



The Regulation and  
Quality Improvement  
Authority

The Croft Community  
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BT20 4UR

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**Unannounced Medicines Management Inspection  
of  
The Croft Community**

**28 January 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced medicines management inspection took place on 28 January 2016 from 10.00 to 13.30.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though one area for improvement was identified and is 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) Care Standards for Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 6 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with Mr Alan Hutchinson, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> The Croft Community Ltd/ Mrs Yvonne McCaughran (Acting)	<b>Registered Manager:</b> Mr Alan Hutchinson
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Alan Hutchinson	<b>Date Manager Registered:</b> 4 January 2016
<b>Categories of Care:</b> RC-LD, RC-LD(E)	<b>Number of Registered Places:</b> 16
<b>Number of Residents Accommodated on Day of Inspection:</b> 14	<b>Weekly Tariff at Time of Inspection:</b> £537 - £752

### 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 and 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 included the following:

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

We met with the registered manager, Mr Alan Hutchinson and the senior care staff on duty in the two houses that comprise The Croft Community residential care home, Croft Lodge and Mayne House.

The following records were 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

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced care inspection dated 11 December 2015. The completed QIP will be reviewed by the care inspector.

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

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 30 Stated: First time	The registered manager should review the arrangements for the recording of the use of food thickeners.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> One resident was prescribed a thickening agent. Its' use was recorded on the thickened liquid record sheets.	
<b>Recommendation 2</b> Ref: Standard 30 Stated: First time	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Written Standard Operating Procedures were available for the management of controlled drugs.	

## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a range of randomly selected medicines produced satisfactory outcomes.

Arrangements were in place to ensure the safe management of medicines during the resident's admission to the home. Written confirmation of the medication details were provided by the general medical practitioner. It was normal practice for two senior care staff to complete and check the personal medication record sheets.

In Mayne House, systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. In Croft Lodge, staff liaised with the carers in ensuring that sufficient medication accompanied the respite residents at the time of admission. There was no evidence to indicate that medicine doses were omitted due to being out of stock. Medicines were observed to be labelled appropriately.

There was evidence that 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 or transfer of medicines were maintained. Where transcribing of medicine details had occurred, this process had generally involved two staff members to ensure the accuracy of the record; this is good practice. In Croft Lodge, where

medicines had been received in a pharmacy blister pack compliance aid a specific record had not been maintained of the receipt and transfer of each medicine. The need to maintain a more detailed record of the receipts and transfers of any medicines received in pharmacy blister pack compliance aids was discussed and the registered manager agreed to address.

Records showed that discontinued and expired medicines had been returned to a community pharmacy.

In Croft Lodge, one respite resident was prescribed a Schedule 2 controlled drug. The need for a controlled drug record book to be maintained (in which two staff record the receipts, administrations and transfers of the controlled drug) and also for a stock reconciliation check to be performed by two staff at each transfer of responsibility of any Schedule 2 controlled drug was discussed and the registered manager agreed to address. The registered manager also agreed to have a controlled drug cabinet fitted in Croft Lodge

### **Is Care Effective? (Quality of Management)**

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

There was evidence that medicines were being managed by staff that had been trained and deemed competent, by the registered manager, to do so. An induction process was in place. The impact of training was monitored through supervision and appraisal. Staff had attended medicines management update training within the previous two years. Competency assessments were completed following the induction period and annually thereafter.

There were robust internal auditing systems. The registered manager had completed a medicines management audit on an approximately monthly basis; the last audit had been completed in December 2015. The community pharmacist had also completed an audit in December 2015 and had provided management with a written report of the outcome. The audit records indicated that there had only been a few minor issues raised. The audit process was facilitated by the good practice of recording the date and time of opening of the medicine container.

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

There were systems in place to report and learn from medicine related incidents that may occur in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

### **Is Care Compassionate? (Quality of Care)**

The records for a small sample of residents who were prescribed medication for administration on a "when required" basis for the management of distressed reactions were reviewed. For each resident, a detailed care plan in relation to the management of distressed reactions was not in place. The parameters for administration were recorded on the personal medication record. The medicines had been administered infrequently; when administered the reason for administration and outcome had not always been recorded. A recommendation was made.

The records for a small sample of residents who were prescribed medicines for the management of pain were reviewed. The registered manager and senior carers confirmed that all residents had pain reviewed as part of the admission assessment and on an ongoing basis thereafter. In Croft Lodge, staff liaise closely with the carers of respite residents regarding pain management. Medicines prescribed for the management of pain were recorded on the residents' personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on either a regular or "when required" basis.

The epilepsy management plans for a small sample of respite residents who were prescribed rescue medication for seizures were examined and were satisfactory.

### Areas for Improvement

Where medicines are prescribed on a "when required" basis for the management of distressed reactions, a detailed care plan should be in place and a record of the reason for and outcome of administration should be documented on each occasion. A recommendation was made.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>1</b>
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### 5.4 Additional Areas Examined

The storage of medicines was examined. With the exception of several eye-treatment medicines in Croft Lodge that required cold storage, which were stored in a plastic box in the domestic refrigerator, medicines were stored safely and securely. The need to securely store medicines in Croft Lodge that require cold storage was discussed and the registered manager agreed to address.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager, Mr Alan Hutchinson 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 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](mailto: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 requirements and 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 6

**Stated:** First time

**To be Completed by:**  
27 February 2016

Where medicines are prescribed on a “when required” basis for the management of distressed reactions, a detailed care plan should be in place and a record of the reason for and outcome of administration should be documented on each occasion.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

There are two occasions when medication is given on a "when required" basis, e.g. for control of pain when paracetamol can be given and secondly when we need to manage a distressed situation or when behaviours become challenging. On each occasion the PRN medication is prescribed by the service users GP, the medication sheet is signed by the GP and the MARS sheet is signed off by two members of staff, and the reason for administration noted on the back of the MARS sheet. The service manager has amended the behaviour sheet of the current care plan to clarify the the issues raised by the inspection, this will also include a section to record dates of commencement and discontinuation.

<b>Registered Manager Completing QIP</b>	Alan Hutchinson	<b>Date Completed</b>	26/02/16
<b>Registered Person Approving QIP</b>	Clive Evans	<b>Date Approved</b>	26/02/16
<b>RQIA Inspector Assessing Response</b>	<b>Paul W. Nixon</b>	<b>Date Approved</b>	<b>29/02/2016</b>

\*Please ensure this document is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\*