RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18423**
Establishment ID No:	**1584**
Name of Establishment:	**Calder Fountain**
Date of Inspection:	**28 May 2014**
Inspector's Name:	**Judith Taylor**

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:	Calder Fountain
Type of home:	Residential Care Home
Address:	Centenary House 2 Victoria Street Belfast BT1 3GE
Telephone number:	(028) 9032 0320
E mail address:	elaine.hamill@salvationarmy.org.uk
Registered Organisation/ Registered Provider:	The Salvation Army Mr Andrew McCall (Acting)
Registered Manager:	Ms Elaine Valerie Hamill
Person in charge of the home at the time of Inspection:	Ms Christine McGuiness (Support Worker until 1pm) and Ms Mary Wasson (Support Worker after 1pm)
Categories of care:	RC-A ,RC-D ,RC-MP, RC-E, RC-LD
Number of registered places:	28
Number of residents accommodated on day of inspection:	19
Date and time of current medicines management inspection:	28 May 2014 11:40 – 14:45
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	4 July 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 Ms Christine McGuiness and Ms Mary Wasson (Persons-in-Charge) and staff on duty
Telephone call with Ms Elaine Hamill (Registered Manager) on 29 May 2014
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

Calder Fountain is located in inner Belfast and provides short, medium and long term residential care for vulnerable male adults. The home is adjacent to the larger Salvation Army hostel Centenary House and is run as a separate facility. However residents are required to gain entrance to the residential care home through the hostel entrance. There is a physical link between the two facilities and a shared dining canteen.

Most residents have, or have had alcohol related problems. Some residents have mental ill health and a small number have a physical disability. The age range in Calder Fountain is from 18 to 80 plus years of age. A significant number of residents have been cared for by the Salvation Army for 20 or more years while others have been "in and out" over the years.

Catering is provided from one central kitchen in the men's hostel and the majority of residents take their meals at the adjoining canteen.

Accommodation is provided in single bed sit style, en suite rooms, each with a small kitchen facility. There is a sitting room located on each of the three floors and these are equipped with a television and a selection of books. Many residents have televisions and music equipment in their own rooms. Recreational facilities including a snooker table are available on the ground floor.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Calder Fountain was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 28 May 2014 between 11:40 and 14:45. 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 persons in charge of the home, Mrs Christine McGuiness and Ms Mary Wasson, 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 Calder Fountain are moving towards compliance with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found several areas of concern with regard to record keeping and the governance arrangements for medicines.

The one requirement and three recommendations made at the previous medicines management inspection on 4 July 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary in Section 5.0 of the report. The requirement has been assessed as not compliant and is restated. One recommendation has been fully implemented; one recommendation has been assessed as not compliant and has been restated. One recommendation could not be examined and has been carried forward to the next medicines management inspection.

In the absence of the registered manager, a system should be implemented to ensure that medicine records are accessible by the person deemed competent to be in charge of the home.

Staff advised that the policies and procedures for the management of medicines are currently being reviewed. Standard operating procedures specific to controlled drugs should be developed and implemented.

The accessibility of care plans should be reviewed. These were not available for examination at the inspection. The registered manager should confirm that a protocol for the management of hypoglycaemia is in place. The management of record keeping pertaining to medicines which are prescribed on a 'when required' basis for distressed reactions and the self-administration of medicines should be reviewed.

Records of training were not available. Although it was acknowledged that staff stated update medicines training had been recently provided, records of training should be readily accessible for inspection.

Satisfactory arrangements are in place for the ordering and stock control of medicines.

Some medicine records had been well maintained and readily facilitated the audit process; however, a small number of audits could not be concluded as the medicine records could not be located at the time of the inspection. Significant improvement is required in the standard of record keeping in relation to personal medication records. There is no effective system in the home to ensure that personal medication records are kept up to date. Other health care professionals may refer to these records and the information must be accurate to ensure the safe administration of medicines. Improvement is also required in the standard of maintenance of medication administration records.

Largely satisfactory arrangements are in place for the management of controlled drugs.

A robust audit system which covers all aspects of medicines management was not evidenced at this inspection. Records of auditing activity were not available. The audit process must be further developed to ensure it covers not only medicine counts but all aspects of medicines management. The outcomes of the majority of audit trails which were performed on randomly selected medicines produced satisfactory outcomes.

