Clifton House Residential Home
RQIA ID: 1590
2 North Queen Street
Belfast
BT15 1EQ

Inspector: Paul Nixon
Inspection ID: IN022506

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Unannounced Medicines Management Inspection of Clifton House Residential Home

12 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 12 November 2015 from 10.00 to 14.00.

On the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 18 June 2012.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**0**	**2**

The details of the QIP within this report were discussed with the responsible person (acting), Mrs Deborah Oktar-Campbell, the Chief Executive Officer, Ms Paula Reynolds and the applicant manager, Mrs Frances McKernon as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Clifton Care Home Limited Mrs Deborah Oktar-Campbell (Acting)	**Registered Manager:** Mrs Frances McKernon (Registration Pending)
Person in charge of the home at the time of inspection: Mrs Frances McKernon	**Date manager registered:** Registration pending
Categories of care: RC-LD, RC-PH, RC-I, RC-DE	**Number of registered places:** 27
Number of Patients Accommodated on Day of Inspection: 26	**Weekly Tariff at Time of Inspection:** £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards or themes have been met:

Standard 30: Management of medicines
Standard 31: Medicine records
Standard 33: Administration of medicines

Theme 1: Medicines prescribed on a "when required" basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the management of medicines incidents reported to RQIA since the last medicines management inspection was reviewed.

During the inspection we met with the applicant manager, Mrs Frances McKernon.

The following records were 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 temperature records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 1 October 2015. The completed QIP is due to be returned to RQIA by 23 November 2015. Once submitted, the completed QIP will be assessed by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation **13(4)** **Stated once**	The registered manager must closely monitor the administrations of Seretide Evohalers in order to ensure they are being administered to residents in accordance with the prescribers' instructions.	**Met**
	Action taken as confirmed during the inspection: The administrations of Seretide Evohalers were closely monitored. The audit performed during the inspection indicated that the patient had been administered the medicine in accordance with the prescribed dosage instructions.	
Requirement 2 **Ref**: Regulation **13(4)** **Stated once**	The medicine allergy status of the resident must be routinely declared on the personal medication record sheet.	**Met**
	Action taken as confirmed during the inspection: The medicine allergy status of the resident was observed to have been routinely declared on their personal medication record sheet.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard **30** **Stated once**	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Written Standard Operating Procedures were available for the management of controlled drugs.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits performed on a random selection of medicines indicated that the vast majority of medicines had been administered in accordance with the prescribed dosage directions. The discrepancies noted were drawn to the attention of the acting responsible person and the applicant manager who agreed to monitor the administrations of the medicines in order to

ensure compliance with the dosage instructions. They also agreed to investigate a discrepancy in the audit on co-codamol 15/500 tablets and to notify RQIA of the outcome.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There was no evidence to indicate that medicine doses were omitted due to being out of stock. Medicines were observed to be labelled appropriately.

Prescriptions were not received into the home and checked for accuracy with the monthly drug orders before going to the pharmacy for dispensing of the medicines. The benefits of ensuring that this good practice is introduced were discussed.

Arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. The admission process was reviewed for one recently admitted resident. Their medicine regimes had been confirmed in writing. Two staff had verified and signed the personal medication record.

Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, this process involved two registered nurses. The need to maintain a running stock balance for warfarin was discussed.

There were no Schedule 2 controlled drugs; however, stock balances of Schedule 3 controlled drugs which are subject to safe custody requirements were reconciled on each occasion when the responsibility for safe custody had been transferred. Quantities of controlled drugs matched the stock balances recorded.

Medicines which were discontinued or were unsuitable for use had been returned to a community pharmacy for disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place.

Medicines were being managed by staff who have been trained and deemed competent to do so. An induction process was in place. Annual update training on the management of medicines had been completed. The impact of training was monitored through supervision and appraisal. The competency records for two new staff members had not been completed and the annual competency reviews of some other staff members were overdue. A recommendation was made.

Medication audits were performed by the applicant manager each month. Satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the date and time of opening of the medicine container.

There were procedures in place to report and learn from medicine related incidents that had occurred in the home.

Is Care Compassionate? (Quality of Care)

There was evidence that staff had requested alternative formulations to assist administration when residents had difficulty swallowing tablets or capsules.

The records for several residents who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. Care plans were in place; there was evidence that the care plans were reviewed regularly. Records of prescribing and administration were in place. The reason for and outcome of administration had, however, often not been recorded. If medication is prescribed on a "when required" basis for the management of distressed reactions, the reason for and outcome of administration should be routinely recorded. A recommendation was made.

The records for several residents who were prescribed medicines for the management of pain were reviewed. The applicant manager confirmed that residents have pain reviewed as part of the admission assessment. Pain assessment tools were being used. There was evidence that pain control was being reviewed monthly. The names of the medicines and the parameters for administration had been recorded on the personal medication records.

Areas for Improvement

Staff competency in the management of medicines should be assessed and documented regularly. A recommendation was made.

If medication is prescribed on a "when required" basis for the management of distressed reactions, the reason for and outcome of administration should be routinely recorded. A recommendation was made.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines were observed to be stored safely and securely in accordance with statutory requirements and manufacturers' instructions. The need to ensure that the temperature range of the medicines refrigerator is accurately monitored, by ensuring that the digital thermometer is reset immediately after the temperature readings have been taken, was discussed.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the responsible person (acting), Mrs Deborah Oktar-Campbell, the Chief Executive Officer, Ms Paula Reynolds and the applicant manager, Mrs Frances McKernon as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

6.1 Statutory Requirements

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

6.2 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 person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to **pharmacists@rqia.org.uk** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **12 December 2015**	Staff competency in the management of medicines should be assessed and documented regularly.
	Response by Registered Person(s) Detailing the Actions Taken: All staff have now been informed and will document on monthly basis if changes occur middle of month will be documented as changes occur
Recommendation 2 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **12 December 2015**	If medication is prescribed on a "when required" basis for the management of distressed reactions, the reason for and outcome of administration should be routinely recorded.
	Response by Registered Person(s) Detailing the Actions Taken: Has now been recorded in all relevant care plans, all care plans reviewed monthly

Registered Manager Completing QIP	Frances mc Kernon	**Date Completed**	11.12.15
Registered Person Approving QIP		**Date Approved**	
RQIA Inspector Assessing Response	Paul W. Nixon	**Date Approved**	**14.12.15**

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