Unannounced Medicines Management Inspection Report
10 October 2016

Lawnfield House

Type of service: Residential Care Home
Address: 5 King Street, Newcastle, BT33 0HD
Tel No: 028 4372 6860
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Lawnfield House took place on 10 October 2016 from 9.55 to 14.25.

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. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. Two areas for improvement were identified with regard to controlled drugs and records of returned medicines. A requirement was made and a recommendation was stated for the second time.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients 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
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Isobel Leslie, 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 care inspection

There were no further actions required to be taken following the most recent inspection on 28 July 2016.

2.0 Service details

Registered organisation/registered person: Presbyterian Council of Social Witness Mrs Linda May Wray	**Registered manager:** Ms Isobel Leslie
Person in charge of the home at the time of inspection: Ms Isobel Leslie	**Date manager registered:** 2 April 2015
Categories of care: RC-SI, RC-I, RC-LD, RC-LD(E), RC-PH, RC-PH(E)	**Number of registered places:** 20

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 five residents, two care assistants, one senior carer and the registered manager.

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 28 July 2016

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made and hence a QIP was not issued.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 9 August 2013

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 31 **Stated:** Second time	The balance recorded for controlled drugs should be brought to zero when they are transferred out of the home.	**Not Met**
	Action taken as confirmed during the inspection: A review of the controlled drug record book indicated that the balance recorded for controlled drugs had not been brought to zero when they were transferred out of the home on several occasions. This recommendation has been subsumed into a requirement regarding the management of controlled drugs.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs specific to Lawnfield House are developed and implemented.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that Standard Operating Procedures for the management of controlled drugs were in place. Due to the findings of the inspection with regards to controlled drugs it was agreed that these would be reviewed with all senior carers.	

Recommendation 3 **Ref:** Standard 30 **Stated:** First time	The registered manager should ensure that senior carers receive further training and competency assessment on the maintenance of records for the receipt, administration and return of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that this training had been completed. Due to the findings of the inspection with regards to controlled drugs it was agreed that further training and competency assessment would be provided for all senior carers. Although this recommendation as written had been met it has been subsumed into a requirement regarding the management of controlled drugs.	
Recommendation 4 **Ref:** Standard 30, 31 **Stated:** First time	The registered manager should review the standard of maintenance of the controlled drug record book as part of the audit process.	**Not Met**
	Action taken as confirmed during the inspection: The standard of maintenance of the controlled drug record book has not been reviewed as part of the home's audit process. This recommendation has been subsumed into a requirement regarding the management of controlled drugs.	
Recommendation 5 **Ref:** Standard 31 **Stated:** First time	When medicines are returned to the resident/their representative after each period of respite care a signature for the receipt should be obtained.	**Not Met**
	Action taken as confirmed during the inspection: Signatures of the recipient had not been obtained This recommendation was stated for a second time.	

Recommendation 6 **Ref:** Standard 31 **Stated:** First time	Controlled drugs should be receipted in both the medicines received book and the controlled drug record book.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs were being receipted in both the medicines received book and the controlled drug record book. However these records did not always correlate. The recommendation as written has been met however due to the inaccuracy of some records this recommendation has been subsumed into a requirement regarding the management of controlled drugs.	

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 for care staff who had been delegated medicine related tasks. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed annually and more often if a need was identified. Refresher training in the management of epilepsy was provided in the last year.

For permanent residents, 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.

For residents receiving respite care, a package detailing the requirements for admission was emailed to care managers and family prior to admission. This highlighted the carers' responsibility with regard to providing an up to date personal medication record and sufficient medication to cover the period of respite care. Any discrepancies noted during admission were clarified with the resident's family or carers.

There were satisfactory arrangements in place to manage changes to prescribed medicines; updates on the personal medication records were signed and verified by two senior carers.

Insulin was being managed by the district nursing team. The registered manager advised that staff were able to recognise the signs of hypoglycaemia and hyperglycaemia and take the appropriate action.

The registered manager advised that she was in the process of ensuring that epilepsy management plans were in place for all designated residents.

