



The Regulation and  
Quality Improvement  
Authority

## **RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT**

<b>Inspection No:</b>	<b>IN020815</b>
<b>Establishment ID No:</b>	<b>1606</b>
<b>Name of Establishment:</b>	<b>Stewart Lodge</b>
<b>Date of Inspection:</b>	<b>2 December 2014</b>
<b>Inspector's Name:</b>	<b>Cathy Wilkinson</b>

**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

<b>Name of home:</b>	Stewart Lodge
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	1 Ballyharry Heights Newtownards BT23 7GE
<b>Telephone number:</b>	(028) 9182 1263
<b>E mail address:</b>	janetstewart966@googlemail.com
<b>Registered Organisation/ Registered Provider:</b>	Mrs Janet Stewart
<b>Registered Manager:</b>	Mrs Janet Stewart
<b>Person in charge of the home at the time of inspection:</b>	Mrs Janet Stewart
<b>Categories of care:</b>	RC-DE, RC-I
<b>Number of registered places:</b>	8
<b>Number of residents accommodated on day of inspection:</b>	7
<b>Date and time of current medicines management inspection:</b>	2 December 2014 11:05 – 13:00
<b>Name of inspector:</b>	Cathy Wilkinson
<b>Date and type of previous medicines management inspection:</b>	7 December 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 Mrs Janet Stewart, Registered Manager  
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**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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**

Stewart Lodge is an eight bed residential home owned and managed by Mrs Janet Stewart. This modern, well appointed, detached property is located between the towns of Newtownards, Donaghadee and Bangor. It is convenient to all amenities, transport routes and the surrounding Ards Peninsula. The home is situated within the South Eastern Health and Social Care Trust geographical area.

The home is a non-smoking home and has eight single bedrooms located on the ground floor, four of which have en-suite facilities. Three of the en-suite bedrooms were added in 2006 as well as a sun lounge and dining area. Communal areas include; a lounge connecting to a dining room, kitchen and laundry all of which are located on the ground floor. The home is very well maintained, furnished and decorated throughout to a high standard. There is car parking to the side of the home.

## 4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Stewart Lodge was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 2 December 2014 between 11:05 and 13:00. 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 Mrs Janet Stewart, Registered Manager, and the staff on duty. 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 Stewart Lodge are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern; however some areas for improvement were noted.

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

The two requirements and four recommendations which were made at the previous medicines management inspection on 7 December 2011 were examined during the inspection. The inspectors' validation of compliance is detailed in section 5 of this report.

There is a programme of medicines management training.

The outcomes of the audits which were carried out at this inspection indicated that medicines are being administered as prescribed.

Policies and procedures for the management of medicines are available, 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, specific to Stewart Lodge, must be available for the management of controlled drugs.

Records had been broadly maintained in a satisfactory manner. Some further improvement is required in the maintenance of the personal medication records.

Storage of medicines was found to be satisfactory.

Schedule 2 and 3 controlled drugs are reconciled at shift changes; however a discrepancy was noted during this check that was not identified by staff. Handover checks are not always signed by the two members of staff completing the check. This indicates that the system is not robust. The registered manager was asked to investigate this discrepancy.

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

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



## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 7 December 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	All medicines must be securely stored.  <b>Stated once</b>	All medicines were safely stored at the time of this inspection.	<b>Compliant</b>
2	13(4)	Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements must be reconciled on each occasion when responsibility for safe custody is transferred.  <b>Stated once</b>	Schedule 2 and 3 controlled drugs are reconciled at shift changes; however a discrepancy was noted during this check that was not identified by staff. Handover checks are not always signed by the two members of staff completing the check. This indicates that the system is not robust.	<b>Moving towards compliance</b>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The registered manager should ensure evidence is in place of professional advice for any crushing of medicines.</p> <p><b>Stated once</b></p>	<p>This was completed following the previous medicines inspection. No residents require crushed medicines at present.</p>	<b>Not applicable</b>
2	31	<p>In the absence of the prescriber's signature, handwritten entries on the personal medication record sheets should be initialed or signed by two members of staff.</p> <p><b>Stated once</b></p>	<p>Entries on the personal medication record are usually not signed.</p> <p><b>This recommendation has been subsumed into a requirement.</b></p>	<b>Not compliant</b>
3	31,33	<p>Two members of staff should sign controlled drugs record book entries.</p> <p><b>Stated once</b></p>	<p>There is often only one person on duty at the time of administration of controlled drugs. The registered manager advised that if there was a second staff member available then it would be signed by them.</p>	<b>Compliant</b>
4	32	<p>Medicines no longer needed should be promptly returned to the pharmacy for disposal.</p> <p><b>Stated once</b></p>	<p>This has been completed.</p>	<b>Compliant</b>

