

**RESIDENTIAL CARE HOME  
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION  
REPORT**

<b>Inspection No:</b>	<b>IN18404</b>
<b>Establishment ID No:</b>	<b>1557</b>
<b>Name of Establishment:</b>	<b>Slieve Roe House</b>
<b>Date of Inspection:</b>	<b>8 September 2014</b>
<b>Inspector's Name:</b>	<b>Paul Nixon</b>

**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

<b>Name of home:</b>	Slieve Roe House
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	Manse Road Kilkeel County Down BT34 4BN
<b>Telephone number:</b>	(028) 4176 3760
<b>E mail address:</b>	bronagh.rogers@southerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Mrs Anne Mairead McAlinden Southern Health and Social Care Trust
<b>Registered Manager:</b>	Mrs Bronagh Rogers
<b>Person in charge of the home at the time of inspection:</b>	Ms Daphne Donnelly (Senior Care Assistant)
<b>Categories of care:</b>	RC-I, RC-DE
<b>Number of registered places:</b>	17
<b>Number of residents accommodated on day of inspection:</b>	11
<b>Date and time of current medicines management inspection:</b>	8 September 2014 10:15 – 12:15
<b>Name of inspector:</b>	Paul Nixon
<b>Date and type of previous medicines management inspection:</b>	6 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 Daphne Donnelly (Senior Care Assistant)  
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**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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**

Slieve Roe House, a statutory residential care home operated by the Southern Health and Social Care Trust was initially opened in January 1980. The facility is a single storey building located within walking distance of Kilkeel town. Spacious facilities include three lounges, a large dining room, main kitchen, resident kitchen, laundry room, washrooms, shower/bathrooms and a smoke room.

The home is currently registered to accommodate 17 residents in single bedrooms

There are well maintained gardens and grounds with parking to the front of the building. There is an enclosed courtyard garden contained between the home and the adjoining day centre.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Slieve Roe House was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 8 September 2014 between 10:15 and 12:15 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 of the four 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 Daphne Donnelly, Senior Care Assistant. 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 Slieve Roe 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 recommendation made at the previous medicines management inspection on 6 June 2011 was examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report. The recommendation was assessed as compliant.

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.

Several areas of good practice were noted and highlighted during the inspection. These include the robust audit arrangements, annual staff competency assessments, the reconciliation of Schedule 4 (Part 1) controlled drug stocks on each occasion when responsibility for safe custody is transferred and the routine signing of handwritten entries on

the personal medication records (PMRs) by two staff members. The registered manager and staff are commended for their efforts.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal. Records of training are maintained.

The outcomes of a wide range of audit trails, performed on randomly selected medicines, showed that medicines have been administered in accordance with the prescribers' instructions.

Medicines records examined were maintained in a largely satisfactory manner and facilitated the audit process. Specific times should always be recorded for the administration of medicines on the PMRs and medication administration records (MARs).

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' recommendations.

The inspection attracted no requirements and one recommendation. The recommendation is detailed in the Quality Improvement Plan.

The inspector would like to thank the senior care assistant 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 6 June 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The administration of eye preparations should be included in the routine audit process.  <b>Stated once</b>	This practice was observed.	<b>Compliant</b>



## SECTION 6.0

<b>STANDARD 30 - MANAGEMENT OF MEDICINES</b> <b>Medicines are handled safely and securely</b>	
<b>Criterion Assessed:</b> 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Satisfactory arrangements were observed to be in place for the management of medicines.</p> <p>A range of audits was performed on randomly selected medicines. These audits showed a satisfactory correlation between the prescribers' instructions, patterns of administration and stock balances of the medicines selected. The date and time of opening were recorded for medicines in use. This good practice facilitates the audit process.</p> <p>Written confirmation of the current medication regime was in place for a resident recently admitted to the home from the community. The senior care assistant confirmed this routine practice.</p> <p>The ordering process for medicines was discussed during the inspection. Orders for medicines are made in writing to the prescriber. Prescriptions are received by the home and checked against the order before being forwarded to the community pharmacy for dispensing, and the medicines received are checked against the written order.</p>	Compliant
<b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Policies and procedures for the management of medicines are in place. These were not examined in detail.</p>	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training on a regular basis.</p> <p>A list of the names, sample signatures and initials of staff who are authorised to administer medicines is maintained.</p>	Compliant
<b>Criterion Assessed:</b> 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The senior care assistant confirmed that a system of staff supervision and annual appraisal, including competency assessment is in place. Records are maintained of the competency assessments.</p>	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The senior care assistant advised that staff are not currently responsible for the administration of any medicines which require training in specific techniques.</p>	Not applicable

