Unannounced Medicines Management Inspection Report
20 February 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 20 February 2017 from 10.45 to 16.05.

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?

Improvements were necessary to ensure that the management of medicines supported the delivery of safe care and positive outcomes for residents. The findings of this inspection evidenced that medicines were not always stored at the temperature recommended by the manufacturer. This had the potential to change the effectiveness of the medicines. The requirement in relation to the medicine refrigerators temperatures was stated for the third and final time while that in relation to the room temperature was stated for the second time. It was also evident that staff required further training in relation to the monitoring of the refrigerator temperature and the requirement in relation to this was also stated for the second time.

Other areas identified for improvement included the accurate recording of dosage changes; ensuring residents had a continuous supply of their prescribed medicines, the management of warfarin and the crushing of medicines to assist administration. A requirement and two recommendations were made.

Is care effective?

Some areas for the management of medicines supported the delivery of effective care. However areas for improvement were identified. The management of thickening agents continues to require attention. Staff must ensure that there is evidence that these are used appropriately in order to minimise the risk of choking. The requirement in relation to this was stated for the second time. When care staff write directions onto the medication administration recording sheets these should be checked and signed by a second person. The recommendation in relation to this was stated for a second time. Two further areas for improvement were identified in relation to the standard of maintenance of the personal medication records and the management of distressed reactions. A requirement and recommendation 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. There were no areas for improvement identified.

Is the service well led?

The findings of this inspection indicated that an improvement in the overall governance arrangements within the home were necessary. 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. A requirement 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	7	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Brian Adam, Responsible Person, and the two senior carers on duty, as part of the inspection process. Details were also discussed with Ms Catherine Busby, Registered Manager, by telephone call on 21 February 2017. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. However, the responsible person and recently registered manager were invited to attend a meeting in RQIA on 27 February 2017 to discuss the inspection findings and their action plan to address the issues identified at the inspection. At the meeting, the lack of progress in addressing the issues previously raised was discussed and the registered manager provided a comprehensive action plan. 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. Failure to address the issues may result in enforcement action.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions which will be detailed in the QIP when the report is published, there were no further actions required to be taken following the most recent inspection on 14 February 2017.

2.0 Service details

Registered organisation/registered person: Mr Brian Adam	**Registered manager:** Ms Catherine Busby
Person in charge of the home at the time of inspection: Mrs Benita Hurst, Senior Carer	**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 one care assistant, two senior carers, one of the directors and the responsible person.

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 14 February 2017

The most recent inspection of the home was an unannounced care inspection. The draft report will be issued to the home within 28 days of the inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 24 September 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second 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.	**Not Met**
	Action taken as confirmed during the inspection: Two new refrigerators were in use. The current temperature was being monitored and recorded each day. The temperatures were between 2°C - 8°C.	

	The maximum and minimum temperatures of the refrigerators were not being recorded. Recording the current temperature once daily does not provide assurances that the temperature is maintained within this recommended range at all times. Following the meeting held with the registered person this requirement was stated for the third and final time. Failure to address the requirement and sustain the improvement may result in further enforcement action.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time	The storage of in-use eye preparations must be reviewed to ensure that infection control guidelines are achieved, **Action taken as confirmed during the inspection**: In-use eye preparations were being stored in their outer packaging.	**Met**
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must investigate the findings of the two medication audits detailed in the report, outline the action taken to prevent a recurrence, report to the prescriber for guidance and inform RQIA of the outcome of the investigations. **Action taken as confirmed during the inspection**: The investigation had been completed and an action plan to prevent a recurrence was put in place.	**Met**
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manger must ensure that complete records for the administration of thickening agents are maintained. **Action taken as confirmed during the inspection**: Records for the administration of thickening agents were not being maintained. As a result there was no evidence that staff were providing the necessary care to those residents who had been assessed with swallowing difficulties. This requirement was stated for a second time.	**Not Met**

Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that staff are trained and competent in the accurate monitoring of the refrigerator temperature.	**Not Met**
	Action taken as confirmed during the inspection: The findings of this inspection indicate that any training which may have been provided was not effective. This requirement was stated for the second time.	
Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must implement the following improvements on the personal medication records: • The route of application of eye preparation must be detailed. • The photograph of the resident should include their name and date of birth. • All prescribed medicines, including those administered by community nurse, must be recorded.	**Partially Met**
	Action taken as confirmed during the inspection: The route of application of eye preparation had been recorded on some eye preparations. The name and date of birth had been recorded on some photographs With the exception of those medicines which were administered by the community nurses the majority of medicines had been recorded on the personal medication records. This requirement has been assessed as partially met. However, it was not restated as written because further issues were identified in the standard of maintenance of the personal medication records (see section 4.4). A revised requirement was made.	

Requirement 7 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the temperature of the treatment room on the ground floor is maintained at or below 25°C.	**Not Met**
	Action taken as confirmed during the inspection: The records indicated that the room temperature was frequently above 25°C. This had the potential to change the effectiveness of the medicines. There was no evidence of any action being taken to address the matter. This requirement was stated for the second time.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 30 **Stated:** First time	A procedure for the management of incidents involving controlled drugs should be developed and implemented.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures for the management of incidents were in place.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	The registered manager should provide regular update training and competency assessment on the management of medicines for all designated staff.	**Met**
	Action taken as confirmed during the inspection: Records of the annual training and competency assessment were available for review. This recommendation as stated has been met. The findings of this inspection indicate that future training is however required. The registered manager advised of the training planned and confirmed that it was focused on the issues identified at the inspection.	

Recommendation 3 **Ref:** Standard 30 **Stated:** First time	The registered manager should implement a robust audit tool which covers all aspects of the management of medicines. The audit should be completed at regular intervals and records should be maintained.	**Not Met**
	Action taken as confirmed during the inspection: The medicines audit process was not robust. Running stock balances were being maintained for medicines which were not supplied in the blister pack system. However, there was no evidence to indicate that corrective action was taken when balances were observed to be incorrect e.g. a number of liquid medicines were still in use when they should have been finished according to the administration records and the running balance sheets. Weekly audits were completed by the senior carers. A review of these also showed that staff had not identified when a discrepancy had occurred or how to take corrective action. Due to the findings of this inspection this recommendation was subsumed into a requirement.	
Recommendation 4 **Ref:** Standard 31 **Stated:** First time	Hand-written updates on the MARs should be verified and signed by two members of staff.	**Not Met**
	Action taken as confirmed during the inspection: Hand-written updates on the medication administration records (MARs) were not verified and signed by two members of staff. This recommendation was stated for the second time.	

4.3 Is care safe?

Records indicated that senior carers were provided with regular training on the management of medicines and annual competency assessment. The findings of this inspection indicate that further more focused training is required. The registered manager advised that plans were in place to deliver this training within the coming weeks.

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. However, on the day of the inspection one resident had missed six doses of one medicine and two doses of a second medicine due to them being out of stock. This was already being addressed and the medicines were due in before the end of the day. Staff advised that although the medicines had been ordered, this had not been followed up with either the general practitioner or the community pharmacist. The responsible person must ensure that medicines are not omitted due to being out of stock. A requirement was made. A review of the medication administration records for other residents indicated that everyone else had a supply of their prescribed medicines.

The arrangements in place to manage changes to prescribed medicines were not satisfactory. Some entries on the personal medication records had been scored out and amended rather than discontinued and a new entry made. Handwritten entries on medication administration records were not verified and signed by two members of staff. A requirement was made and a recommendation was stated for the second time in relation to record keeping in Section 4.4.

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. Written confirmation of current medication regimens was requested from the prescriber. A review of one resident's medicines indicated that new dosage directions for one of their medicines had not been transcribed correctly meaning that the resident may have received only half of the prescribed dose for nine days. The personal medication record had been verified and checked by two members of staff. The hand-written medication administration record had been written by one member of staff only. The registered manager was requested to confirm the dosage directions with the prescriber. She later advised us that this had been confirmed.

