the records for the administration of medicines are accurately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medication administration records which were reviewed at this inspection had been accurately maintained.	
Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	Records should identify if the community nurse is responsible for the administration of a medicine.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Where the community nurse was responsible for the administration of a medicine this had been clearly recorded.	

<b>Recommendation 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered manager should monitor the administration of lactulose liquid as part of the home's audit process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that the administration of lactulose was being audited.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered manager should ensure that appropriate care plans are in place for the use of diazepam which is prescribed for 'when required' administration.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was acknowledged that senior carers were aware of why residents were prescribed medicines for the management of distressed reactions.  However, care plans were not in place and the reason for and outcome of each administration of diazepam were not being recorded on all occasions.  This recommendation was stated for the second time.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered manager should forward a copy of the home's policy and procedures for medicines management document to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A copy of the home's policy and procedures for medicines management was forwarded to RQIA following the last medicines management inspection.	
<b>Recommendation 5</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The date of birth of each resident should be recorded on their personal medication record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The resident's date of birth had been recorded on their personal medication record.	

### 4.3 Is care safe?

The supervisor confirmed that all staff who administer medicines completed training on medicines management annually. There was annual competency assessment and appraisal. Supervisions were completed quarterly or more frequently if a need was identified.

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.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Robust arrangements were observed for the management of insulin.

The management of warfarin was reviewed. Dosage directions were received in writing. However, obsolete dosage directions had not been cancelled and archived. It could not be confirmed that the correct dose of warfarin had been administered on one occasion as running stock balances were not maintained. In the interests of safe practice obsolete facsimiles should be cancelled and archived and daily stock balances should be maintained. A recommendation was made.

Discontinued or expired medicines were disposed of appropriately.

The majority of 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. The current temperature of the medicines refrigerator was being monitored and recorded each day. Guidance on recording the maximum, minimum and current temperature was provided at the inspection and it was agreed that these temperatures would be monitored and recorded each day. Staff were reminded that Glucogel should not be stored in the refrigerator.

A number of Schedule 3 controlled drugs were in use. Balances of these medicines were being reconciled at shift handovers but they were not being stored separately in a controlled drugs cabinet. Controlled drugs subject to the safe custody legislation must be stored in a controlled drugs cabinet. One member of staff should be accountable for controlled drugs during each shift. A requirement was made.

### Areas for improvement

The registered provider must ensure that controlled drugs subject to the safe custody legislation are stored in a controlled drugs cabinet. A requirement was made.

The registered provider should review and revise the management of warfarin. A recommendation was made.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

#### 4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly and biweekly medicines were due.

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. However, this was not recorded in a care plan. The reason for and the outcome of administration were recorded on some but not all occasions. A recommendation was made for the second time.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that most of the residents could verbalise pain.

Staff 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. The date of writing had been recorded on some but not all personal medication records. The supervisor advised that this would be discussed with staff for corrective action.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist.

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

#### Areas for improvement

The registered manager should ensure that appropriate care plans are in place for the use of diazepam which is prescribed for 'when required' administration. A recommendation was made for the second time.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---



#### 4.5 Is care compassionate?

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

We spoke with two residents who advised that they were very happy with their care in the home. One visitor said that “she couldn’t get over the place, it was like a home from home”.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Plans were in place for residents to listen to country music later in the day.

As part of the inspection process 12 questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection. None were returned within this timescale.

#### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

Staff confirmed that they knew how to identify and report incidents. One incident in relation to a tablet being omitted due to being caught in packaging was identified during the inspection. An incident report form which detailed the action taken to prevent a recurrence was received by RQIA on 2 February 2017.

The supervisor advised that largely satisfactory outcomes had been achieved in her audits. She advised that if a discrepancy was identified appropriate corrective and preventative measures would be put in place.

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

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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.



## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Janine Porter, Supervisor, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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 provider 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 the residential care home. 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 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 provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 February 2017	The registered provider must ensure that controlled drugs subject to safe custody legislation are stored in a controlled drugs cabinet.
	<b>Response by registered provider detailing the actions taken:</b> I can confirm that all controlled drugs are stored in a controlled drugs cabinet.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 19 February 2017	The registered manager should ensure that appropriate care plans are in place for the use of diazepam which is prescribed for 'when required' administration.
	<b>Response by registered provider detailing the actions taken:</b> Where diazepam is prescribed there is now clear instructions from G.P
<b>Recommendation 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 19 February 2017	The registered provider should review and revise the management of warfarin.
	<b>Response by registered provider detailing the actions taken:</b> I have reviewed and revised the policy the management of warfarin.

*\*Please ensure this document is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\**



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](https://twitter.com/RQIANews)