

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 18297

Establishment ID No: 1581

Name of Establishment: Blair Lodge

Date of Inspection: 15 April 2014

Inspector's Name: Cathy Wilkinson

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Blair Lodge
Type of home:	Residential Care Home
Address:	32 Bryansburn Road Bangor BT20 3SB
Telephone number:	(028) 9146 0733
E mail address:	helen.armstrong@armstrongcareservices.co.uk
Registered Organisation/ Registered Provider:	Mrs Rosemary Armstrong
Registered Manager:	Ms Helen Armstrong (Acting)
Person in charge of the home at the time of inspection:	Ms Helen Armstrong
Categories of care:	RC-LD, RC-LD(E), RC-MP, RC-MP(E)
Number of registered places:	29
Number of residents accommodated on day of inspection:	28
Date and time of current medicines management inspection:	15 April 2014 10:30 – 13:15
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	Unannounced 18 August 2011

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 Helen Armstrong (Manager) and staff on duty
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

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

Blair Lodge was previously a large detached house which in 2009 underwent an extensive rebuild. The home is now registered to provide residential care and accommodation for 29 persons in single en suite rooms.

Accommodation is provided in semi-independent units with their own lounge, dining area and kitchenette. Five to six residents live in each unit. There are many communal areas where residents can meet and socialise. The overall impression is of a bright, airy and welcoming home. Furniture and internal decoration are of the highest standards.

A day room is available where organised daily day care is provided as many of the residents do not receive day care at outside facilities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Blair Lodge was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 15 April 2014 between 10:30 and 13:15. 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 the manager of the home, Ms Helen Armstrong and with the staff on duty. 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 Blair Lodge 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 requirements and recommendation made at the previous medicines management inspection on 18 August 2011 were examined during the inspection. All were assessed as compliant and the manager and staff are commended for their efforts.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

A number of areas of good practice were noted and highlighted during this inspection. They included: recording of the date of opening of medicines to facilitate the audit process, correlation between personal medication records and medicine administration records (MARs sheets), daily stock balance checks for clozapine tablets, detailed epilepsy management plans, guidance for the covert administration of medicines and additional records for detailing the administration of 'when required' medicines.

The results of a range of medicines audits, carried out during the inspection, indicated that medicines are generally administered to patients in accordance with the prescribers' instructions. Some further monitoring of medicines not contained within the blister pack system is recommended.

The personal medication records examined during this inspection were generally well maintained and contained all the required information. The completion of the MARs requires improvement to ensure that they are fully and accurately completed at all times. Improvement is required in the administration records for topical medicines.

Satisfactory arrangements were observed to be in place for the storage of medicines. The manager was advised that the maximum and minimum temperature range should be monitored. A new recording sheet was implemented during the inspection which facilitated the recording of this information.

The inspection attracted a total of one requirement and four recommendations. The requirement and recommendations are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 18 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The registered manager must investigate the discrepancy noted in the audit of clozapine 100 mg tablets and a copy of this investigation must be returned to RQIA. Stated once / twice	This discrepancy was investigated and report received by RQIA of the outcome.	Compliant
2	30	The registered manager must closely audit clozapine tablets as part of the home's routine audit process. Stated once / twice	A running stock balance of clozapine tablets is maintained and any discrepancies can be readily identified.	Compliant
3	31	The personal medication record must be updated whenever a new medicine is prescribed. Stated once / twice	The personal medication records that were examined during the inspection were up to date.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>Two staff members should sign any amendments or updates to the personal medication records and any handwritten entries on the MARs sheets.</p> <p>Stated once</p>	This practice was observed during the inspection.	Compliant

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:	
<p>This inspection indicated that the arrangements for the management of medicines were substantially compliant with legislative requirements and current minimum standards.</p> <p>The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. Some further monitoring is required in the medicines not contained within the blister pack system. Some small discrepancies were noted during the inspection and the details were given to the manager. A recommendation has been made.</p> <p>Prescriptions are usually received and checked by the home and a photocopy is retained before being dispensed by the pharmacy.</p>	Substantially compliant
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
Policies and procedures for the management of medicines were not examined during this inspection.	Not inspected

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings:	
A record of the training and development activities completed by the designated staff in relation to the management of medicines is maintained. Staff have completed training on the management of medicines provided by the community pharmacy. Competency is assessed regularly by the manager or the external management consultant.	Compliant
Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings:	
A system of staff supervision and appraisal is in place. Supervision is completed every six to eight weeks or more often if necessary and appraisals are completed annually.	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
Training on the administration of buccal midazolam has been completed by the relevant staff members.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
Appropriate procedures are in place for managing medicine related incidents. Any medication errors that have occurred have been satisfactorily managed and reported to the appropriate authorities.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Medicines which are no longer required or out of date are returned to the community pharmacy for disposal.	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
Recorded evidence of the medicines management audit activity is maintained. The good outcomes observed during routine auditing were reflected in the outcomes from audits completed during this inspection. Most of the concerns raised during this inspection had already been identified through the audit process and the management were in the process of rectifying the issues. The community pharmacist also completes an audit on a quarterly basis.	Compliant

