Unannounced Medicines Management Inspection Report
17 August 2016

Barrhall

Type of Service: Residential Care Home
Address: 15a Barrhall Road, Portaferry, BT22 1RQ
Tel No: 028 4272 8367
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Barrhall took place on 17 August 2016 from 10.30 to 14.30.

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 were trained and competent. There were safe processes for the management of medicines changes. One recommendation in relation to recording dates of opening to facilitate audit and disposal at expiry was made.

Is care effective?

There was evidence that the management of medicines supported the delivery of effective care for residents. There were systems in place to ensure that residents were administered their medicines as prescribed. Satisfactory arrangements were in place for the management of pain. Two recommendations in relation to the management of inhaled medicines and recording systems for distressed reactions were made.

Is care compassionate?

There was evidence that the management of medicines supported the delivery of compassionate care. Staff interactions with residents were observed to be compassionate, caring and timely. No requirements or recommendations were made.

Is the service well led?

There was evidence that the service was well led with respect to the management of medicines. Written medicine policies and procedures were in place. There were robust systems to manage and share the learning from medication audits. No requirements or recommendations were made.

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
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Ms Kerry Muskett, Registered Manager, and Mrs Edel Kelly, Deputy Manager, 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 QIP there were no further actions required to be taken following the inspection on 5 July 2016.

2.0 Service details

Registered organisation/ registered providers: Mr Bryan David Muskett Mrs Sheena Anne Muskett	**Registered manager:** Ms Kerry Muskett
Person in charge of the home at the time of inspection: Ms Kerry Muskett	**Date manager registered:** 1 April 2005
Categories of care: RC-I, RC-DE, RC-LD, RC-PH	**Number of registered places:** 23

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents; it was ascertained that no medication related incidents had been reported to RQIA since the last medicines management inspection.

We met with four residents, four care assistants, the deputy manager and the registered manager.

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

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 July 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 18 September 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure than an up to date personal medication record is in place for each resident.	**Met**
	Action taken as confirmed during the inspection: Up to date personal medication records were observed to be in place for each resident.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the maximum and minimum refrigerator temperatures are monitored and recorded each day.	**Met**
	Action taken as confirmed during the inspection: The maximum, minimum and current refrigerator temperatures were being monitored and recorded each day. The requirement as written has therefore been met. However, temperatures outside the accepted range ($2^{o}C$ – $8^{o}C$) were frequently recorded. The thermometer was reset at the start of the inspection but readings outside this range continued to be observed. These findings were discussed in detail with the registered manager and deputy manager who agreed to confirm if there was an issue with the thermometer or refrigerator and to closely monitor the temperature recordings to ensure that medicines were being stored at the correct temperature.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 30 **Stated:** First time	The registered manager should develop a care plan for the administration of medicines in disguised form.	**Met**
	Action taken as confirmed during the inspection: Mostly satisfactory arrangements were in place for administering medicines in disguised form. Written authorisation from the prescriber was in place. A care plan was in place but it contained very little detail. The registered manager advised that a more detailed care plan would be written following the inspection.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	The registered manager should develop care plans for the use of thickening agents for all relevant residents.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that this had been implemented following the last medicines management inspection. Thickening agents were then not in use for a long time but had only recently been prescribed. Detailed guidance was available on the medicines file and all staff had received training. The registered manager agreed to write care plans after the inspection and hence the recommendation was assessed as met and not stated for a second time.	
Recommendation 3 **Ref:** Standard 31 **Stated:** First time	Hand-written updates on the medication administration records should be verified and signed by two members of staff.	**Met**
	Action taken as confirmed during the inspection: There were very few hand-written updates on the medication administration records. A small number of these had not been verified and signed by two members of staff. It was agreed that staff would be reminded of this practice and hence this recommendation has not been stated for a second time.	

Recommendation 4 **Ref:** Standard 31 **Stated:** First time	Two members of staff should be involved in the return of controlled drugs to the pharmacy and the balance should be brought to zero in the controlled drug book.	**Met**
	Action taken as confirmed during the inspection: A review of the controlled drug record book indicated that this practice was observed.	
Recommendation 5 **Ref:** Standard 31 **Stated:** First time	The temperature of the treatment room should be monitored and recorded each day to ensure that it is maintained at or below 25ºC.	**Met**
	Action taken as confirmed during the inspection: The temperature of the treatment room was monitored daily and the records indicated that the temperature was maintained below 25°C.	
Recommendation 6 **Ref:** Standard 32 **Stated:** First time	The registered manager should ensure that quantities of controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: Quantities of controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility for safe custody.	

