



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

<b>Inspection No:</b>	<b>IN18415</b>
<b>Establishment ID No:</b>	<b>1576</b>
<b>Name of Establishment:</b>	<b>Balloo House</b>
<b>Date of Inspection:</b>	<b>13 November 2014</b>
<b>Inspector's Name:</b>	<b>Paul Nixon</b>

## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Baloo House
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	40 Donaghadee Road Groomsport BT19 6LH
<b>Telephone number:</b>	(028) 9146 4430
<b>E mail address:</b>	sramrachia@btinternet.com
<b>Registered Organisation/ Registered Provider:</b>	Baloo House / Mr Chris Vijendra Ramrachia, Mrs Shirley Ann Ramrachia
<b>Registered Manager:</b>	Mrs Shirley Ann Ramrachia
<b>Person in charge of the home at the time of inspection:</b>	Mrs Shirley Ramrachia
<b>Categories of care:</b>	RC-I
<b>Number of registered places:</b>	30
<b>Number of residents accommodated on day of inspection:</b>	27
<b>Date and time of current medicines management inspection:</b>	13 November 2014 10.00 – 13.25
<b>Name of inspector:</b>	Paul Nixon
<b>Date and type of previous medicines management inspection:</b>	15 November 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 Mrs Shirley Ramrachia (Registered Manager) and the assistant manager 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

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**

Balloo House is a purpose built residential home which was built as part of a two-phase building project in March 2011 situated on the outskirts of Groomsport and a few miles from Bangor town centre.

The home is registered with The Regulation and Quality Improvement Authority (RQIA) to accommodate a maximum of 30 residents in categories, Residential Care (RC) including a maximum of nine residents with Dementia Care and Sensory Impairment for two residents.

Facilities provided consist of single bedrooms, lounge, dining room, several toilets / bathroom / shower rooms, hairdressing salon, central kitchen and laundry.

There are a number of car parking spaces to the front entrance to the home.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Balloo House was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 13 November 2014 between 10.00 and 13.25 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 the registered manager of the home, Mrs Shirley Ramrachia and the assistant manager. 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 Balloo 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 three recommendations made at the previous medicines management inspection, on 15 November 2011, were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report.

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.

The audit trails, which were performed on randomly selected medicines, indicated that largely satisfactory correlations existed between the prescribed instructions, patterns of administration

and stock balances. The registered manager agreed to closely monitor the administrations of Spiriva capsules and Symbicort Turbohaler, both prescribed for one resident.

The recording system in place for all residents who are prescribed 'when required' medicines for the treatment of agitation should include detailed care plans and the documentation of the reason for and outcome of administration.

Running stock balances should be maintained for warfarin preparations.

The prescribers should be requested to review those external medicines which, although prescribed for regular application, are being applied on a 'when required' basis.

There is a programme of staff training in the home and evidence of training is maintained. A record should be maintained of the annual review of staff medicines management competencies.

Medicine records were maintained in a satisfactory manner. The personal medication records examined were up to date and contained the necessary information. Handwritten entries on the personal medication record sheets were verified and signed by two staff members. Medicine administration record sheets were well maintained.

Medicines were stored safely and securely. Storage was observed to be tidy and organised.

The inspection attracted four recommendations. The recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and assistant manager for their assistance and co-operation throughout the inspection.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 15 November 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>Each resident should have their medication allergy status declared on their personal medication record sheet.</p> <p><b>Stated once</b></p>	This practice was observed.	<b>Compliant</b>
2	31	<p>In the absence of the prescriber's signature, two members of staff should routinely initial/sign handwritten entries on the personal medication record and medication administration record sheets.</p> <p><b>Stated once</b></p>	This practice was observed.	<b>Compliant</b>
3	31, 33	<p>The times of administration of controlled drugs doses should be routinely recorded in the controlled drugs record book.</p> <p><b>Stated once</b></p>	This practice was observed.	<b>Compliant</b>



## 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:**

A range of audits was performed on randomly selected medicines. These audits indicated that medicines are largely being administered to residents in accordance with the prescribers' instructions. The audits on Spiriva capsules and Symbicort Turbohaler, both prescribed for one resident, produced unsatisfactory outcomes. The registered manager agreed to closely monitor the administrations of both medicines in order to ensure compliance with the prescribed instructions.

