Unannounced Medicines Management Inspection Report
17 May 2017

Cranley Lodge

Type of service: Residential Care Home
Address: 5 Cranley Avenue, Bangor, BT19 7BY
Tel no: 028 9147 1122
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Cranley Lodge took place on 17 May 2017 from 10.15 to 14.25.

The findings of the last medicines management inspection on 20 February 2017 indicated that improvements were necessary in several areas of the management of medicines. A meeting was held with the responsible person and registered manager, in RQIA, on 27 February 2017. At that meeting the concerns raised by the inspection findings were discussed. A full account of the actions (already taken and planned) to ensure robust systems for the management of medicines, was provided by the registered manager. The responsible person gave assurances that the necessary support to drive the improvements would be provided.

It was agreed that a further medicines management inspection would be carried out to monitor progress. The responsible person and registered manager were advised that failure to address the issues may result in enforcement action.

The inspection sought to assess progress with the concerns raised during the last medicines management inspection and to determine if the home was now 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. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. The areas identified for improvement at the last inspection: storage temperatures, stock management, management of warfarin and procedures for crushing medicines had been addressed in a satisfactory manner. No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. The areas identified for improvement: the standard of maintenance of the personal medication records and medication administration records (MARs), the management of thickening agents and the management of distressed reactions had been addressed in a satisfactory manner. 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. 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. Staff had received training and been deemed competent in the management of medicines. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. A revised audit tool had been implemented. However, a number of audit discrepancies were observed for inhaled medicines and a recommendation was made.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Catherine Busby, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 February 2017.

2.0 Service details

Registered organisation/registered person: Mr Brian Adam	**Registered manager:** Mrs Catherine Busby
Person in charge of the home at the time of inspection: Mrs Catherine Busby	**Date manager registered:** 17 January 2017
Categories of care: RC-DE	**Number of registered places:** 60

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 a number of residents, one care assistant, two senior care assistants, 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 storage temperatures
- medicine audits
- policies and procedures
- care plans
- training records

4.0 The inspection

4.1 Review of requirements and recommendations from the last medicines management inspection dated 20 February 2017

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Third and final time	The necessary arrangements must be made to ensure that: • the temperature of the medicines refrigerators are maintained between 2°C - 8°C, and • a system is in place to ensure that appropriate action is taken if there is any deviation from 2°C - 8°C.	**Met**
	Action taken as confirmed during the inspection: A review of the daily recordings for the refrigerator temperature indicated that readings within the accepted range were recorded on most days. Staff had been made aware that readings outside the accepted range had to be referred to management. Weekly management audits were completed to ensure ongoing compliance.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must ensure that staff are trained and competent in the accurate monitoring of the refrigerator temperature.	**Met**
	Action taken as confirmed during the inspection: Training had been provided by the registered manager following the last medicines management inspection. Further training had been provided by the community pharmacist on 23 March 2017. Staff had signed to confirm that they had received and understood the training.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must ensure that the temperature of the treatment room on the ground floor is maintained at or below 25°C. **Action taken as confirmed during the inspection**: The daily recordings for the treatment room temperature indicated that the temperature was being maintained between 24°C and 25°C. The temperature recordings were being closely monitored by management.	**Met**
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must ensure that complete records for the administration of thickening agents are maintained. **Action taken as confirmed during the inspection**: Recording sheets were in place. They had been maintained in a satisfactory manner. The required consistency level was recorded.	**Met**
Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The responsible person must ensure that residents have a continuous supply of their prescribed medicines. **Action taken as confirmed during the inspection**: All staff had received training on stock management and were made aware that it was unacceptable for medicine doses to be missed due to being out of stock. There was evidence that appropriate action was taken to ensure that medicines were available for administration as prescribed on all occasions. The registered manager was made aware of any supply issues.	**Met**
Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time	The responsible person must ensure that the areas identified for improvement in the personal medication records are addressed. **Action taken as confirmed during the inspection**: The personal medication records were maintained in a satisfactory manner. The areas identified for improvement had been addressed.	**Met**

Requirement 7 **Ref:** Regulation 13 (4) **Stated:** First time	The responsible person should develop and implement a robust audit tool to ensure that medication related issues are identified and that effective corrective action is implemented and sustained.	**Met**
	Action taken as confirmed during the inspection: A revised audit process was in place. In addition to the daily counts on non-blistered medicines, the senior carer assistants completed weekly audits. These were then reviewed and validated by the registered manager. Action plans were developed and implemented. There were fewer issues being identified recently indicating that improvements were taking place. With the exception of some audits on inhaled medicines, the audits completed at this inspection were satisfactory. A recommendation regarding monitoring inhaled medicines was made.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 31 **Stated:** Second time	Hand-written updates on the MARs should be verified and signed by two members of staff.	**Met**
	Action taken as confirmed during the inspection: Hand-written updates on the medication administration records (MARs) were being verified and signed by two members of staff.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	The responsible person should review and revise the systems in place for the management of warfarin. Dosage directions should be received in writing and transcribing should involve two members of staff.	**Met**
	Action taken as confirmed during the inspection: Dosage directions were received in writing and transcribing involved two members of staff. Running stock balances were also maintained. The audits completed at the inspection gave satisfactory outcomes.	

Recommendation 3 **Ref:** Standard 30 **Stated:** First time	The responsible person should review and revise the systems in place for crushing medicines and adding them to food/drinks to assist swallowing.	**Met**
	Action taken as confirmed during the inspection: The procedures had been reviewed and revised. A list of the designated residents was maintained. Authorisation from the prescriber was in place. The community pharmacist had been consulted to confirm suitability. This practice was monitored through the home's audit processes.	
Recommendation 4 **Ref:** Standard 6 **Stated:** First time	The responsible person should ensure that detailed care plans for the management of distressed reaction are in place for all residents who are prescribed medicines for administration "when required" for the management of distressed reactions.	**Met**
	Action taken as confirmed during the inspection: Detailed directions were recorded on personal medication records. The reason for and outcome of each administration were being recorded. Care plans were in place but more detail was required. It was agreed that these would be updated without delay. Due to the assurances provided by the registered manager this recommendation was assessed as met.	

4.3 Inspection findings

See Sections 1.0 and 4.1.

Areas for improvement

With the exception of some audits on inhaled medicines, the audits completed at this inspection were satisfactory. This finding was discussed with the registered manager and staff on duty. The registered manager advised that training would be requested to ensure that all staff know how to use each of the inhaler devices. The registered person should closely monitor the administration of inhaled medicines. A recommendation was made.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Catherine Busby, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to *pharmacists@rqia.org.uk for* assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 June 2017	The registered person should closely monitor the administration of inhaled medicines.
	Response by registered provider detailing the actions taken: The administration of inhaled mediciness will be included in the weekly medication audit which is checked and validated by management. Training has been scheduled for 27th September 2017 to include administration of inhaled medicines.

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

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