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 not observed for the management of warfarin. Dosage directions were received via telephone call by one senior carer. These directions were transcribed onto a warfarin administration recording sheet by one member of staff. It was acknowledged that running stock balances were maintained. A recommendation was made.

Some medicines were crushed and added to food or drink to assist swallow. The prescribers had issued letters of authorisation. However, the suitability of adding the medicines to food/drink had not been checked with the community pharmacist and detailed care plans were not in place. A recommendation was made.

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

Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. However, the treatment room temperature on the ground floor was frequently above 25^{o}C and the maximum/minimum refrigerator temperatures were not being recorded. Staff had not taken appropriate corrective action (see Section 4.2). A requirement was stated for the third and final time and two requirements were stated for the second time.

Areas for improvement

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

A requirement was stated for the third and final time.

The registered manager must ensure that staff are trained and competent in the accurate monitoring of the refrigerator temperature. A requirement was stated for the 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. A requirement was stated for the second time.

The responsible person must ensure that all residents have a continuous supply of their prescribed medicines. A requirement was made.

The responsible person should review and revise the systems in place for the management of warfarin. A recommendation was made.

The responsible person should review and revise the systems in place for crushing medicines and adding them to food/drinks to assist swallowing. A recommendation was made.

Number of requirements	4	**Number of recommendations**	2

4.4 Is care effective?

The majority 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 medicines were due. However, three discrepancies in the administration of liquid form medicines were observed. It was agreed that these medicines would be closely monitored through the home's revised audit system.

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 on most occasions. However, detailed care plans for the management of distressed reactions were not in place. A recommendation was made.

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.

The management of swallowing difficulty was examined. Speech and language assessments were in place and care staff advised that they referred to the poster in the dining room which detailed each resident's requirements. However, care plans and records of prescribing and administration were not in place. As a result there was no evidence that staff were providing the necessary care to those residents who had been assessed with swallowing difficulties. This was discussed in detail with staff on duty and with the registered manager. The requirement made at the last medicines management inspection was stated for a second time.

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. One nutritional supplement had frequently been omitted at night as the resident was asleep. The senior carer advised that the resident's other medicines were administered at teatime to aid compliance. It was agreed that the time of administration of the nutritional supplement would be reviewed to aid compliance.

The following improvements in the standard of maintenance of the personal medication records are necessary:

- the date of writing should be recorded
- obsolete personal medication records should be cancelled and archived
- the strength of each medicine should be recorded
- all prescribed medicines, including those administered by community nurses must be recorded
- when a dose is changed by the prescriber, the original dose must be discontinued and a new entry made

A requirement was made.

Hand-written updates on the medication administration records had not been verified and signed by two members of staff. When staff hand write the details of medicines onto the medicine administration records it is important that another member of staff verifies this against the prescription and signs the entry. This will minimise the risk of an error occurring. A recommendation was stated for the second time.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines. In addition, a quarterly audit was completed by the community pharmacist. However, although these audits had highlighted issues there was no evidence that any corrective action taken had resulted in improvements. A requirement regarding improved governance systems was made in Section 4.6.

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

The registered manger must ensure that complete records for the administration of thickening agents are maintained. A requirement was stated for a second time.

The responsible person must ensure that the areas identified for improvement in the personal medication records are addressed. A requirement was made

Hand-written updates on the MARs should be verified and signed by two members of staff. A recommendation was stated for the second time.

The responsible person should ensure that detailed care plans for the management of distressed reactions are in place for all residents who are prescribed medicines for administration "when required" for the management of distressed reactions. A recommendation was made.

Number of requirements	2	Number of recommendations	2

4.5 Is care compassionate?

We observed the lunchtime medication round which was completed in a caring manner. Residents were given time to take their medicines and medicines were administered as discreetly as possible.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process 15 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. No questionnaires were returned within this timescale.

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. A copy was available in the treatment rooms.