## STANDARD 30 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A system is in place to manage any medicine errors or incidents should they occur in the home. These are reported in accordance with the home's policies and procedures.	Compliant
<b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist for disposal.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Audit trails are performed on a randomly selected sample of medicines each month. A sample of records of the audit activity was observed and satisfactory outcomes had been achieved.	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

**STANDARD 31- MEDICINE RECORDS**  
**Medicine records comply with legislative requirements and current best practice.**

<b>Criterion Assessed:</b> 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  The medicine records were legible, well-kept and had generally been constructed and completed to ensure a clear audit trail.	Compliant
<b>Criterion Assessed:</b> 31.2 The following records are maintained: <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  A sample of each of the above records was examined and found to be of a broadly satisfactory standard.  There was a good correlation between the entries on the PMRs and the medicine labels. Handwritten entries on the PMRs were verified and signed by two staff members.  The MARs examined were fully and accurately completed.  The times of administration of medicines on the PMRs and MARs were stated as breakfast, lunch, tea and night. Specific times should be recorded. A recommendation is stated.  Records of the receipts and disposal of medicines had been appropriately completed.	Substantially compliant

## STANDARD 31- MEDICINE RECORDS

<p>One instance was observed where the disposal of a buprenorphine patch had not been recorded in the controlled drug record book. It had been documented in the disposal of medicines record. This matter was discussed with the senior care assistant, who was advised that the disposal should have been recorded in the controlled drug record book and the stock balance brought to zero.</p>	
<p><b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Schedule 2 controlled drugs are not currently prescribed for any residents in the home.</p>	<p>Not applicable</p>
<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially compliant</p>

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

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
<b>Inspection Findings:</b>	
<p>Appropriate arrangements are in place for the storage and stock control of medicines. Storage areas were clean, tidy and well organised.</p> <p>The date of opening is recorded for all medicines. This good practice facilitates the audit process.</p> <p>Controlled drugs subject to safe custody regulations are stored appropriately in a controlled drug cupboard.</p> <p>A locked refrigerator is available for medicines which require cold storage. Current, maximum and minimum refrigerator temperatures are monitored and recorded on at least a daily basis. Records were examined and found to be satisfactory.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Inspection Findings:</b>	
The keys to the medicine cupboards, medicine trolley and controlled drug cabinet were observed to be in the possession of the senior care assistant in charge. The keys to the controlled drug cabinet are held separately from other keys. Spare keys are stored securely by the registered manager.	Compliant

## STANDARD 32- MEDICINES STORAGE

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Schedule 2 controlled drugs are not currently prescribed for any resident.</p> <p>Stock balances of Schedule 3 controlled drugs are reconciled on each occasion when responsibility for safe custody is transferred. Staff also reconcile the stock balances of Schedule 4 (Part 1) controlled drugs on each occasion when responsibility for safe custody is transferred, this is good practice.</p>	<p>Compliant</p>

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>

## **7.0 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 Ms Daphne Donnelly, Senior Care Assistant, 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

**SLIEVE ROE HOUSE**  
**8 SEPTEMBER 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 **Ms Daphne Donnelly, Senior Care Assistant**, during 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.

**RECOMMENDATION**

This recommendation is based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. It promotes 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	31	Specific times should always be recorded for the administration of medicines on personal medication records and medication administration records.  <b>Ref: Criterion 31.2</b>	One	Following unannounced inspection all residents medication prescription and medication recording documents now specific times documented	8 October 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](mailto:pharmacists@rqia.org.uk):

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Bronagh Rogers
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mrs Angela McVeigh Director Older Peoples Services

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	20/10/14
B.	Further information requested from provider		X	Paul W. Nixon	20/10/14