

# Unannounced Medicines Management Inspection Report 14 December 2016



## Cedarhurst Lodge – Cedar Suite

Type of service: Residential Care Home  
Address: Cedarhurst Road, Belfast, BT8 4RH  
Tel No: 028 9049 2722  
Inspector: Cathy Wilkinson

## 1.0 Summary

An unannounced inspection of Cedarhurst Lodge took place on 14 December 2016 from 11.45 to 13.40.

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. One area for improvement was identified in relation to the management of controlled drugs and a requirement 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. There were no areas of improvement identified.

### 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. There were no areas of improvement identified.

### 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. There were no areas of improvement identified.

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
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Kate Sosin, Senior Care Assistant, as part of the inspection process and with Ms Lavina Harris,

Registered Manager by telephone on 16 December 2016. 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

<b>Registered organisation/registered person:</b> Four Seasons Healthcare Dr Maureen Claire Royston	<b>Registered manager:</b> Ms Lavina Ann Harris
<b>Person in charge of the home at the time of inspection:</b> Ms Kate Sosin, Senior Care Assistant	<b>Date manager registered:</b> 14 June 2007
<b>Categories of care:</b> RC-MP, RC-MP(E), RC-DE	<b>Number of registered places:</b> 24

## 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, and two senior care assistants.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA within one week.

A sample of the following records was examined:

- 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 1 September 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations made following this inspection.

### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 10 October 2013

There were no requirements or recommendations made as a result of the last medicines management inspection.

### 4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually.

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.

Improvement is necessary in the management of controlled drugs. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. It was noted at the commencement of the inspection that the administration of controlled drugs had been signed by one staff member. The witness to the administration had not signed the record book. This record should be signed at the time of the administration by both staff members. 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. However, staff advised that the controlled drug record book is not always consulted as part of these checks. A supply of one Schedule 2 controlled drug was observed on the medicine trolley during the inspection. This medicine requires safe custody and must be stored in the controlled drugs cupboard.

The management of controlled drugs must be reviewed to ensure that the process is safe and robust. A requirement has been made.

Robust arrangements were observed for the management of high risk medicines eg warfarin and insulin.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The date of opening had not been recorded on any of the insulin pens in use. Staff advised that they would discuss this with the community nurse. Medicine refrigerators and oxygen equipment were checked at regular intervals.

### Areas for improvement

The management of controlled drugs must be reviewed to ensure that the process is safe and robust. A requirement has been made.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. A care plan was maintained.

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 is completed as part of the admission process.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for documenting the site of application of transdermal patches and protocols for the use of "when required" medicines.

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

Following discussion with the registered manager and staff, it was evident other healthcare professionals are contacted when required to meet the needs of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 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.

The residents spoken to said that they had no concerns in relation to the management of their medicines.

Questionnaires were completed by five residents. All of the responses in the questionnaires indicated that they were either “satisfied” or “very satisfied” with the management of their medicines.

Four members of staff completed the questionnaire. All of the responses were positive and raised no concerns about medicines management in the home.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Staff advised that these were reviewed regularly. 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 audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

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.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Kate Sosin, Senior Care Assistant, as part of the inspection process and with Ms Lavina Harris, Registered Manager by telephone on 16 December 2016. 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

### Statutory requirements

**Requirement 1**

**Ref:** Regulation 13(4)

**Stated:** First time

**To be completed by:**  
15 January 2016

The registered provider must ensure that the management of controlled drugs is reviewed to ensure that the process is safe and robust.

**Response by registered provider detailing the actions taken:**

The management of controlled drugs has been reviewed to ensure to that two staff sign the register. The registered manager is checking the book on a daily basis to ensure compliance.





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