There were 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 management audit records indicated that mostly satisfactory outcomes had been achieved. The evidence seen during this inspection highlighted that, in relation to the running balances maintained, staff did not always recognise when a discrepancy had occurred (see section 4.1). Where discrepancies had been identified there was no evidence that effective corrective action had been taken. In addition five of the seven requirements and two of the four recommendations which were made at the last medicines management inspection had not been addressed. To ensure that these are fully addressed and the improvement sustained, it was agreed that the QIP would be regularly reviewed as part of the quality improvement process. As part of an improvement in the overall governance arrangements in the home the responsible person must develop and implement a robust audit tool to ensure that medicine management related issues are identified and that corrective action is implemented and sustained. A requirement was made.

The registered manager advised that all senior carers would be reminded of their role and responsibility in relation to medicines management within the home at the scheduled team meeting which was arranged as result of the inspection findings. The importance of ensuring that staff have the appropriate skills and competencies for the tasks they are required to undertake was discussed.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with them either individually or via a staff meeting.

Areas for improvement

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. A requirement was made.

Number of requirements	1	**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 Mr Brian Adam, Responsible Person, and Ms 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 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 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

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Third and final time **To be completed by:** 20 March 2017	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.
	Response by registered provider detailing the actions taken: The recording of temperatures of the medication fridge commenced 22/02/17, monitored by Management weekly and discussed in Senior Care Assistant meeting 01/03/17.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 20 March 2017	The registered manager must ensure that staff are trained and competent in the accurate monitoring of the refrigerator temperature.
	Response by registered provider detailing the actions taken: All Senior Care Assistant's have signed a document to confirm they have been shown how to test and record the temperatures. Registered Manager met with Training Provider to include in Medication Training scheduled for 23/03/17.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 20 March 2017	The registered manager must ensure that the temperature of the treatment room on the ground floor is maintained at or below 25°C.
	Response by registered provider detailing the actions taken: The Residual heating has been turned off and a new ventaliation fan has been installed. This is being monitored daily. As a last resort the medication will be moved to the Clinical room upstairs.
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 20 March 2017	The registered manger must ensure that complete records for the administration of thickening agents are maintained.
	Response by registered provider detailing the actions taken: Daily record sheets were implemented 22/02/17 to be completed by all care staff. New Kardex's have been implemented to highlight the use of thickening agents.
Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 20 March 2017	The responsible person must ensure that residents have a continuous supply of their prescribed medicines.
	Response by registered provider detailing the actions taken: This was discussed in Senior Care Assistant meeting 01/03/17 regarding the continual monitoring of medication and follow up.

Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 20 March 2017	The responsible person must ensure that the areas identified for improvement in the personal medication records are addressed.
	Response by registered provider detailing the actions taken: New Kardex's have been implemented and completed. The layout has been designed to suit the requirement.
Requirement 7 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 20 March 2017	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.
	Response by registered provider detailing the actions taken: The weekly medication audit tool has been adapted and will be checked by Management weekly.
Recommendations	
Recommendation 1 **Ref:** Standard 31 **Stated:** Second time **To be completed by:** 20 March 2017	Hand-written updates on the MARs should be verified and signed by two members of staff.
	Response by registered provider detailing the actions taken: This was discussed in Senior Care Assistant meeting 01/03/17 and audited weekly by Seniors and Management.
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 20 March 2017	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.
	Response by registered provider detailing the actions taken: This was discussed in Senior Care Assistant meeting 01/03/17 and audited weekly by Seniors and Management.
Recommendation 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 20 March 2017	The responsible person should review and revise the systems in place for crushing medicines and adding them to food/drinks to assist swallowing.
	Response by registered provider detailing the actions taken: An audit tool has been implemented to reflect the persons giving instruction for crushed medication and that it is reflected in Care Plan. This will be audited monthly by Management.

Recommendation 4 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 20 March 2017	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.
	Response by registered provider detailing the actions taken: This was discussed in Senior Care Assistant meeting 01/03/17 and to be completed by 31/03/17.

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

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