Unannounced Medicines Management Inspection Report
16 June 2016

Glasswater Lodge

Type of Service: Residential Care Home
Address: 1 Glasswater Road, Crossgar BT30 9DN
Tel No: 028 4483 0518
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Glasswater Lodge took place on 16 June 2016 from 09.45 to 13.15.

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?

Improvement is required to ensure that care is safe. Requirements have been made in relation to the management of controlled drugs and staff training.

Is care effective?

Improvement is required to ensure that care is effective. A requirement has been made with regards to the home's auditing arrangements.

Is care compassionate?

Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents.

Is the service well led?

This inspection evidenced that the governance arrangements within the home were not robust. The auditing arrangements within the home are inadequate.

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	3	5

Details of the QIP within this report were discussed with Mrs Sarah Reid, Registered Person, 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

Following the last care inspection on 20 and 25 May 2016 the registered persons were invited to attend a serious concerns meeting. This was scheduled for 20 June 2016. Any resulting actions will be followed up by the care inspector.

2.0 Service details

Registered organisation/registered person: Glasswater Lodge Mrs Sarah Reid Mr Leslie John Reid	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Mrs Sarah Reid	**Date manager registered:** Mrs Sarah Reid, Acting - No application required
Categories of care: RC-LD(E), RC-I, RC-DE	**Number of registered places:** 31

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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 two residents, one senior care assistant and one of the registered providers.

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 20 and 25 May 2016

The most recent inspection of the home was an unannounced care inspection. The draft inspection report was issued on 17 June 2016. Any areas for improvement will be followed up by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 19 January 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The responsible persons must ensure that liquid form medicines are administered as prescribed. Any future discrepancies must be referred to the prescriber for guidance and reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: Liquid medicines are included in the audit process within the home. No discrepancies were noted in liquid medicines audited during this inspection.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 31 **Stated:** First time	The responsible persons should ensure that two staff verify and sign all hand-written updates on the medication administration records.	**Not Met**
	Action taken as confirmed during the inspection: This is not routine practice within the home. This recommendation has been stated for a second time.	

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. Competency assessments were completed within the last year. Refresher training in medicines management has been planned for the end of June 2016. As detailed below, training on record keeping for controlled drugs is required and this was discussed with the registered person.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. However handwritten entries on medication administration records had not been signed. Handwritten entries on these records should be verified and signed by two members of staff. A recommendation has been stated for a second time.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home.

The records for the receipt, administration and disposal of controlled drugs subject to record keeping requirements had not been maintained in a satisfactory manner. Not all of the receipts had been entered and the actual stock balance for two controlled drugs patches did not correlate with the balance recorded in the controlled drug record book. In addition, on examination of the records of one Schedule 2 controlled drug, it was evident that not all of the receipts had been recorded, there were missing entries for the administration and the quantity recorded for disposal did not correlate with the quantity recorded in the controlled drug record book. The registered person must investigate these discrepancies and provide a written report of the outcome of the investigation with the completed QIP from this inspection. Staff must be provided with further training to ensure that controlled drugs are managed safely and that all records are accurately completed. Two requirements have been made.

The management of warfarin should be reviewed and revised. New dosage directions are received by facsimile. These details are then transcribed onto a separate warfarin administration sheet. It was suggested that this sheet should only be completed following the administration of warfarin so that the staff refer to the original facsimile during the administration process. Daily stock counts are not maintained and the date of opening was not recorded on these tablets, therefore, an audit to confirm that the medicine had been administered as prescribed could not be completed. A recommendation was made.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. 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. The medicine refrigerator was checked at regular intervals.

Areas for improvement

Two staff should verify and sign all hand-written updates on the medication administration records. A recommendation has been stated for a second time.

The registered person must investigate the discrepancy noted in the Schedule 2 controlled drug and provide a written report of the outcome of the investigation with the completed QIP from this inspection. A requirement was made.

Staff must be provided with further training to ensure that controlled drugs are managed safely and that all records are accurately completed. A requirement was made.

The management of warfarin should be reviewed and revised. A recommendation was made.

Number of requirements	2	Number of recommendations	2

4.4 Is care effective?

The majority of medicines are supplied and administered from a monitored dosage system supplied by the community pharmacy. The medicines in this system had been administered as prescribed. A sample of medicines not contained within the monitored dosage system was audited during the inspection. Several discrepancies were noted and brought to the attention of the registered person during feedback. Spot checks are completed on a monthly basis by staff in the home but there was no evidence of any discrepancies being found during these audits. This indicates that the auditing system is not robust and must be reviewed and revised to ensure that any discrepancies are detected and action can be taken to ensure that the medicines are being administered as prescribed. A requirement was made.