Medicines are stored safely and securely. Suitable arrangements are in place for the temperature monitoring of the medicines refrigerator. However, the temperature in the medicines room was raised. This room temperature should be monitored regularly to ensure the temperature does not exceed 25^{o}C.

The inspection attracted a total of six requirements and 13 recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

Following the inspection Frances Gault, Senior Pharmacist Inspector and Maire Marley, RQIA Care Inspector were contacted to discuss the inspection outcomes. It was agreed that RQIA would give the registered manager a short period of time to address the issues raised at the inspection and a monitoring inspection would be undertaken to ensure compliance with legislative requirements and best practice. The registered manager was advised that if the necessary improvements were not achieved and sustained, further enforcement action may be necessary.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 4 July 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Where a medicine is prescribed to be administered at a multiple dose, the dose recorded in the "Dose" column of the personal medication record sheet must be the actual dose to be administered at the specified time/s. **Stated once**	This had not been addressed. The dose column continued to refer to the strength of the medicine. However, it was acknowledged that the number of doses required was clearly recorded in the time section for the medicine e.g. two and three tablets. **This requirement has been restated**	**Not compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	Where applicable, the form and strength of the medicine should be recorded in the "Medicines" column section of the personal medication record sheet. **Stated once**	This had not been addressed. The strength of the medicine was recorded in the dose column of the personal medication records.	**Not compliant**
2	31	For each resident, the medicines kardex divider should include his photograph and date of birth. **Stated once**	The kardex divider included a photograph of the resident. The date of birth was clearly recorded on the personal medication record.	**Compliant**
3	32	Daktacort cream should be stored within the temperature range +2°C and +8°C, in accordance with the manufacturer's instructions. **Stated once**	Daktacort cream was not held in stock at the time of the inspection. **This recommendation has been carried forward for examination at the next medicines management inspection**	**Not examined**

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:	
The outcomes of this inspection indicated that some areas of the management of medicines are maintained in accordance with legislative requirements, DHSSPS standards and professional guidance; however, a number of areas for improvement were noted and discussed with the staff and registered manager. This included record keeping and the governance arrangements for medicines management. A number of records in relation to medicines e.g. care plans, protocols, risk assessments, training and audit were not available for inspection. Staff on duty could not confirm if these records were in place. The registered manager must ensure that in her absence these records are at all times available for inspection. A requirement has been made. One resident self-administers prescribed insulin. Although this resident is in regular contact with the diabetic team, it could not be determined if the staff in the home knew what procedures to follow in the event of hypoglycaemia and staff could not confirm if a treatment plan was located in the resident's care plan. The registered manager must confirm that a management plan regarding hypoglycaemia is in place for one resident and that staff are familiar with this plan. A requirement has been made. Staff advised that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. This was evidenced at the inspection. The process for the ordering and receipt of medicines was examined. Prescriptions are received into the home and checked against the order before being forwarded to the pharmacy for dispensing. Copies of the	Moving towards compliance

prescriptions are kept in the home. On occasion, medicines are received in seven day packs. For one resident the medicines had not been labelled in such a way that enabled staff to identify each medicine in the blister. The registered manager should ensure that all incoming medicines which are supplied in seven day packs are clearly identifiable. A recommendation has been made. The outcomes of the majority of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. However, as personal medication records were not up to date and some records were not available, a number of audit trails could not be concluded. The audit process must be reviewed. Staff have access to up to date medicine reference sources.	
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff stated that policies and procedures for the management of medicines are being reviewed and updated. The importance of ensuring that these policies and procedures cover all aspects of medicines management in Calder Fountain was emphasized. In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures: • Ordering, transport and receipt • Safe storage • Administration • Disposal • Record keeping • Management of errors and incidents.	Moving towards compliance

