Unannounced Medicines Management Inspection Report
14 November 2016

Breffni House

Type of service: Residential Care Home
Address: 27-33 Wandsworth Gardens, Belfast, BT4 3NL
Tel No: 028 9065 6075
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Breffni House took place on 14 November 2016 from 10.10 to 15.00.

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?

Some areas of the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines had been trained and deemed competent. Up to date competency assessments were in the process of being completed. There were largely satisfactory systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. Areas for improvement were identified in relation to the management of controlled drugs and the storage of medicines. One requirement and two recommendations were made.

Is care effective?

There was evidence that the management of medicines generally supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. Care plans regarding some specific areas of medicines management were maintained. However, three areas for improvement were identified in relation to the management of distressed reactions and record keeping. One requirement was stated for a second time and two recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. Residents consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. As there were areas of improvement identified in the other domains, the auditing process should be reviewed. One recommendation was 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	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sally-Anne Stacey, Registered 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 most recent inspection on 25 August 2016.

2.0 Service details

Registered organisation/registered person: Breffni House Ltd/Mr Mark Uprichard	**Registered manager:** Mrs Sally-Anne Stacey
Person in charge of the home at the time of inspection: Mrs Sally-Anne Stacey	**Date manager registered:** 25 February 2014
Categories of care: RC-I, RC-DE, RC-PH	**Number of registered places:** 22

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two residents, one member of senior care staff and the registered manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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

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

A total of 16 questionnaires were provided for distribution to residents, their relatives/ representatives and staff for completion and return to RQIA within one week of the inspection.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 August 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 2 May 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must monitor the completion of the personal medication record sheets in order to ensure accuracy.	**Partially Met**
	Action taken as confirmed during the inspection: Whilst there was evidence that personal medication records were included in the audit process, the sample of records examined indicated that several were not up to date and some information was missing. This requirement is stated for a second time.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 31 **Stated:** Second time	In the absence of the prescriber's signature, two designated members of staff should routinely sign/initial hand-written entries on the personal medication record and medication administration record sheets.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this process was well embedded in routine practice.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The registered manager should review the arrangements for the management of warfarin, in order to ensure that the GP practice confirms the dosage instructions in writing, two staff members initial handwritten warfarin dosage instructions and a running stock balance is maintained for each warfarin preparation.	**Met**
	Action taken as confirmed during the inspection: Warfarin was not prescribed for any residents at the time of the inspection. The management of warfarin was discussed with the registered manager and she confirmed that when prescribed, written confirmation of dosage regimes was obtained, any transcribing involved two staff and a daily stock count was maintained. Given these assurances this recommendation has been assessed as met.	
Recommendation 3 **Ref**: Standard 30 **Stated:** First time	Prescriptions should initially be received by the home for checking before being sent to the pharmacy.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that although prescriptions were not checked before the medicines were delivered, copies of the prescriptions were reviewed at the time of delivery of medicines. She provided assurances that robust systems were in place to identify changes in medicines, dosages and non-received medicines. As written this recommendation has not been met; however, due to the assurances provided by the registered manager, it was concluded that there were robust arrangements in place.	

Recommendation 4 **Ref**: Standard 30 **Stated:** First time	A policy and procedure should be written detailing the arrangements for the management of warfarin.	**Met**
	Action taken as confirmed during the inspection: This policy and procedure had been developed.	

4.3 Is care safe?

The registered manager confirmed that medicines were managed by staff who had been trained to do so. Staff competency in medicines management was completed following a period of induction and was planned at least annually thereafter. A review of the competency records indicated that competency assessments were under current completion; however, some years had elapsed since the previous assessment. The registered manager provided assurances that these would be completed by the end of November 2016. The impact of training was monitored through supervision and annual appraisal. Refresher training in medicines management was provided in the last year. The most recent training was in relation to diabetes awareness and dysphagia.

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.

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.

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.

