



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

**Inspection No:** IN020809

**Establishment ID No:** 1613

**Name of Establishment:** Greenvale and Rossmore

**Date of Inspection:** 3 November 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

<b>Name of home:</b>	Greenvale and Rossmore
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	21 Rossmore Drive Belfast BT7 3LA
<b>Telephone number:</b>	(028) 9049 1310
<b>E mail address:</b>	lorraine@ai-ni.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Autism Initiatives NI Mr Andrew Granger (Acting)
<b>Registered Manager:</b>	Ms Lorraine Carr (Acting)
<b>Person in charge of the home at the time of inspection:</b>	Ms Lorraine Carr
<b>Categories of care:</b>	RC-LD, RC-LD(E)
<b>Number of registered places:</b>	18
<b>Number of residents accommodated on day of inspection:</b>	11
<b>Date and time of current medicines management inspection:</b>	3 November 2014 11:10 – 13:00
<b>Name of inspector:</b>	Cathy Wilkinson
<b>Date and type of previous medicines management inspection:</b>	12 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 Ms Lorraine Carr, Acting 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**

The accommodation provided in Greenvale and Rossmore is bright, spacious and homely. Bedroom accommodation is on a single room basis. The ratio of bathroom and toilet facilities is adequate and there is a large lounge, dining room and 'parlour'. These rooms are used by all residents (Greenvale & Rossmore Small Homes).

The home also has office space and a quiet room that affords spiritual comfort to residents.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Greenvale and Rossmore was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 3 November 2014 between 11:10 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 Ms Lorraine Carr, Acting Manager, and 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 Greenvale and Rossmore are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern; however, 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 recommendations which were made at the previous medicines management inspection on 12 December 2011 could not be examined as there are no residents that are currently prescribed warfarin. These recommendations have been carried forward and will be inspected at the next medicines management inspection.

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.

Records had been maintained in a satisfactory manner.

Storage was observed to be tidy and organised. The management of the medicines refrigerator requires further attention to ensure that it is maintained within the required temperature range and the thermometer is reset daily.

The inspection attracted one requirement. The two recommendations which have been carried forward are also detailed in the Quality Improvement Plan.

The inspector would like to thank the acting 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 12 December 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The acting manager should ensure that transcribed dosage instructions are signed and verified by two members of staff.</p> <p><b>Stated once</b></p>	<p>This recommendation refers to the management of warfarin. None of the residents are currently prescribed warfarin.</p> <p>This recommendation has been carried forward to be examined at the next medicines management inspection.</p>	<b>Not examined</b>
2	31	<p>A daily running balance of warfarin tablets should be maintained.</p> <p><b>Stated once</b></p>	<p>This recommendation has been carried forward to be examined at the next medicines management inspection.</p>	<b>Not examined</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>
<b>Inspection Findings:</b>  This inspection indicated that the arrangements for the management of medicines are 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.  Prescriptions are received and checked by the home before being dispensed by the pharmacy.  The acting manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home.  The acting manager advised that the management of warfarin had been reviewed following the previous inspection. No residents are currently prescribed warfarin, therefore the recommendations made previously could not be examined. They have been carried forward to be reviewed at the next medicines management inspection.	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Policies and procedures for the management of medicines, including standard operating procedures for the management of controlled drugs, are in place. They were not examined during this inspection.</p>	<p>Compliant</p>
<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The acting manager advised that training on the management and administration of medicines is provided for designated staff by Autism Initiatives NI annually. Competency assessments are also completed annually and more often if required.</p> <p>There is a list of the names, signatures and initials of senior staff who have been trained and deemed competent to administer medicines. A list of the names, signatures and initials of care staff who have been trained and deemed competent to administer external preparations and thickening agents is also maintained.</p>	<p>Compliant</p>
<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The acting manager advised that supervisions are carried out with staff at regular intervals and there is annual staff appraisal.</p>	<p>Compliant</p>

## 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 present.</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>Three medication incidents have been reported to RQIA since April 2014. They had been managed appropriately.</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. The management of medicines which are omitted or refused on a daily basis was discussed. It was advised that these medicines should be disposed of daily rather than being resealed into the compliance aid. The acting manager agreed to implement this practice following the inspection. No further action is required at present.</p>	<p>Compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<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 monthly.</p> <p>The date and time of opening had been recorded on medicine containers which facilitates the audit process.</p>	<p>Compliant</p>
<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> 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>The personal medication records and medication administration records which were reviewed at this inspection had been maintained in a satisfactory manner. Staff are commended for their ongoing efforts.</p> <p>Records for the receipt and disposal of medicines had been maintained in a satisfactory manner.</p> <p>Records of medicines transferred out of the home for social leave were maintained in a satisfactory manner.</p>	Compliant

## STANDARD 31- MEDICINE RECORDS

<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>	
Schedule 2 controlled drugs are not currently prescribed for any residents.	Not applicable

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
<b>Inspection Findings:</b>	
<p>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.</p> <p>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°C to 8°C. There was evidence that the thermometer is not routinely reset. The registered manager must ensure that the appropriate action is taken should the temperatures deviate from the acceptable range. The thermometer must be reset each day after the minimum and maximum temperatures have been recorded. A requirement has been made.</p>	Substantially compliant

## STANDARD 32 - MEDICINES STORAGE

<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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The keys of the medicine trolleys were observed to be in the possession of the registered manager.	Compliant
<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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Schedule 2 controlled drugs are not prescribed for any residents.	Not applicable
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

## 7.0 ADDITIONAL AREAS EXAMINED

None

## 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 Lorraine Carr, Acting 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**

**GREENVALE AND ROSSMORE**  
**3 NOVEMBER 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 Lorraine Carr, Acting 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 appropriate action is taken should the temperature of the medicines refrigerator deviate from the acceptable range.  <b>Ref: Criterion 32.1</b>	One	Pharmacy was contacted and a new fridge was delivered into the service on 17.11.14	3 December 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 acting manager should ensure that transcribed dosage instructions are signed and verified by two members of staff.  <b>Ref: Carried forward from previous inspection Section 5 and Criterion 30.1</b>	One	This point was carried forward from the previous inspection and we have addressed this matter to ensure we are meeting the standard.	On-going
2	30	A daily running balance of warfarin tablets should be maintained.  <b>Ref: Carried forward from previous inspection Section 5 and Criterion 30.1</b>	One	This point was carried forward from the previous inspection and the resident who required warfarin is deceased two years and we currently do not have anyone requiring warfarin however we are aware of the guidelines regarding this medication and had addressed the point.	On-going

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>	Lorraine Carr
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Grainne Close signed on behalf of Andrew Granger

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	11/12/2014
B.	Further information requested from provider				