STANDARD 30 - MANAGEMENT OF MEDICINES

Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on the RQIA website. A recommendation has been made.	
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:	
Records of training and staff competencies in the management of medicines were not available at the inspection. Staff confirmed that update medicines management training had been received. The registered manager advised by telephone that this had been provided in April 2014 and training in the management of diabetes had been provided earlier this year. It could not be confirmed if records of training and competency had been maintained. The registered manager must confirm that records which indicate that staff have been trained and deemed competent in the management of medicines are maintained. A requirement has been made. The need to ensure that records of training are available for inspection was reiterated. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Moving towards compliance
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:	
The staff confirmed that staff appraisal is undertaken on an annual basis and supervision sessions are held every six weeks or more frequently as needed. Staff further advised that team meetings are used to raise medicine related issues. The registered manager confirmed by telephone that records of appraisal and supervision are maintained.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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:	
Staff are not responsible for the administration of medicines which require training in specific techniques.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff confirmed that there is a system is in place to manage any medicine errors or incidents should they occur in this home; and advised that there had been no reportable medicine incidents in the home.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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:	
A robust system which audits the practices of medicines management was not evidenced at this inspection. There was no evidence of any auditing activity. Due to the inspection findings, the registered manager must develop and implement a robust auditing process which covers all aspects of medicines management and is effective in identifying areas for improvement. A requirement has been made. In order to facilitate the audit process the date and time of opening should be routinely recorded on all medicines which are not supplied in the 28 day blister packs. A recommendation has been made. It was acknowledged that on a few occasions, the stock balance of medicines remaining from the previous medicines cycle had been carried forward to the new medicine cycle. This should occur for all non-blister pack medicines each cycle and this balance should be used as part of the audit process. A recommendation has been made.	Not 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:	
Some of the medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. However, improvement is required in the standard of maintenance of personal medication records and medication administration records (MARs). Several personal medication records had not been kept up to date. For one resident, only the current MARs were available; the previous MARs could not be located and the audit trails could not be concluded. All records must be readily available for inspection.	Moving towards compliance
Criterion Assessed: 31.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
Each of the above records is maintained in the home. A sample was selected for examination and areas for improvement were identified and discussed at the inspection. <u>Personal medication records</u> There were several occasions, when the medicine entries on personal medication records and corresponding medication administration records did not correlate. These records must match. All new medicines must be recorded on the personal medication records and discontinued medicines must be clearly recorded by stating	Moving towards compliance

the date of discontinuation and inserting a line through the entire entry. The need for an effective system which ensures correlation between the resident's personal medication record and printed MARs was emphasized, not only to ensure records accurately reflect the medicines currently prescribed, but also to provide an accurate reference source for other health care professionals. A recommendation has been made. It was noted that the strength of the medicine is recorded in the dose column, rather than the medicines column, on the personal medication records. In the instances where a medicine is prescribed e.g. two tablets or three tablets this is recorded in the time section on the personal medication record. This had been raised at the previous medicines management inspection and the requirement and the recommendation have been restated. The type of insulin prescribed for one resident was not written in full and there was no record of the dosage prescribed. Whilst it was acknowledged this resident is responsible for the self-administration of insulin, a record of the current dosage prescribed should be maintained and the correct name of insulin should be recorded on the personal medication record. In accordance with best practice, two members of trained staff should be involved in the writing and updating of personal medication records; both staff should initial the entry. Where medicines are prescribed for administration on a 'when required' basis, the minimum dosage interval and maximum daily dose must be recorded e.g. analgesics. Where external preparations are intended for application on a 'when required basis' this must be clearly stated. The registered manager must put robust arrangements in place to ensure personal medication records are fully and accurately maintained at all times. A requirement has been made. <u>Records of medicines administered</u> The maintenance of these records should be reviewed. The inspection indicated that staff rely on the MARs, as the resident's prescription and do not routinely cross-reference the entries on the personal medication records. Any differences between the resident's MARs and personal medication records should be readily highlighted for corrective action. Although staff usually state the reason why a medicine has not been administered, the outcomes of some of the audit trails indicate that the staff member had administered the medicine but had not signed the record. A record	

of each administration of a medicine must be maintained. At the inspection, the code for non-administration and staff initials were confusing. Staff should ensure the code is circled and initialled on every occasion. On the occasions where handwritten entries are made on MARs, it was recommended that two members of trained staff should be involved in this process to ensure accuracy and both staff should initial the entry. The start date of handwritten MARs must be recorded on every occasion. The registered manager should closely monitor the maintenance of MARs to ensure that these records are fully and accurately maintained on every occasion. A recommendation has been made. <u>Records of the receipt of medicines</u> The majority of records of the receipt of medicines had been well maintained. For one resident, records of incoming medicines could not be located and the audit trails could not be concluded. All medicine records must be readily available for inspection. <u>Disposal of medicine records</u> These records were well maintained and included the necessary details.	
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:	
At the time of this inspection Schedule 2 controlled drugs were not prescribed for any residents or held in stock. These medicines have not been prescribed since the previous medicines management inspection.	Not applicable