**SECTION 6.0**

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

<b>Criterion Assessed:</b> 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>This inspection indicated that the arrangements for the management of medicines were compliant with legislative requirements and current minimum standards.</p> <p>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.</p> <p>A photocopy of the prescriptions are received and checked by the home before being dispensed by the pharmacy.</p> <p>The registered manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home.</p>	<p align="center">Compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Written policies and procedures for the management of medicines are in place. These were not examined in detail.</p> <p>In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures, specific to Stewart Lodge, 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:</p> <ul style="list-style-type: none"> <li>• Ordering, transport and receipt</li> <li>• Safe storage Administration</li> <li>• Disposal</li> <li>• Record keeping</li> <li>• Management of errors and incidents.</li> </ul> <p>A recommendation has been made.</p>	Substantially compliant
<b>Criterion Assessed:</b> 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The registered manager advised that training on the management and administration of medicines is provided for designated staff regularly. A sample of training records was provided for inspection	Compliant
<b>Criterion Assessed:</b> 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The registered manager advised that supervisions are carried out with staff at regular intervals and that there is annual staff appraisal.	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Training in specific techniques is not required at this time.</p>	<p>Not applicable</p>
<p><b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>There have been no medication errors or incidents reported since the start of this inspection year (1 April 2014). A system is in place to manage errors and incidents.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Out of date and discontinued medicines are returned to the community pharmacy.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Recorded evidence of the medicines management audit activity is maintained. Medicines that are not contained within the blister pack system are audited regularly.</p>	<p>Compliant</p>
<p><b>INSPECTOR'S OVERALL ASSESSMENT OF HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>

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

<b>Criterion Assessed:</b> 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	Compliant
<b>Criterion Assessed:</b> 31.2 The following records are maintained: <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>A sample of the above records was selected.</p> <p>The personal medication records require further attention to ensure that they are fully and accurately maintained:</p> <ul style="list-style-type: none"> <li>• The date of writing/rewriting must be recorded</li> <li>• The signature of the person writing/rewriting must be documented and if possible a second person should check and verify the accuracy of the record</li> <li>• Updates should be signed by the person making the entry</li> <li>• The time of the administration of medicines must reflect actual practice.</li> </ul> <p>A requirement has been made.</p> <p>Medication administration records which were reviewed at this inspection had been maintained in a satisfactory manner.</p>	Substantially compliant

**STANDARD 31 - MEDICINE RECORDS**

Records for the receipt and transfer/disposal of medicines had been maintained in a satisfactory manner.	
<b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The controlled drug record book had been satisfactorily maintained.	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

**STANDARD 32 - MEDICINE STORAGE**  
**Medicines are safely and securely stored**

<p><b>Criterion Assessed:</b>  32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Satisfactory arrangements were observed to be in place for the storage of medicines. There was sufficient storage space for medicines within the medicine cupboard and trolley.</p> <p>The refrigerator temperature is monitored daily. No medicines which required cold storage were prescribed for any resident at the time of this inspection.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b>  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.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The keys of the medicine trolley were observed to be in the possession of the registered manager.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b>  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.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Schedule 2 and 3 controlled drugs are reconciled at each shift change. However, a discrepancy in one medicine was recorded during the handover check and was noted at this inspection. The reconciliation is not always signed by two members of staff. The finding from this inspection indicates that this process is not robust and should be reviewed. The registered manager must investigate the discrepancy noted and submit a written report of the findings with the completed Quality Improvement Plan from this inspection. A requirement and a recommendation have been made.</p>	<p align="center">Moving towards compliance</p>



**STANDARD 32 - MEDICINE STORAGE**

<b>INSPECTOR'S OVERALL ASSESSMENT OF HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially 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 **Mrs Janet Stewart, Registered Manager**, 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**



## QUALITY IMPROVEMENT PLAN

### RESIDENTIAL CARE HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

**STEWART LODGE  
2 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 **Mrs Janet Stewart, 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.

**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 personal medication records contain all of the required information.  <b>Ref: Criterion 31.2</b>	One	All completed.  Under constant review.	2 January 2015
2	13(4)	The registered manager must investigate the discrepancy noted in the controlled drugs record book. A written report of the findings must be submitted to RQIA with the completed QIP.  <b>Ref: Criterion 32.3</b>	One	A full investigation has been completed  Report submitted..	9 January 2014

**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 registered manager should ensure that Standard Operating Procedures for the management of controlled drugs are developed and implemented.  <b>Ref: Criterion 30.2</b>	One	This work is being complied at present.	2 March 2015
2	32	The registered manager should review the management of controlled drugs to ensure that reconciliation checks are robust.  <b>Ref: Criterion 32.3</b>	One	The manager is increasing the number of checks and random spot checks. The above policy is being implemented and in-house training will be delivered regarding same.	2 January 2015

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](mailto:pharmacists@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Janet Stewart
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Janet Stewart

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	15/01/2015
B.	Further information requested from provider				