When a resident was prescribed a medicine for administration on a “when required” basis for the management of distressed reactions the reason for and the outcome of administration were recorded. However, specific dosage instructions were not always recorded on the personal medication record. For one resident who was prescribed two medicines, it was unclear which medicine should be used and when. A care plan was not maintained. The management of these medicines should be reviewed and revised. 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. However care plans for the management of pain were not in place for the appropriate residents. A recommendation was made.

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.

Areas for improvement

The auditing system must be reviewed and revised to ensure that it is robust. A requirement was made.

The management of medicines that are prescribed on a "when required" basis for distressed reactions should be reviewed and revised. A recommendation was made.

The management of pain should be reviewed and revised to ensure that care plans are in place for the appropriate residents. A recommendation was made.

Number of requirements	1	Number of recommendations	2

4.5 Is care compassionate?

The administration of medicines to several residents was observed during the inspection. Medicines were administered to residents in the dining room with their breakfast. The staff administering the medicines spoke to the residents in a kind and caring manner. Staff checked with residents whether medicines that were prescribed on a "when required" basis were required.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their resident's needs, wishes and preferences. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident.

Medicines management was discussed with a small number of residents. All responses were positive regarding the administration of medicines. Residents stated that they were given pain relief promptly when they requested them outside of the regular medicine rounds.

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?

The home has an audit system which consists of spot checks on medicines every month and an audit of record keeping that had been completed three times in 2015. The audits on record keeping had not been completed in 2016. A review of the home's audit on record keeping indicated that no areas for improvement were identified. Medicine related incidents reported since the last medicines management inspection were also discussed. It is evident from the outcome of this inspection that any auditing system that is in place is not robust, and if an incident were to occur, it may not be identified. This further emphasises the need for a robust audit system so that the registered manager can be assured that medicines are being administered as prescribed. A requirement relating to medicine audits was stated in section 4.4.

Written policies and procedures for the management of medicines were in place. However, in order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures:

- Ordering, transport and receipt
- Safe storage
- Administration
- Disposal
- Record keeping
- Management of errors and incidents.

Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on the RQIA website. A recommendation was made.

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

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

A requirement was made regarding the auditing arrangements for medicines in section 4.4.

Standard Operating Procedures for the management of controlled drugs should be in place. A recommendation was made.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sarah Reid, Registered Person, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered person to 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 by the registered manager. Once fully completed, the QIP will be returned to 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 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 person/manager 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 person/manager 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:** 16 July 2016	The registered person must investigate the discrepancy noted in the Schedule 2 controlled drug and provide a written report of the outcome of the investigation with the completed QIP from this inspection. **Response by registered person detailing the actions taken:** Investigation carried out. Please see attached report.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 16 July 2016	Staff must be provided with further training to ensure that controlled drugs are managed safely and that all records are accurately completed. **Response by registered person detailing the actions taken:** Staff training was carried out on 29th June 2016 by Boots. All Seniors and management attended the training
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 16 July 2016	The registered person must ensure that the auditing system is reviewed and revised to ensure that it is robust. **Response by registered person detailing the actions taken:** Auditing is carried out each month, a more robust audit will be carried out, documented on all meds.
Recommendations	
Recommendation 1 **Ref:** Standard 31 **Stated:** Second time **To be completed by:** 16 July 2016	The responsible persons should ensure that two staff verify and sign all hand-written updates on the medication administration records. **Response by registered person detailing the actions taken:** All Seniors have been made aware of the necessity that two staff verify and sign all hand-written updates on all medication administration records.
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 July 2016	The management of warfarin should be reviewed and revised. **Response by registered person detailing the actions taken:** The management of warfarin has been reviewed and revised. All Seniors have been shown the regime of only completing the administration of warfarin so that staff refer to the original facsimile during the administration process

Recommendation 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 16 July 2016	The management of medicines that are prescribed on a "when required" basis for distressed reactions should be revlewed and revised.
	Response by registered person detailing the actions taken: All residents on a "when required" medication regime have had their GP contacted and confirmation, documented on kardex, Mars, the specific dosage, time of administration.
Recommendation 4 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 July 2016	The management of pain should be reviewed and revised to ensure that a care plans are in place for the appropriate residents.
	Response by registered person detailing the actions taken: A pain management Care Plan has been put in place, monitoring the effects of medication etc and time to review and inform residents GP. All Seniors have been made aware of same.
Recommendation 5 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 16 July 2016	Standard Operating Procedures for the management of controlled drugs should be in place.
	Response by registered person detailing the actions taken: We have downloaded the July 2011 Guidance on Standard Operating Procedures for the safer management of controlled drugs. All Senior staff are being briefed on this paper and will be ongoing. The Standard Operating Procedures is covering the required areas.

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

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