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:	
Medicines are stored safely and securely and in accordance with the manufacturer's instructions. Areas were tidy and organised. There was sufficient storage space for medicines in the medicine trolley and medicine cupboards. Appropriate arrangements were in place for the stock control of medicines. The maximum and minimum temperatures of the medicine refrigerator are monitored and recorded on a daily basis, and had been maintained within the accepted range of 2^{o}C to 8^{o}C for medicines which required cold storage. It was noted that the temperature of the medicine room was raised at the time of the inspection. The registered manager should monitor and record the medicine room temperature on a regular basis to ensure the temperature does not exceed 25^{o}C. A recommendation has been made.	Substantially compliant

STANDARD 32 - MEDICINES STORAGE

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:	
Appropriate arrangements are in place for the management of medicine keys.	Compliant
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:	
Schedule 2 controlled drugs were not prescribed for any residents at the time of the inspection. Schedule 3 controlled drugs which are subject to safe custody requirements, Schedule 4 controlled drugs and clozapine tablets are reconciled at each handover of responsibility and records are maintained. The good practice of maximising the security of Schedule 4 controlled drugs and clozapine was acknowledged. The records were examined and no discrepancies in stock balances were observed. However, it was noted that the records had been partially completed in advance, for the 2pm stock check. The records should be maintained at the time of the stock check or administration only. It was agreed that this would be addressed with immediate effect.	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines for distressed reactions

The records in relation to the management of one anxiolytic medicine which was prescribed on a 'when required' basis for distressed reactions was examined.

The medicine label stated the medicine was prescribed 'one three times daily as required'. The dosage recorded on the personal medication record stated the dose was 'one tablet daily', however, the administration record indicated the resident is administered this medicine every morning and also some evenings. As this medicine is being regularly administered, the registered manager should consult with the prescriber. A recommendation has been made. The need to ensure that the personal medication record, the prescription and MAR sheet correlate was reiterated. It could not be confirmed if a care plan was in place. The need to ensure that the administration of 'when required' anxiolytic medicines is recorded in the daily notes including the reason for and the outcome of the administration was discussed. The registered manager should review the management of distressed reactions to ensure the relevant records are maintained in every occasion. A recommendation has been made.

Self-administration of medicines

A small number of residents are responsible for the self-administration of some of their medicines. The resident's personal medication record and medication administration record should clearly state which medicines are self-administered. It was acknowledged that this was recorded on some but not all occasions. It could not be confirmed if risk assessments had been completed for each resident, if there were care plans in place or if there were any arrangements to monitor the resident's compliance with the prescriber's instructions. This was discussed with staff and the registered manager and a review of the management of self-administered medicines should be undertaken to ensure the above records are maintained. A recommendation has been made. Staff confirmed that residents who self-administer their medicines are provided with a locked drawer for the safe storage of their 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 Mary Wasson (Person in Charge)** and **Ms Elaine Hamill** (**Registered 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:

Judith Taylor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

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Judith Taylor **Date**
Pharmacist Inspector

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CALDER FOUNTAIN

28 MAY 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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Mary Wasson (Person in Charge)** during the inspection visit and **Ms Elaine Hamill (Registered Manager)** after the inspection visit.