4.3 Is care safe?

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 had been delegated medicine related tasks. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management had been provided in the last year. Records were available for inspection.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines were available for administration as prescribed on the day of the inspection.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated and signed by two members of staff. Where handwritten entries on medication administration records had not been updated by two members of staff separate recording sheets were in place which had been verified and signed by two members of 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.

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.

Mostly satisfactory arrangements were in place for administering medicines in disguised form. Written authorisation from the prescriber was in place. Although there was a care plan in place, it required more detail and this was discussed during the inspection. The registered manager advised that a more detailed care plan would be written following the inspection.

Discontinued or expired medicines were returned to the community pharmacy for disposal. The record book was at the community pharmacy on the day of the inspection.

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. However, dates of opening had not been recorded on several medicines; including limited shelf life medicines e.g. eye preparations, liquid antibiotics and some inhalers. A recommendation was made. In addition as detailed in Section 4.2 the registered manager agreed to ensure that the temperature of the medicines refrigerator would be maintained within the required range.

Areas for improvement

The registered provider should ensure that dates of opening are recorded on all medicines to facilitate audit and disposal at expiry. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

The majority 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. However as detailed in Section 4.3 dates of opening had not been recorded on some containers and hence these audits could not be completed. In addition, the management of inhaled medicines should be reviewed and revised to ensure that: only one inhaler (of each type) is in use for each resident; the mouthpiece cover is replaced after each use; the inhaler is replaced in its box after each use; dates of opening are recorded and running balances are maintained where possible. A recommendation was made

A number of residents were prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. The dosage directions 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 care plans were not in place. Staff advised that these medicines were rarely used and this was evidenced at the inspection. One medicine had been administered twice in the last week. The reason and outcome of the administration had not been recorded. Care plans for the management of distressed reactions should be written. The reason for and outcome of each administration should be recorded on all occasions. A recommendation was made.

The management of pain was reviewed. The registered manager advised that a pain assessment is completed as part of the admission process and that current residents were not prescribed regular pain relief. 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, and a pain tool was used as needed. Staff were observed to offer pain relief to residents during the medicine round.

The management of swallowing difficulty was examined. Detailed directions from the speech and language therapist were available on the medicines file. All staff spoken with confirmed that they knew the required consistency level necessary and had received training on the use of thickening agents. The registered manager and deputy manager confirmed that a care plan, records of prescribing and administration would be commenced without delay.

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. It was agreed that the medication order sheets would be updated to include the staff member's signature and date of ordering.

Practices for the management of medicines were audited throughout the month by the deputy manager. In addition, an audit was completed by the community pharmacist.

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

Areas for improvement

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

The registered provider should review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of each administration should be recorded. A recommendation was made.

Number of requirements	0	Number of recommendations	2

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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. They had been reviewed in January 2016.

The deputy manager confirmed that there were robust arrangements in place for the management of medicine related incidents. She confirmed that staff knew how to identify and report incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. The deputy manager had plans to revise the audit tool and was due to complete an audit on the day of the inspection.

The requirements and recommendations made at the last medicines management inspection had been addressed in a mostly satisfactory manner. 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.

Following discussion with the registered manager, deputy manager and care staff, it was evident that staff 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 any resultant action was communicated with all staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Kerry Muskett, Registered Manager, and Mrs Edel Kelly, Deputy Manager, 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 home 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 taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to *Pharmacists@rqia.org.uk* for review 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	
Recommendations	
Recommendation 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 September 2016	The registered providers should ensure that dates of opening are recorded on all medicines to facilitate audit and disposal at expiry.
	Response by registered provider detailing the actions taken: This has been completed.
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 September 2016	The registered providers should review and revise the management of inhaled medicines as detailed in the report.
	Response by registered provider detailing the actions taken: This has been completed.
Recommendation 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 16 September 2016	The registered providers should review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of each administration should be recorded.
	Response by registered provider detailing the actions taken: This has been completed.

Please ensure this document is completed in full and returned to Pharmacists@rqia.org.uk from the authorised email address

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