



# **Unannounced Medicines Management Inspection Report 29 November 2018**



## **Peacehaven**

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

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home that provides care for up to eight residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Peacehaven Care Services Ltd  <b>Responsible Individual:</b> Miss Mary Helen O'Hanlon	<b>Registered Manager:</b> Miss Mary Helen O'Hanlon
<b>Person in charge at the time of inspection:</b> Mrs Magda Sosinska, Senior Care Assistant	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of registered places:</b> 8

### 4.0 Inspection summary

An unannounced inspection took place on 29 November 2018 from 10.10 to 12.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to most medicines administration and medicine records.

Areas for improvement were identified in relation to the storage of controlled drugs and the management of warfarin which had not been effectively addressed following the previous medicines management inspection and have been stated for a second time.

Residents said they were comfortable in the home and the staff were good.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	*2

\*The total number of areas for improvement include two which have been stated for a second time and one which has been carried forward for review at the next medicines management inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Magda Sosinska, Senior Care Assistant, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 19 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents.

During the inspection we met with five residents and two senior care assistants

We provided the senior care assistant with ten questionnaires to distribute to residents and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform residents/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home. Staff were invited to share their views by completing an online questionnaire.

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

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

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 November 2018

The most recent inspection of the home was an unannounced care inspection. The QIP from this inspection will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 19 January 2017

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered provider must ensure that controlled drugs subject to safe custody legislation are stored in a controlled drugs cabinet.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was one supply of controlled drugs subject to safe custody legislation. This medicine was awaiting return to the pharmacy for disposal, however it was not being stored in the controlled drugs cabinet.  This area for improvement has been stated for a second time.	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> Second 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>Carried forward to the next medicines management inspection</b>
	<b>Action taken as confirmed during the inspection:</b> None of the current residents were prescribed diazepam on a "when required" basis.  Action required to ensure compliance with this standard could not be reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered provider should review and revise the management of warfarin.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of warfarin had been reviewed. Written confirmation of the regime was held on file. However, a running stock balance had not been completed and the date of opening had not been recorded. This medicine therefore could not be audited to ensure that it had been administered as prescribed.  This area for improvement has been stated for a second time.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

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 were responsible for medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in



medicines management, dementia awareness and record keeping was provided in the last year.

There had been no recent admissions to the home however the procedures to ensure the safe management of medicines during a resident's admission were discussed. Staff had a good knowledge of the admissions process with respect to medicines.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The arrangements in place for obtaining antibiotics and newly prescribed medicines in a timely manner were discussed with staff.

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.

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. However as stated in Section 6.2, one supply of controlled drugs that was awaiting disposal had not been appropriately stored in the controlled drugs cabinet. The area for improvement has been stated for a second time.

As stated in Section 6.2, robust arrangements for the management of warfarin, which is considered a high risk medicine, had not been fully implemented. Written confirmation of the regime is obtained which is standard practice, however a running stock balance had not been completed. The date of opening had not been recorded and therefore these medicine could not be audited to ensure that they had been administered as prescribed. An area for improvement in relation to warfarin has been stated for a second time.

Discontinued or expired medicines were disposed of appropriately.

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 medicine refrigerator was checked at regular intervals.

### **Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment, and the storage of medicines other than controlled drugs.

### **Areas for improvement**

No new areas for improvement were identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The majority of medicines examined had been administered in accordance with the prescriber's instructions. Several small discrepancies were noted and discussed with the senior care assistant for close monitoring. Staff were reminded that the time of administration of bisphosphonates should be accurately recorded to demonstrate that they were administered before the regular morning medicines. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

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. Areas of good practice were acknowledged including highlighting similar names of residents to prevent errors.

Practices for the management of medicines were audited periodically by the staff and management. Satisfactory outcomes were noted.

Following discussion with the staff and observation of care records, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

**Areas of good practice**

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The administration of medicines to residents was not observed during this inspection, however the staff were knowledgeable about the residents' medicines and medical requirements.

It was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from



discussion and observation of staff, that the staff were familiar with the residents' likes and dislikes.

We spoke with several residents who were enjoying the television and open fire in the lounge. They were relaxed and comfortable in the home and said that they were content. They said that the staff were good, they enjoyed the food and their rooms were comfortable.

None of the questionnaires that were issued to residents/relatives were returned within the timeframe for inclusion in this report (two weeks). Any comments in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

### Areas of good practice

Staff listened to residents and took account of their views.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Written policies and procedures for the management of medicines were in place. They were not reviewed on this occasion. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved.

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

Not all of the areas for improvement identified 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.

### Areas of good practice

There were examples of good practice in relation the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Magda Sosinska, Senior Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> Second  <b>To be completed by:</b> 29 December 2018	<p>The registered provider must ensure that controlled drugs subject to safe custody legislation are stored in a controlled drugs cabinet.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The medication that was being returned to the pharmacy should have been held in the control drugs cabinet, this was an unfortunate oversight by the staff on duty. All staff have been reminded to ensure that the control drugs are stored in the control drugs cabinet at all times.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 19 February 2017	<p>The registered manager should ensure that appropriate care plans are in place for the use of diazepam which is prescribed for 'when required' administration.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 December 2018	<p>The registered provider should review and revise the management of warfarin.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff have been spoken to in relation to keeping a running stock balance of warfarin and signing and dating the warfarin when the warfarin is opened.</p>

*\*Please ensure this document is completed in full and is returned via the Web Portal\**



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