Hawthorn Lodge
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277 Killaughey Road
Donaghadee
BT21 0ND

Inspector: Paul Nixon
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Unannounced Medicines Management Inspection of Hawthorn Lodge

2 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicines management inspection took place on 2 November 2015 from 10.00 to 12.20.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicine management inspection on 12 April 2012.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the registered manager, Ms Isabelle Bustard as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Hawthorn Lodge Ms Isabelle Bustard	**Registered Manager:** Ms Isabelle Bustard
Person in Charge of the Home at the Time of Inspection: Ms Isabelle Bustard	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-I, RC-LD(E), RC-LD, RC-MP(E), RC-DE	**Number of Registered Places:** 14
Number of Residents Accommodated on Day of Inspection: 14	**Weekly Tariff at Time of Inspection:** £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 30: Management of medicines
Standard 32: Medicine records
Standard 33: Administration of medicines

Theme 1: Medicines prescribed on a "when required" basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the management of incidents reported to RQIA since the last medicines management inspection was reviewed.

During the inspection the inspector met with the registered manager, Ms Isabelle Bustard.

The following records were examined during the inspection:

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 temperature records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 13 October 2015. The completed QIP is due to be returned to RQIA by 23 November 2015. Once submitted the completed QIP will be assessed by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 13(4) **Stated once**	The personal medication record sheets must be fully and accurately maintained. **Action taken as confirmed during the inspection**: The personal medication record sheets which were examined had been fully and accurately maintained.	**Met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 30 **Stated twice**	In the absence of the prescriber's signature, arrangements should be made for two staff members to sign/initial handwritten entries on the personal medication record and medication administration record. **Action taken as confirmed during the inspection**: In the absence of the prescriber's signature, two staff members had signed the handwritten entries on the personal medication records and medication administration records.	**Met**
Recommendation 2 **Ref**: Standard 30 **Stated once**	There should be standard operating procedures covering all areas of the management of controlled drugs. **Action taken as confirmed during the inspection**: There were standard operating procedures detailing the arrangements for the management of controlled drugs.	**Met**

Recommendation 3 **Ref**: Standard 31 **Stated once**	The registered manager should ensure that further training is provided to the designated staff members in relation to the maintenance of the personal medication record sheets.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that further training had been provided to the designated staff members in relation to the maintenance of the personal medication record sheets.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits which were carried out on a range of randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All of the medicines examined were available for administration and were labelled appropriately.

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

There was evidence that medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details on the personal medication records and medicine administration records had occurred, this process involved two members of staff; this is good practice.

Records of the receipt, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balances of controlled drugs which are subject to safe custody requirements were reconciled on each occasion when the responsibility for safe custody was transferred. Quantities of controlled drugs matched the balances recorded in the record book.

Medicines which were discontinued or were unsuitable for use had been returned to a community pharmacy for disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were in place.

Medicines were being managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through supervision and appraisal.

Medication audits were performed each month. The registered manager stated that satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the date and time of opening of the medicine container.

There were procedures in place to identify, record, report, analyse and learn from any medicine related incidents that had occurred in the home.

Is Care Compassionate? (Quality of Care)

The records for one resident who was prescribed medication for administration on a "when required" basis for the management of distressed reactions were reviewed. A care plan in relation to the management of distressed reactions was not in place. The parameters for administration were recorded on the personal medication record. The medicine had been administered infrequently.

The records for two residents who were prescribed medicines for the management of pain were reviewed. The registered manager confirmed that all residents had pain reviewed as part of the admission assessment. Care plans in relation to pain management were not in place. Medicines prescribed for the management of pain were recorded on the residents' personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on either a regular or "when required" basis.

Areas for Improvement

Where medication is prescribed on a "when required" basis for the management of distressed reactions, there should be a care plan which identifies the parameters for administration. A recommendation was made.

Where pain controlling medicine is prescribed, this should be referenced in the resident's care plan. A recommendation was made.

Number of Requirements:	0	**Number of Recommendations**:	2

5.4 Additional Areas Examined

Medicines which required cold storage were not securely stored. The medicines included insulin and influenza vaccines. Medicines which require cold storage should be securely stored. A recommendation was made.

Only the current temperature of the refrigerator in which medicines requiring cold storage were being kept was monitored each day. The need to monitor the temperature range of this refrigerator each day was discussed with the registered manager.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Isabelle Bustard, Registered Manager 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 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.

6.1 Statutory Requirements

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

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and 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. 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1 **Ref**: Standard 6 **Stated: First time** **To be Completed by:** **2 December 2015**	It is recommended that, where medication is prescribed on a "when required" basis for the management of distressed reactions, there should be a care plan which identifies the parameters for administration.
	Response by Registered Person(s) Detailing the Actions Taken: New care Plans in place.
Recommendation 2 **Ref**: Standard 6 **Stated: First time** **To be Completed by:** **2 December 2015**	It is recommended that where pain controlling medicine is prescribed, this is referenced in the resident's care plan.
	Response by Registered Person(s) Detailing the Actions Taken: Now on the care plans.
Recommendation 3 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **2 December 2015**	It is recommended that medicines which require cold storage should be securely stored.
	Response by Registered Person(s) Detailing the Actions Taken: There is now a locked box in the fridge.

Registered Manager Completing QIP	Isabale Bushard	**Date Completed**	26.11.15
Registered Person Approving QIP		**Date Approved**	
RQIA Inspector Assessing Response	Paul W. Nixon	**Date Approved**	4/12/15

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