The management of controlled drugs was reviewed. A controlled drug record book was maintained. 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. A review of the controlled drug records indicated that on one occasion the administration of one patch had not been recorded. When controlled drugs were returned for disposal or transferred out of the home, the balance had not been brought to zero. Some controlled drugs had been transferred on the day of the inspection and although the separate record for daily checks on controlled drugs included this information, this had not been recorded by two staff in the controlled drug record book. This was discussed with reference to the process involved when removing controlled drugs from the controlled drug cabinet. A recommendation was made.

Discontinued or expired medicines were disposed of appropriately.

Most of the medicines were stored securely and in accordance with the manufacturer's instructions. However, the cold storage of medicines requires review. It was found that medicine refrigerator temperature records were incomplete and the recorded temperatures were regularly outside the accepted range of 2^{o}C to 8^{o}C. As the same temperatures were recorded contemporaneously, on several occasions, this indicated that staff had not reset the thermometer each day. There was no evidence that staff knew the accepted temperature

range for refrigerated medicines and that the thermometer must be reset. The need to ensure that medicines were stored correctly was discussed; in particular the storage of insulin as it has a limited shelf-life once stored above 8^{o}C. A requirement was made. The registered manager advised that training on the cold storage of medicines would be a focus of the upcoming training.

Some thickening agents were store openly in the residents' bedrooms and this was discussed with reference to the recent safety alert. The registered manager confirmed that these would be removed with immediate effect.

There were systems in place to alert staff of the expiry dates of eye preparations, once opened. The date of opening was not recorded on one insulin pen and the insulin pen was not labelled. It was acknowledged that the insulin pen would require replacement prior to reaching the in use expiry date. It was agreed that this would be raised with staff.

During the inspection it was noted that the permanent location of the medicine trolleys and medicine refrigerator had impacted on residents' ease of access in the corridors, due to limited space. This was noted when residents were leaving the dining room, walking on the corridors and when staff were accessing the medicines trolleys and medicines refrigerator. This should be reviewed. One resident was noted to have some difficulty when trying to pass an unattended walking aid, which was also present in the same corridor. A recommendation was made. This issue was shared with the care inspector and estates inspector in RQIA.

Areas for improvement

The management of controlled drugs should be reviewed to ensure robust arrangements are in place. A recommendation was made.

The cold storage of medicines must be reviewed to ensure that medicines are stored at the temperature specified by the manufacturer and robust arrangements are in place for the management of the refrigerator thermometer. A requirement was made.

The storage location of the medicines trolley and medicine refrigerator should be reviewed. A recommendation was made.

Number of requirements	1	**Number of recommendations**	2

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

There were arrangements in place to alert staff of when doses of three times weekly or weekly medicines were due.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, some of the dosage instructions were recorded on the personal medication record. These should include the minimum frequency of dosing and maximum daily dose. A care plan was not maintained. When administered, the reason for and the outcome of the administration of the medicine were not recorded. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour,

but it was not clear if they would be aware that this change may be associated with pain. This was further discussed with reference to RQIA provider guidance. A recommendation was made.

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 assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

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.

Most of the medicine records were well maintained and facilitated the audit process. However, improvement is required in the standard of record keeping of personal medication records (PMRs) and medication administration records (MARs). The completion of the PMRs was raised at the last medicines management inspection and a requirement was made; but the evidence seen indicates that some records are still inaccurate. Some PMRs were not up to date. Several required the drug allergy status to be recorded. Photographs were missing from some of these, although it was acknowledged that photographs had been recently obtained. The requirement made at the last medicines management inspection has been stated for a second time. In relation to the MARs, there was no evidence that these were checked against the PMR, which resulted in some non-correlation between these records. A recommendation was made.

The administration of bisphosphonate medicines was reviewed. There was no evidence that these had been administered in accordance with the manufacturers' instructions. Following discussion it was ascertained that these had been administered separately from food or medicines but staff had not signed the correct time on the MARs. It was advised that this specific administration procedure was also necessary for one other type of bisphosphonate medicine, which was administered every day. The registered manager advised that she would raise this with staff.