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

Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
The medicine records were observed to be maintained in a manner that facilitates audit activity.	Compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records examined during this inspection were generally well maintained and contained all the required information.</p> <p>The completion of the MARs requires improvement to ensure that they are fully and accurately completed at all times. It was noted that there are some unexplained omissions on these records. The manager and staff advised that this is usually due to the resident refusing a medicine or the resident being absent from the home. Staff must record the reason for the omission on the MARs sheets. The manager must ensure that MARs sheets are fully and accurately completed. A requirement has been made.</p> <p>The senior carer advised that the audit process had highlighted that recording of the administration of topical medicines was insufficient and that the management and staff were in the process of implementing topical MARs sheets. This had not been rolled out across the home as all the staff had not yet been trained. It was anticipated that it would be implemented within the next six to eight weeks at the start of a new medicine cycle. The manager</p>	Substantially compliant

STANDARD 31- MEDICINE RECORDS

<p>should ensure that these records are introduced in a timely manner and audit these records as part of the home's routine audit process. A recommendation has been made.</p> <p>Records of medicines received into the home and records of disposal had been fully and accurately maintained</p>	
Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
<p>There were no Schedule 2 controlled drugs being used in the home at the time of this inspection, however, records are maintained for Schedule 3 controlled drugs patches. The controlled drugs records were observed to have been maintained in the required manner; a sample of records was reviewed and found to be satisfactory. Quantities of controlled drugs matched balances recorded in the controlled drug record books.</p>	Compliant

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

Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Satisfactory arrangements were observed to be in place for the storage of medicines. Each unit within the home has a separate medicines trolley which is stored on the unit. There is a central medicines room in which the overstock of medicines is stored and the controlled drugs cabinet is located.</p> <p>At the beginning of the inspection, it was observed that only the current refrigerator temperature was being monitored and recorded. The manager was advised that the maximum and minimum temperature range should be monitored. A new recording sheet was implemented during the inspection which facilitated the recording of this information. The manager had advised the senior carers on duty of the new arrangements and of how to monitor the maximum and minimum temperature. The manager should monitor the refrigerator temperature to ensure that it is being correctly monitored and recorded daily. A recommendation has been made.</p>	Substantially compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
The keys of the medicine trolleys were observed to be in the possession of the senior care assistant.	Compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
There were no Schedule 2 controlled drugs in use at the time of the inspection. Schedule 3 controlled drugs patches are reconciled during each night shift and a routine spot check is also completed by either the manager or the external management consultant during the audit process. The benefit of completing a reconciliation check at each shift change was discussed with the manager, who agreed that this would be implemented without delay. A recommendation has been made.	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of Distressed Reactions

There are robust arrangements in place for the management of when required medicines for distressed reactions. These medicines are stored in a centrally located medicines room and are reconciled daily. An additional personal medication record for each patient is held on file with the stock of these medicines, detailing the parameters for use. Staff then record which medicine is administered, with the date and time and a reason for the administration. These details are also recorded on the MARs sheets after administration. A sample of each of these records was examined and cross referenced for accuracy. Good correlation was observed. Each resident has an appropriate care plan in place for the use of when required medicines.

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 **Ms Helen Armstrong, Acting Manager**, 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:

Cathy Wilkinson
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

BLAIR LODGE
15 APRIL 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 Helen Armstrong, Acting 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.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	31	The acting manager must ensure that MARs sheets are fully and accurately completed. Ref: Criterion 31.2	One	Team Leaders meeting 23 rd April 14 further education provided for all on requirements. All medicators advised and all staff to increase vigilance in signing process.	15 May 2014

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 manager should undertake further monitoring of those medicines not contained within the monitored dosage system to ensure that they are being administered as prescribed. Ref: Criterion 30.1	One	On going audits in place and to be maintained and developed further	15 May 2014
2	31	The manager should ensure that the records of administration of topical medicines are introduced in a timely manner and include a review of these records as part of the home's routine audit process. Ref: Criterion 31.2	One	Topical MARS sheets obtained ongoing education for staff on completion of these	15 June 2014
3	32	The manager should monitor the refrigerator temperature to ensure that it is being correctly monitored and recorded daily. Ref: Criterion 32.1	One	Change implemented at time of inspection and verified by inspector. All Team leaders shown by Manager how to record the temperatures correctly, to ensure both the Max and Min temperature is noted in last 24 hrs. Audit since inspection shows compliance	15 May 2014

4	32	<p>The manager should ensure that controlled drugs reconciliation checks are completed at each transfer of responsibility.</p> <p>Ref: Criterion 32.3</p>	One	Commenced immediately each shift the CD's are signed across from one shift leader to the next. Audit post inspection shows compliance.	15 May 2014
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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)

NAME OF REGISTERED MANAGER COMPLETING QIP		Helen Armstrong			
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP		Rosemary Armstrong			
QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		Cathy Wilkinson	04/06/2014
B.	Further information requested from provider				