The assistant manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. This was examined for one recently admitted resident.

The process for obtaining prescriptions was reviewed. The assistant manager 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' medicines in the management of distressed reactions were examined for two patients. Neither of the care plans detailed the circumstances under which the medicine should be administered. The parameters for administration were recorded on the personal medication record. In the several instances that medication had been administered to treat a distressed reaction, the reason for administration and outcome had not been recorded in the daily progress notes. The recording system in place for all residents who are prescribed 'when required' medicines for the treatment of agitation should include detailed care plans and the documentation of the reason for and outcome of administration. A recommendation is stated.

Substantially compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p>The arrangements for the management of warfarin were examined. The current written confirmation of dosage regimes was held on the file and a separate warfarin administration record is kept. Four audits produced satisfactory outcomes; two audits could not be completed due, in each instance, to the non recording of the date of opening of the container. A daily running balance of warfarin tablets is not maintained; a recommendation is stated.</p> <p>Some external medicines, prescribed for regular application, were only being applied on a 'when required' basis. The prescribers should be requested to review these medicines. A recommendation is stated.</p>	
<p><b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></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>	Compliant
<p><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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager 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 registered manager co-ordinates this training. At the conclusion of the training process, a competency assessment is completed by the registered manager. Thereafter, competency assessments are performed as part of the annual appraisal process. All designated staff have attended refresher training within the previous 12 months.</p> <p>A list of the names, signatures and initials of staff authorised to administer medicines is maintained.</p>	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<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>	
The registered manager evaluates the impact of medicines management training on staff members through supervision and observation of practice. Staff appraisals and competency assessments are undertaken at the end of the induction process and, thereafter, on an annual basis. However, the annual reviews of staff competencies are not recorded; a recommendation is stated.	Substantially 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>	
Training in specific techniques is not required by the staff at this time.	Not applicable
<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>	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	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>	
Discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Monthly medication audits are performed by the assistant manager. Recorded evidence of this audit activity is maintained. The observations made during this inspection reflected the satisfactory outcomes of the home audit activity. In order to facilitate audit activity, dates of opening are generally recorded on the medicine containers. This good practice is commended.</p>	<p>Compliant</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 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 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>	
<p>A randomly selected sample of the above medicine records was assessed. These records had been maintained in a satisfactory manner.</p> <p>The personal medication records examined contained the required information. Handwritten entries on the personal medication record sheets had been verified and signed by two staff members. This good practice is commended.</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

<b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner.	Compliant

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

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

<b>Criterion Assessed:</b> 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
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
<b>Criterion Assessed:</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>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
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 assistant 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>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.</p> <p>Records of stock balance checks were inspected and found to be satisfactory.</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 ADDITIONAL AREAS EXAMINED**

None

## 8.0 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 the registered manager, Mrs Shirley Ramrachia, during the inspection, 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**

**BALLOO HOUSE**

**13 NOVEMBER 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 **Mrs Shirley Ramrachia, Registered Manager**, 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.

**RECOMMENDATIONS**

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote 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	30	The recording system in place for all residents who are prescribed 'when required' medicines for the treatment of agitation should include detailed care plans and the documentation of the reason for and outcome of administration.  <b>Ref: Criterion 30.1</b>	One	All Care Staff who are trained in medication administration have been made aware of this recommendation.	13 December 2014
2	30	Running stock balances should be maintained for warfarin preparations.  <b>Ref: Criterion 30.1</b>	One	The Warfarin administration record sheet has been amended to include a column for running stock balance of Warfarin.	13 December 2014
3	30	The prescribers should be requested to review those external medicines which, although prescribed for regular application, are being applied on a 'when required' basis.  <b>Ref: Criterion 30.1</b>	One	We have written a request on the monthly orders sheets for the prescriptions to be amended accordingly (09-12-14). We will check to see if this has been carried out when the new monthly orders arrive on 02-01-15.	13 December 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	30	<p>A record should be maintained of the annual review of staff medicines management competencies.</p> <p><b>Ref: Criterion 30.4</b></p>	One	A template has been created to enable staff to have their medicine administration competency assessed annually.	13 December 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>	Shirley Ramrachia
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Chris Ramrachia

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	10/12/14
B.	Further information requested from provider		X	Paul W. Nixon	10/12/14