Practices for the management of medicines were audited throughout the month by the staff and management. This included recording the date of opening on medicines and recording the stock balance of medicines which were carried forward to the next medicine cycle. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to medicines management.

Areas for improvement

The management of distressed reactions should be reviewed to ensure that:
- a care plan is maintained
- dosage instructions are fully recorded on the personal medication record
- the reason for outcome of any administration is recorded
- staff are aware that changes in behaviour maybe associated pain

A recommendation was made.

The necessary arrangements must be made to ensure that personal medication records are fully and accurately maintained. A requirement was stated for a second time.

The necessary arrangements must be made to ensure that the resident's PMRs and MARs correspond. A recommendation was made.

Number of requirements	1	**Number of recommendations**	2

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines. Medicines were dispensed from their container, immediately prior to administration.

Residents were observed to be relaxed and comfortable in their surroundings. There was evidence of good relationships with staff.

The residents spoken to advised that they had no concerns regarding the management of medicines or their care in the home and were complimentary about the staff. Comments included:

"lovely girls"
"food nice"
"the staff are all my friends".

As part of the inspection, 16 questionnaires were issued for completion by staff, residents and relatives/residents' representatives. Two residents returned completed questionnaires. Of these the responses were recorded as 'very satisfied' or 'satisfied' with the management of their medicines.

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. The registered manager advised these were under review and development. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the internal audit records indicated that largely satisfactory outcomes had been achieved. There were systems in place to investigate discrepancies and implement learning. However, due to the findings of this inspection, as detailed in the report, it was recommended that the auditing procedure should be reviewed.

Following discussion with the registered manager and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

One requirement made at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated through daily handover and individually with the staff.

Areas for improvement

The auditing procedures for medicines management should be reviewed to ensure that robust arrangements are in place and that these cover all aspects of medicines management. A recommendation was made.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sally-Anne Stacey, Registered 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 registered provider 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 to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for assessment 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	
Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 14 December 2016	The registered manager must monitor the completion of the personal medication record sheets in order to ensure accuracy.
	Response by registered provider detailing the actions taken: Manager administers medication along with staff, will make more of that opprotuinity to audit and suprervise staff with any identifed errors. 4 weekly order process will now include formal audit of a all the previous months adminstration

Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 14 December 2016	The registered provider must ensure that there are robust arrangements in place to manage medicines which require cold storage.
	Response by registered provider detailing the actions taken: The staff team have received further training in the resetting of the thermometer when recording daily temperature ranges
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 14 December 2016	The registered provider should ensure there are robust arrangements in place for the management of controlled drugs.
	Response by registered provider detailing the actions taken: The Home will ensure that all controlled drugs are recorded as leaving the Home upon discharge in the controlled drug record book. The medication audit described above will include admininstration of all schedule 3 and controlled drugs.
Recommendation 2 **Ref**: Standard 27 **Stated:** First time **To be completed by:** 14 December 2016	The registered provider should review the storage location of medicine trolleys and the medicine refrigerator.
	Response by registered provider detailing the actions taken: The location and storage of the medication trolleys will be reviewed
Recommendation 3 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 14 December 2016	The registered provider should review the management of distressed reactions as detailed in the report.
	Response by registered provider detailing the actions taken: The administration of PRN medication will be regularly reviewed to ensure appropriately prescribed. Where PRN use is appropriate alongside the record of administartion on the MAR sheet the Carer's Medication Notes in accordance with the current training and practrice (7/12/16) will be completed.
Recommendation 4 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 14 December 2016	The registered provider should develop a system which ensures that medicine entries on the resident’s PMRs and MARs correspond.
	Response by registered provider detailing the actions taken: The PMR and MAR will both be examined in the audit described above with the 4 weekly order. PMR's will be reviewed upon admission and readmission of all residents.

Recommendation 5 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 14 December 2016	The registered provider should review the auditing procedures for medicines management to ensure that robust arrangements are in place and that these cover all aspects of medicines management.
	Response by registered provider detailing the actions taken: Audits discussed above, additional spot checks will be extended.

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

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