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	13(4)	Where a medicine is prescribed to be administered at a multiple dose, the dose recorded in the "Dose" column of the personal medication record sheet must be the actual dose to be administered at the specified time/s **Ref: Section 5.0 & 31.2**	Two	This has been reinforced to staff. Further training with Boots will be arranged	29 June 2014
2	19(3)	The registered manager must ensure that all records pertaining to medicines management are readily accessible for inspection. **Ref: Criteria 30.1, 31.1 & 31.2**	One	These are now in place and all staff members are aware they are kept	29 June 2014
3	16(1)	The registered manager must confirm that a management plan regarding hypoglycaemia is in place for one resident and staff are familiar with this plan. **Ref: Criterion 30.1**	One	This is now in place (attached) the template was given to the Diabetic Nurse in the Trust who was satisfied with the content. These are given to the Resident to take to their Doctor/Nurse in the Diabetic clinic to complete.	29 June 2014
4	13(4)	The registered manager must develop and implement a robust audit system which covers all aspects of medicines management. **Ref: Criteria 30.1 & 30.8**	One	This has been organised and will commence immediately This will be carried out by the RM. in the absence of any Senior Staff	29 June 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	19(2)	The registered manager must confirm that records which indicate that staff who are responsible for medicines management are trained and competent to do so, are maintained. **Ref: Criterion 30.3**	One	These are in place. Staff complete books elearn. They also complete re training workbook. Records held in Medical Room. last training 17/4/14 Compulsary for all staff · Kardex + Record Keeping 9 have voted for confirmation	29 June 2014 Rom boots
6	13(4)	The registered manager must put robust systems in place to ensure that each resident's personal medication record is fully and accurately maintained at all times. **Ref: Criteria 31.1 & 31.2**	One	previous Mars sheets are Maintained in archieve bags. These will be checked at each audit · Programme Coordinator will complete monthly audits of all paperwork.	29 June 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	31	Where applicable, the form and strength of the medicine should be recorded in the "Medicines" column section of the personal medication record sheet. **Ref: Section 5.0 & 31.2**	Two	This will be reinforced to staff. instructions placed on front of mars sheet. will be audited monthly by programme Coordinator	29 June 2014
2	32	Daktacort cream should be stored within the temperature range +2°C and +8°C, in accordance with the manufacturer's instructions. **Ref: Section 5.0 (carried forward)**	One	This is reinforced to staff.	Ongoing
3	30	The registered manager should ensure that all incoming medicines which are supplied in seven day packs are clearly identifiable. **Ref: Criterion 30.1**	One	this will be picked up by Staff when Meds come in, they will immediatly Contact boots if they have no clear instructions written on them	29 June 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	30	The registered manager should develop and implement written standard operating procedures for the management of controlled drugs in Calder Fountain. **Ref: Criterion 30.2**	One	There are clear instructions in place in line with SOP for Safer management of Controlled Drugs in Registered Facilities (July 2011) RQIA. This is on display in the medical Room.	29 August 2014
5	30	The registered manager should ensure that the date of opening is recorded on all medicine containers which are not supplied in the 28 day blister packs to facilitate the audit process. **Ref: Criterion 30.8**	One	This has been reinforced to Staff.	29 June 2014
6	30	The registered manager should ensure that the stock balances of medicines which are not supplied in 28 day packs are recorded at the beginning of each new medicine cycle to facilitate the audit process. **Ref: Criterion 30.8**	One	This will be reinforced with Staff and recorded each Month at the audit	29 June 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
7	31	The registered manager should ensure that personal medication records, prescriptions and printed medication administration records are checked and verified for accuracy at the beginning of each new medicine cycle. **Ref: Criterion 31.2**	One	This will be completed at the Monthly audit by Programme Coordinator.	29 June 2014
8	31	The registered manager should closely monitor the maintenance of medication administration records to ensure that these records are fully and accurately maintained on every occasion. **Ref: Criterion 31.2**	One	This will be completed at the monthly audit by Programme Coordinator	29 June 2014
9	31	The registered manager should ensure that two members of trained staff are involved in the writing and updating of personal medication records and medication administration records; both staff should initial the entry. **Ref: Criterion 31.2**	One	All staff are trained so this will be reinforced.	29 June 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
10	32	The registered manager should monitor and record the temperature of the medicines room to ensure the temperature does not exceed 25°C. **Ref: Criterion 32.1**	One	This has been taken and discussed with maintenance to determine if this is possible.	29 June 2014
11	30	The registered manager should consult with the prescriber regarding the frequent administration of one resident's medicine which is prescribed on a 'when required' basis. **Ref: Section 7.0**	One	This is being addressed with the particular GP.	29 June 2014
12	30, 31	The registered manager should review the management of distressed reactions to ensure the relevant records are maintained. **Ref: Section 7.0**	One	A 'distressed reaction' is in the process of being completed for each of the residents.	29 June 2014
13	30	The registered manager should confirm that risk assessments and procedures to monitor compliance are in place for those residents who are responsible for the self-administration of their medicines. **Ref: Section 7.0**	One	This is in the process of being completed. The proforma is being sent to the GP for permission for self medicating and to hold inhalers in their rooms	29 June 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: _____

NAME: Andrew McCall
Registered Provider

DATE 10-7-2014

SIGNED: Elaine Hamill

NAME: Elaine Hamill
Registered Manager

DATE 7/7/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	[illegible]	17/7/14
Further information requested from provider			