



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN18418
Establishment ID No:	1601
Name of Establishment:	EI Shammah
Date of Inspection:	1 December 2014
Inspector's Name:	Paul Nixon

1.0 GENERAL INFORMATION

Name of home:	El Shammah
Type of home:	Residential Care Home
Address:	2 North Circular Road, Lisburn, BT28 3AH
Telephone number:	(028) 9266 0617
E mail address:	elshammah@btconnect.com
Registered Organisation/ Registered Provider:	Amstecos Ltd Mrs Emer Bevan
Registered Manager:	Mr Adrian McCready
Person in charge of the home at the time of inspection:	Mr Adrian McCready
Categories of care:	RC-A, RC-PH, RC-MP(E), RC-DE, RC-I, RC-PH(E), RC-TI
Number of registered places:	24
Number of residents accommodated on day of inspection:	17
Date and time of current medicines management inspection:	1 December 2014 10.00 – 12.25
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	27 September 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mr Adrian McCready (Registered Manager) during the inspection

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

El Shammah is situated in a residential area of Lisburn County Antrim. Mrs Emer Bevan is the registered provider. The registered manager is Mr Adrian McCready.

The home has been decorated and furnished to a very high standard; corridors are wide and have handrails for residents who have mobility problems.

There are attractive well-tended gardens with access for wheelchair users. There is a generous car park to the front of the home.

The home is situated on a hill and is opposite to Wallace Park which provides a pleasant view and can be used for residents who wish to take a walk there. It is convenient to Lisburn town centre and to all amenities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of El Shammah was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 1 December 2014 between 10.00 and 12.25 hours. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on the following three medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with the registered manager of the home, Mr Adrian McCready. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in El Shammah are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern, though two areas for improvement were noted.

The two recommendations made at the previous medicines management inspection, on 27 September 2011, were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

A number of areas of good practice were noted and highlighted during this inspection. They included the arrangements for staff training and competency assessments as well as the robust audit activity.

Policies and procedures for the management of medicines are available.

There is a programme of staff training in the home and evidence of training and competency assessments is maintained.

The audit trails, which were performed on randomly selected medicines, indicated that satisfactory correlations existed between the prescribed instructions, patterns of administration and stock balances.

The resident's care plan should include details of the circumstances under which 'when required' medicines are to be administered in the management of distressed reactions.

Medicine records were maintained in a satisfactory manner. The personal medication records examined were up to date and contained the necessary information. Handwritten entries on the personal medication record sheets were verified and signed by two staff members. Medicine administration record sheets were fully maintained.

The disposals of controlled drugs should always be recorded in the controlled drug record book.

Medicines were stored safely and securely. Storage was observed to be tidy and organised.

The inspection attracted two recommendations. The recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager for his assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 27 September 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>The resident's medicine allergy status should be routinely recorded on the personal medication record.</p> <p>Stated once</p>	<p>This practice was observed.</p>	<p>Compliant</p>
2	31	<p>The removals of lidocaine patches should be recorded.</p> <p>Stated once</p>	<p>The registered manager provided recorded evidence that the removals of lidocaine patches had been recorded,</p>	<p>Compliant</p>

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed:

30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.

COMPLIANCE LEVEL

Inspection Findings:

A range of audits was performed on randomly selected medicines. These audits indicated that medicines are being administered to residents in accordance with the prescribers' instructions.

From observations made during this inspection and from discussion with the registered manager, it was concluded that prescribed medicines are only administered to the resident for whom they are prescribed.

The registered manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home.

The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing.

The records in place for the use of a 'when required' anxiolytic medicine in the management of distressed reactions was examined for one resident. The care plan did not detail the circumstances under which the medicine should be administered. The parameters for administration were recorded on the personal medication record. The medicine had not been administered to the resident on a 'when required' basis since it had been prescribed in this manner. The registered provider should ensure that the resident's care plan includes details of the circumstances under which 'when required' medicines are to be administered in the management of distressed reactions. A recommendation is stated.

Substantially compliant

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
Written policies and procedures for the management of medicines are in place.	Compliant
Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that all staff members who manage medicines are trained and competent. There was evidence that staff undertake comprehensive training prior to being deemed competent to administer medicines. The registered manager co-ordinates this training. At the conclusion of the training process, a competency assessment is completed by the registered manager. Thereafter, competency assessments are performed as part of the annual appraisal process. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Compliant
Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager evaluates the impact of medicines management training on staff members through supervision and observation of practice. Staff appraisals and competency assessments are undertaken on an annual basis and a record of this activity is maintained. A sample of the staff competency assessments was examined.	Compliant

Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Training in specific techniques is not required by the staff at this time.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. The incidents reported to RQIA have been managed appropriately.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant

Criterion Assessed: 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings:	
Monthly medication audits are performed by the registered manager. Recorded evidence of this audit activity is maintained. The observations made during this inspection reflected the satisfactory outcomes of the home audit activity. Running stock balances are also maintained for some boxed medicines. Dates and times of opening are recorded on the medicine containers. This good practice is commended.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 31- MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
The medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail.	Compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>A randomly selected sample of the above medicine records was assessed. These records had been maintained in a satisfactory manner.</p> <p>The personal medication records examined contained the required information. Handwritten entries on the personal medication record sheets had been verified and signed by two staff members. This good practice is commended.</p> <p>The medicine administration record sheets examined were fully and accurately completed.</p> <p>The records of receipts of medicines contained the necessary information.</p>	Compliant

STANDARD 31- MEDICINE RECORDS

<p>Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A sample of controlled drugs record entries was reviewed and observed to have been maintained a largely satisfactory manner. Receipts and disposals had been appropriately recorded; however, the disposals of two Schedule 3 controlled drugs were observed to have not been recorded. The disposals of controlled drugs should always be recorded in the controlled drug record book. A recommendation is stated.</p>	<p>Substantially compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

STANDARD 32 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	COMPLIANCE LEVEL
Inspection Findings:	
Storage was observed to be tidy and organised. Medicines were being stored safely and securely and in accordance with the manufacturers' instructions. Appropriate arrangements are in place for the stock control of medicines.	Compliant
Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	COMPLIANCE LEVEL
Inspection Findings:	
The medicine keys were observed to be in the possession of the designated senior care assistant.	Compliant
Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two senior care assistants twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

7.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with the registered manager, Mr Adrian McCready, during the inspection, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Paul Nixon
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

EL SHAMMAH
1 DECEMBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Adrian McCready, Registered Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	The resident's care plan should include details of the circumstances under which 'when required' medicines are to be administered in the management of distressed reactions. Ref: Criterion 30.1	One	An addition has been included to the residents' care plans where applicable to include greater detail in relation to the circumstances of administration of 'when required' medicines.	31 December 2014
2	31	The disposals of controlled drugs should always be recorded in the controlled drug record book. Ref: Criterion 31.3	One	Staff have been reminded that the amount of controlled medicines returned to the pharmacy should always be documented in the controlled drugs administration record book.	31 December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to pharmacists@rqia.org.uk:

NAME OF REGISTERED MANAGER COMPLETING QIP	Adrian McCready
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Emer Bevan

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	16/12/2014
B.	Further information requested from provider		X	Paul W. Nixon	16/12/2014