For permanent residents, discontinued or expired medicines were returned to the community pharmacy for disposal. For residents receiving respite care their medicines were returned to their family or carer. The signature of the recipient of these medicines should be obtained. The recommendation which was made at the last medicines management inspection was stated for a second time.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and tidy. On the day of the inspection the majority of residents were prescribed medicines and hence storage space on the trolley was very limited. The registered manager advised that she was currently trying to find a larger trolley which can accommodate all medicines in an easily retrievable way. Dates of opening had been recorded on the majority of medicines to facilitate audit and disposal at expiry. The current temperature of the medicines refrigerator was being monitored each day and was within the required range. The registered manager advised that a maximum/minimum thermometer would be made available without delay.

A review of the controlled drug record book and incoming/outgoing medicines book indicated that improvements in the management of controlled drugs were necessary. Some records of the quantities of controlled drugs received/returned did not correlate between the books. Balances of controlled drugs had not been brought to zero when these medicines were transferred out of the home. There was no evidence that controlled drugs were included in the audit process. A requirement regarding the management of controlled drugs was made.

Areas for improvement

The management of controlled drugs should be reviewed and revised to ensure that:

- records of controlled drugs received into the home and returned to residents on discharge are accurate
- the balance recorded for controlled drugs is brought to zero when they are transferred out of the home
- the signature of the recipient is obtained
- senior carers receive further training and competency assessment on the maintenance of records for the receipt and return of controlled drugs.
- the standard of maintenance of the controlled drug record book is included in the home's audit process

A requirement was made.

When medicines are returned to the resident/their representative after each period of respite care a signature for the receipt of returned medicines should be obtained. A recommendation was made for the second time.

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

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were arrangements in place to alert staff of when residents were prescribed short term medicines e.g. antibiotics

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 records. The registered manager advised that care plans were in place. These medicines had not been required to be administered recently. The registered manager confirmed that the reason for and outcome of any administration would be recorded when they were used.

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 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.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were in place. Administration was being recorded. The registered manager confirmed that staff were trained and competent to manage swallowing difficulties and administer thickening agents. Guidance on the use of thickening agents was available in the medicines file.

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

The majority of medicine records were well maintained and facilitated the audit process. It was noted that dates of birth were not always being recorded on the medication administration records. The registered manager advised that this would be addressed without delay. Improvements were necessary in the management of records for controlled drugs as detailed in Sections 4.2 and 4.3.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist. The outcome of this inspection indicated that the registered manager should closely monitor the records of medicines received from and returned to residents' representatives and the standard of maintenance of the controlled drug record book.

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

No areas for improvement were identified during the inspection.

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

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

Residents were observed to be enjoying breakfast when we arrived in the home. They then moved to the foyer where they relaxed and chatted. Residents were very complimentary regarding the management, staff and food. Three residents we spoke to advised that they would prefer more frequent and longer stays in the home.

With regard to medicine management, the residents advised that staff looked after their medicines and that they could request additional pain relief if necessary.

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. Management advised that these were reviewed regularly.

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 had been managed appropriately. There was evidence of the action taken and learning implemented following incidents. The benefit of additional storage space on the trolley was discussed in relation to the safe and effective administration of medicines.

A review of the audit records indicated that where discrepancies had been identified, action plans had been developed and implemented.

Following discussion with the registered manager and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all designated staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	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 Ms Isobel Leslie, 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 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:** 9 November 2016	The registered provider must review and revise the management of controlled drugs as detailed in the report.
	Response by registered provider detailing the actions taken: The home Manager can confirm following RQIA medicines inspection ,all staff trained to manage medication, have met with the manager to discuss, and revisit the safeguards in place for staff managing control drugs . The following areas where reviewed C.D register recording C.D coming in, and out of the home . All C.D recorded in the medication receive book , should match the amount recorded in the C.D register (opening blance) The C.D are counted ,and the runing balance is checked by two staff at the point of adminstering , and the running balance is updated. There is a system in place for staff to count , verifie, and sign the C.D runing blanace from shift to shift . All staff trained in Medication have been reminded they must ensure the C.D balance is brought to zero following the service users discharge from the home . The home manager can confirm there is a robust system inplace to aduit all of the above to ensure compliance with the operating procedures for the management of control drugs.
Recommendations	
Recommendation 1 **Ref:** Standard 31 **Stated:** Second time **To be completed by:** 9 November 2016	When medicines are returned to the resident/their representative after each period of respite care a signature for the receipt should be obtained.
	Response by registered provider detailing the actions taken: The above recommendation has been reinforced with all staff trained in the management of medcation . In addition to this the home manager has included this in medication training and staff competency assessments

Please ensure this document is completed in full and returned via the web portal

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