Unannounced Medicines Management Inspection Report
10 May 2017

The Cedars

Type of service: Residential Care Home
Address: 130 Upper Knockbreda Road, Belfast, BT6 9QB
Tel No: 028 9079 9517
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of The Cedars took place on 10 May 2017 from 10.10 to 13.50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area for improvement in relation to self-administered medicines was identified. A recommendation was made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. No requirements or 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. No requirements or recommendations were made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Linda Tobain, Senior Carer, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Selkirk Investments Ltd	**Registered manager:** Ms Jane Anne Hurley
Person in charge of the home at the time of inspection: Ms Jane Anne Hurley	**Date manager registered:** 1 April 2005
Categories of care: RC-I, RC-DE	**Number of registered places:** 26

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 four residents, two senior carers and the registered manager.

Fifteen questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 April 2017

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 5 August 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must ensure that the personal medication records contain all the necessary detail.	**Met**
	Action taken as confirmed during the inspection: The personal medication records were up to date and accurate. The majority of entries had been verified and signed by two trained members of staff.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must ensure that the MARs sheets are completed in a satisfactory manner.	**Met**
	Action taken as confirmed during the inspection: The medication administration records (MARs) were observed to be accurately maintained. The majority of hand-written entries had been verified and signed by two trained members of staff.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must investigate the apparent discrepancies in the administration of two medicines highlighted in the report and refer to the prescriber if necessary. A copy of the investigation including the action taken to prevent a recurrence must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: The investigation was completed. A copy of the outcome of the investigation and action taken to prevent a recurrence was forwarded to RQIA.	
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that medicines are available for administration on all occasions. Staff must maintain a record of all action that they have taken to obtain medicines.	**Met**
	Action taken as confirmed during the inspection: All medicines were available for administration as prescribed on the day of the inspection. There was no evidence that residents had missed their medicines due to stock supply issues.	
Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	Records of the training and competency assessments for care staff on the administration of thickening agents and external preparations must be maintained.	**Met**
	Action taken as confirmed during the inspection: This training was completed as part of induction and also via e-learning. Records were maintained.	

Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that records for the administration of thickening agents and external preparations by care staff are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: Thickening agents were not in use at the time of the inspection. The senior carer advised that records of administration were maintained on the daily diet charts when they were prescribed. Care staff record the administration of external medicines on the topical medication administration records.	
Requirement 7 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the maximum, minimum and current refrigerator temperatures are monitored and recorded each day and that the thermometer is then reset. The temperature range must be maintained between 2°C and 8°C.	**Met**
	Action taken as confirmed during the inspection: The maximum, minimum and current refrigerator temperatures were being monitored and recorded each day. However, the maximum and minimum temperatures were continually recorded as 4°C and 11°C. This suggested that the thermometer was not being reset each day and that staff were not aware that these maximum temperatures were outside the accepted range. The thermometer was reset at the beginning of the inspection and satisfactory temperatures were observed. Guidance on resetting the thermometer was provided. The senior carer advised that all staff would be made aware of the correct procedure. It was agreed that the recordings would be closely monitored to ensure adherence to the correct procedures. **Due to the progress made and assurances provided this requirement was assessed as met.**	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	Obsolete warfarin dosage directions (facsimiles) should be cancelled and archived when a new facsimile is received.	**Met**
	Action taken as confirmed during the inspection: Warfarin was not prescribed for any residents at the time of the inspection. The senior carer confirmed that only the current directions were held on the file when warfarin was in use.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	Staff should have access to the home's policies and procedures for the management of medicines at all times.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures for the management of medicines were readily available for staff.	
Recommendation 3 **Ref:** Standard 32 **Stated:** First time	The temperature of the office where medicines are stored should be monitored and recorded each day to ensure that it is maintained at or below 25^{o}C.	**Met**
	Action taken as confirmed during the inspection: The temperature was being monitored and recorded each day. Temperatures were usually 23 °C – 24 °C.	
Recommendation 4 **Ref:** Standard 32 **Stated:** First time	A risk assessment should be in place when external preparations are stored in residents' bedrooms.	**Met**
	Action taken as confirmed during the inspection: External preparations were only stored in residents' bedrooms when they were self-administered. Locked cupboards were available for safe storage.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. Training on the management of medicines was completed annually (via e-learning). Competency assessments were completed following the initial training and annually. Care staff received training on the management of external preparations as part of their induction.

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 was evidence that newly prescribed medicines and antibiotics were received into the home without delay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. The majority of entries on the 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.

A number of residents were responsible for administering some or all of their medicines. Care plans were in place for some but not all of the residents. The care plans did not specify the level of support that was being provided for each resident. Records of the transfer of the medicines to the residents were not maintained. The procedures in place for the management of self-administered medicines should be reviewed and updated. Detailed care plans should be in place e.g. who orders the medicines, where are they stored. Records of the transfer of medicines to the residents should be maintained. A recommendation was made.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. Staff were reminded that the date of opening should be recorded on all insulin pens to facilitate audit and disposal at expiry.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

Areas for improvement

The procedures in place for the management of self-administered medicines should be reviewed and updated. A recommendation was made.

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

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. A discrepancy in the administration of one liquid form medicine was observed. This was discussed in detail with the senior carer and it was agreed that the medicine would be closely monitored.

A number of resident's were prescribed medicines for administration on a "when required" basis for the management of distressed reactions. The dosage instructions were recorded on the personal medication records. Staff advised that the residents requested these medicines when necessary. The reason for and outcome of each administration was being recorded.

The management of pain was reviewed. 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 all residents could tell them if they were in pain.

Medicine records were well maintained and facilitated the audit process. The improvements made in the standard of maintenance of the personal medication records and medication administration records were acknowledged.

Practices for the management of medicines were audited throughout the month by staff and management. This included running stock balances for several solid dose form medicines and inhaled medicines. In addition, a quarterly audit was completed by the community pharmacist.

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.5 Is care compassionate?

The registered manager and senior carer advised that residents were encouraged to look after their own medicines, where possible. Staff were familiar with each residents needs and preferences with regard to their medicines.

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

We observed residents to be relaxed and comfortable in their surroundings and in their interactions with staff.

We spoke with four residents who were complimentary regarding the care provided by staff in the home.

Residents' comments included:

"The staff are great, they couldn't do enough for you."
"If it was out of 10, I'd give this place 11.5."

As part of the inspection process questionnaires were issued to residents, relatives/ representatives and staff, with a request that they were returned within one week from the date of the inspection. Three members of staff completed and returned the questionnaires. The responses were positive and these were recorded as "very satisfied" with regard to the management of medicines in the home.

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. There was evidence that they were reviewed and updated. 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 had been managed appropriately. Staff advised that they had received safeguarding training and were aware that medication incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Staff advised that if a discrepancy was observed it would be referred to the registered manager for investigation and that any learning would be discussed with staff.

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

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff either individually, at staff handovers or at team meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Linda Tobain, Senior Carer, 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 via web portal 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

Recommendations	
Recommendation 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 09 June 2017	The registered provider should review and update the procedures in place for the management of self-administered medicines.
	Response by registered provider detailing the actions taken: The procedures for self administering medicines has been reviewed and updated. The level of supervision required is now recorded in the care plan as is the delivery and transfer of medicines.

Please ensure this document is completed in full and returned via web portal

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