

# Unannounced Medicines Management Inspection Report 23 October 2017



## Crozier House

**Type of service:** Residential Care Home  
**Address:** Meeting House Road, Banbridge, BT32 3ER  
**Tel No:** 028 4066 2734  
**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 with 27 beds that provides care for five permanent residents, residents availing of respite care or step-down care following a hospital stay.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust  <b>Responsible Individual:</b> Mr Francis Rice	<b>Registered Manager:</b> Mrs Iris Cromie
<b>Person in charge at the time of inspection:</b> Mrs Martina McConville, Senior Care Assistant	<b>Date manager registered:</b> 9 September 2013
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia	<b>Number of registered places:</b> 27  Category of care RC-DE for a maximum of 5 residents only

### 4.0 Inspection summary

An unannounced inspection took place on 23 October 2017 from 09.50 to 12.10.

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 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 medicines administration, storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to personal medication records and records for medicines supplied in compliance aids.

Residents said that they were happy in the home.

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Martina McConville, 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 7 August 2017. 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.

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

During the inspection the inspector met with three residents and two senior care assistants.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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          |                                  |

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 7 August 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP 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 7 September 2015

There were no areas for improvement made as a result of the last medicines management inspection.

## 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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in transcribing was provided in the last year.

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. Antibiotics and newly prescribed medicines had been received into the home without delay.

The arrangements for obtaining prescriptions were discussed. The community pharmacy usually collects the prescriptions and delivers the medicines to the home. The home retains copies of the prescription counterfoil. It was agreed that these would be filed appropriately so that they can be referenced if needed.

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.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed by all staff.

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. Staff advised of difficulties that they experienced when insufficient medicines were supplied by the hospital on discharge.

This puts pressure on staff in the home to obtain medicines in a timely manner and is especially difficult if the resident's general medical practitioner is not local. A log of these incidents was being kept and staff were hopeful that the matter would be resolved with the hospital pharmacy team.

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. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

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, the management of medicines on admission and controlled drugs.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

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 medicines were due.

None of the current residents were prescribed medicines for administration on a "when required" basis for the management of distressed reactions. However, 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.

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 any pain. Care plans for the management of pain were not in place and an area for improvement was identified.



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 generally well maintained and facilitated the audit process. It was noted that more than one personal medication record was in place for some residents. The second record was held on a separate file and was for use by the carer when assisting the resident in their bedroom. The second record included inhaled medicines, eye drops and creams. There was no reference to the second record on the main personal medication record. This was discussed in detail with the staff. Personal medication records must detail all the medicines prescribed for the resident and if a second record is used this must be clearly referenced. An area for improvement was identified.

A small number of respite residents had their medicines dispensed into compliance aids by the community pharmacist. The medicines were not all identifiable and records of the receipt and administration of each individual medicine were not maintained. Staff were advised that medicines supplied in compliance aids dispensed by the community pharmacy should be identifiable and the records of receipt and administration should detail each individual medicine. An area for improvement was identified.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the registered manager and staff, 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 administration of medicines including controlled drugs.

### **Areas for improvement**

Care plans for the management of pain should be in place for the relevant residents.

Personal medication records must detail all the medicines prescribed for the resident and if a second record is used this must be clearly referenced.

The management of medicines supplied in compliance aids should be reviewed and revised.

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

### **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 staff were very familiar with residents' needs and preferences with regards to their medicines.

Self-administration of medicines was discussed and staff were encouraged to consider if residents were able to manage their own medicines, especially those who would be returning to their own homes.

Residents said that they were happy in the home and that the staff were great. They said that the food was good. No concerns were raised. It was evident that there were good relationships between staff and residents.

None of the questionnaires that were issued were returned within the required timescale for inclusion in this report.

Any comments from residents, their representatives and staff 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 relatives and took account of their views.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 during this inspection.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. There had been no medicine related incidents reported since the last medicines management inspection. 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.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen. They also stated that there were good working relationships within the home and with healthcare professionals involved in patient care.



## Areas of good practice

There were examples of good practice in relation to governance arrangements, 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 Martina McConville, 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 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> First time  <b>To be completed by:</b> 23 November 2017	The registered person shall ensure that personal medication records detail all the medicines prescribed for the resident and if a second record is used this must be clearly referenced.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> All personal medication records now detail all medicines prescribed for the resident.
Action required to ensure compliance 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 22  <b>Stated:</b> First time  <b>To be completed by:</b> 23 November 2017	The registered person shall ensure that care plans for the management of pain are in place for the relevant residents.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Care plans for the management of pain are now in place.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 23 November 2017	The registered person shall ensure that the management of medicines supplied in compliance aids is reviewed and revised.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> The management of medicines supplied in compliance aids has been reviewed and now being revised.



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