RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020084**
Establishment ID No:	**1604**
Name of Establishment:	**Giboney House**
Date of Inspection:	**8 July 2014**
Inspector's Name:	**Cathy Wilkinson**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Giboney House
Type of home:	Residential Care Home
Address:	Hughes Court Mount Merrion Avenue Belfast BT6 0LX
Telephone number:	(028) 9049 2527
E mail address:	maureen.corry@clanmil.org.uk
Registered Organisation/ Registered Provider:	Clanmil Housing association Ms Clare Imogen McCarty
Registered Manager:	Ms Maureen Corry
Person in charge of the home at the time of Inspection:	Ms Maureen Corry
Categories of care:	RC-MP, RC-MAX
Number of registered places:	15
Number of residents accommodated on day of inspection:	15
Date and time of current medicines management inspection:	8 July 2014 10:50 – 12:30
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	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 Ms Maureen Corry, Registered Manager and feedback was provided to Ms Barbara Bunting Acting Senior Carer.
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

Giboney House is a two storey home situated within the Belfast Health and Social Care Trust geographical area. It is located within the Mount Merrion residential area in the city of Belfast, close to shops and facilities. On the ground floor there is a communal sitting room which opens up into the dining room, a kitchen, disabled toilet, office space and a laundry. Within the home there are fifteen en-suite flat-lets which have a small area for tea/coffee making facilities. There is an enclosed outdoor space at one end of the home and seating is also provided at the front of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection Giboney House was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 8 July 2014 between 10:50 and 12:30. 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 three of the four 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, Ms Maureen Corry and with the staff on duty. Feedback was provided at the end of the inspection to Ms Barbara Bunting, Acting Senior Carer. 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 Giboney House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The requirements and recommendations which were made at the previous medicines management inspection on 24 May 2011 was examined during the inspection. The two requirements and one of the two recommendations were assessed as compliant. The other recommendation is no longer applicable. The registered manager and staff are commended for their efforts.

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.

The management of medicines is controlled in a largely satisfactory manner, in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection. They included a regular audit programme,

well maintained medicine records, robust arrangements for managing medicines which are administered weekly or monthly and good arrangements for stock control.

Audits completed during this inspection showed a generally good correlation between prescribed dosages, patterns of administration and remaining stock balances. No discrepancies were noted in any of the medicines audited during the inspection.

Medicine records readily facilitated the inspection process. The personal medication records were up to date and the medicine administration records (MARs sheets) had been fully and accurately completed.

Medicines are stored safely and securely and are supplied and labelled appropriately.

The inspection attracted a total of one requirement and one recommendation. The requirement and recommendation are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 24 May 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Entries on the personal medication record must be permanent. **Stated once**	All entries on the personal medication record are permanent.	**Compliant**
2	13(4)	Blister packs containing more than one medicine must be labelled to enable positive identification of the medicines contained within them. **Stated once**	There were no blister packs in use at the time of this inspection. All medicines were appropriately labelled.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	Two staff members should sign any amendments or updates to the personal medication records and any handwritten entries on the MARs sheets. **Stated once**	Two staff sign all updates on the personal medication records and MARs sheets.	**Compliant**
2	32	Blood glucometers should be maintained in accordance with the manufacturers' instructions and records of the control checks are kept. **Stated twice**	Blood glucometers are no longer used by staff in the home.	**No longer applicable**

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:	
This inspection indicated that the arrangements for the management of medicines were compliant with legislative requirements and current minimum standards. The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. No discrepancies were observed in the medicines audited. The registered manager and staff are commended for their efforts. Prescriptions are usually received and checked by the home before being dispensed by the pharmacy.	Compliant
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines are in place.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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:	
A record of the training and development activities completed by the designated staff in relation to the management of medicines is maintained. Staff have completed training on the management of medicines, dementia, challenging behaviour and epilepsy. Competency is assessed regularly.	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:	
A system of staff supervision and appraisal is in place.	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 at present.	Not applicable

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are procedures in place for managing medicine related incidents.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines which are no longer required or out of date 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:	
Recorded evidence of the medicines management audit activity is maintained. Medicines that are not contained within the blister pack system are counted daily. An overall medicines audit is completed quarterly.	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 observed to be maintained in a manner that facilitates audit activity.	Compliant
Criterion Assessed: 31.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
The personal medication records examined during this inspection were well maintained and up to date. Staff should be reminded that obsolete records should be archived when no longer in use. MARs sheets had been fully and accurately completed. All handwritten entries had been verified and signed by two staff members. Records of medicines received into the home and records of disposal had been fully and accurately maintained.	Compliant

STANDARD 31- MEDICINE RECORDS

Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
There were no Schedule 2 controlled drugs in use at the time of the inspection. Schedule 3 controlled drugs are recorded in the controlled drugs record book. The controlled drugs records were observed to have been maintained in the required manner; a sample of records was reviewed and found to be satisfactory. Quantities of controlled drugs matched balances recorded in the controlled drug record book.	Compliant

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:	
Satisfactory arrangements were observed to be in place for the storage of medicines. There was sufficient storage space for medicines within the medicine trolleys and the overstock cupboard. The refrigerator temperature is monitored daily. It was observed that the maximum and minimum temperatures of the medicines refrigerator had been outside of the acceptable range of 2^{o}C to 8^{o}C for an extended period of time. The thermometer had not been reset. The registered manager must ensure that the refrigerator temperatures are accurately monitored daily, the thermometer is reset and appropriate action is taken should the temperatures deviate from the acceptable range. A requirement has been made.	Substantially 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 keys of the medicine trolleys were observed to be in the possession of the acting 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 3 controlled drugs are reconciled at each shift change by two staff members.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of Medicines for Distressed Reactions

The records of one resident who is prescribed 'when required' medicines for distressed reactions were examined. This patient was prescribed diazepam for anxiety and agitation. The medicine was recorded on the personal medication record and on the MARs sheets. The care plan for this medicine must be updated to reflect the change in dosage of this medicine and should be expanded to detail when it should be administered. The administration of the medicine, the reason for administration and the outcome should be documented. This was discussed with the acting senior carer at the end of the inspection.

The registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained. A recommendation has been made.

8.0 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 **Ms Barbara Bunting Acting Senior Carer,** 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:

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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

GIBONEY HOUSE
8 JULY 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 **Ms Barbara Bunting, Acting Senior Carer,** 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.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must ensure that the refrigerator temperatures are accurately monitored daily, the thermometer is reset and appropriate action is taken should the temperatures deviate from the acceptable range. **Ref: Criterion 32.1**	One	Relevant staff have been advised to reset thermometer to ensure accuracy of readings	8 August 2014

RECOMMENDATION

This recommendation is based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. It promotes 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 registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained. **Ref: Section 7**	One	all relevant staff have been advised that upon administration of PRN medication the daily notes should contain sufficient information to explain reason for administration and additionally note the outcome	8 August 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	Maureen Corry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

	QIP Position Based on Comments from Registered Persons	**Yes**	**No**	**Inspector**	**Date**
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			5/8/14.
B.	Further information requested from provider				