Unannounced Medicines Management Inspection Report
15 March 2017

Haypark

Type of service: Residential Care Home
Address: 36 Whitehall Parade, Belfast, BT7 3GX
Tel No: 028 9064 1784
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Haypark took place on 15 March 2017 from 10.00 to 13.00.

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 the management of medicines within the home is safe. Discrepancies in the administration and record keeping with regards to controlled drugs were noted. An investigation into the management of one controlled drugs patch was required. The requirement made previously with regards to controlled drugs had not been fully met and has been stated for a second time. Records of training and competency assessment of staff were unavailable during the inspection, however, the registered manager provided a certificate of staff training for medicines management dated April 2014 by email on 21 March 2017. The management of warfarin should be reviewed and revised and advice was provided during the inspection. Two requirements, one of which was stated for a second time and three recommendations were made.

Is care effective?

The management of medicines generally supported the delivery of effective care. The audits that were completed indicated that residents were receiving their medicines as prescribed. One area of improvement was identified in relation the management of distressed reactions and the recommendation made previously was stated for a second time.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. There were no areas for improvement identified.

Is the service well led?

The auditing and governance arrangements within the home must be reviewed and revised to ensure that the management of medicines is robust. Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process. One requirement and two recommendations, one of which was stated for a second time, were made.

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	4	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Ann McConville, Assistant Manager following the inspection and with Mrs Jennifer McClean, Registered Manager by telephone on 16 March 2017. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection, however a follow up inspection will be completed in the coming months.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 February 2017.

2.0 Service details

Registered organisation/registered person: Haypark Homes Ltd Mr J McWhirter	**Registered manager:** Mrs Jennifer McClean
Person in charge of the home at the time of inspection: Mrs Ann McConville, Assistant Manager	**Date manager registered:** 1 April 2005
Categories of care: RC-DE, RC-I, RC-MP, RC-MP(E)	**Number of registered places:** 30

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home

It was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with two residents, the assistant manager, and two senior care assistants.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned on 13 March 2017. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 15 October 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The registered manager must continue to monitor the refrigerator temperatures to ensure that the maximum and minimum temperature of the medicines refrigerator is monitored and recorded daily when in use and remains within the required limits of +2^{o}C to +8^{o}C.	**Met**
	Action taken as confirmed during the inspection: These records were unavailable during the inspection but were provided by email on the day after the inspection. The temperature had been recorded daily and maintained within the required range.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that the administration of inhaled medicines is closely monitored in order to ensure compliance with the prescribers' instructions.	**Met**
	Action taken as confirmed during the inspection: The audits completed on inhaled medicines indicated that they were administered as prescribed.	

Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that an appropriate care plan is in place for each resident that is prescribed thickened fluids, the thickener must be recorded on the personal medication record and the administration must be recorded.	**Carried forward**
	Action taken as confirmed during the inspection: None of the current residents required thickened fluids. This requirement could not be examined and has been carried forward to the next medicines management inspection. **This requirement has been carried forward and will be examined at the next medicines management inspection.**	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The management of controlled drugs must be reviewed and revised to ensure that: • The controlled drugs record book is fully and accurately completed • Controlled drugs are safely and securely stored in the controlled drugs cupboard • Reconciliation checks are completed at each shift change.	**Not met**
	Action taken as confirmed during the inspection: The controlled drugs record book had not been fully and accurately completed. Some entries of receipt and administration had not been made. Controlled drugs had been stored within the controlled drugs cupboard, however the key for the cupboard was observed to be stored in an unlocked drawer in a desk which could be accessed by staff. The controlled drugs key should be held by a designated staff member. Reconciliation checks were completed on two controlled drugs, but not on controlled drugs patches. **This requirement has been stated for a second time.**	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	The registered manager should ensure that there are Standard Operating Procedures for the management of controlled drugs and that staff are adhering to these procedures.	**Partially Met**
	Action taken as confirmed during the inspection: Some Standard Operating Procedures were in the policy file however they did not cover all of the aspects of the management of controlled drugs. One of the procedures related to how controlled drugs would be ordered in a hospital setting and was not applicable to Haypark. **This recommendation has been stated for a second time.**	
Recommendation 2 **Ref**: Standard 31 **Stated:** First time	The registered manager should review the management of anxiolytic medicines for the management of distressed reactions to ensure that all appropriate records are maintained.	**Not Met**
	Action taken as confirmed during the inspection: A care plan was not in place for the management of these medicines and records of the reason for and outcome of the administration were not recorded. It is acknowledged that these medicines are used infrequently. **This recommendation has been stated for a second time.**	

4.3 Is care safe?

There were no records provided in the home of training or competency assessment of staff in the management of medicines. The registered manager advised by telephone that further training in medicines management was planned for April 2017 and the registered manager provided a certificate of staff training for medicines management dated April 2014 by email on 21 March 2017. The outcome of this inspection indicated that further training in the management of controlled drugs should be provided for staff. A record of all training and competency assessment of staff should be retained. Two recommendations were made.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two members of staff. This safe practice was acknowledged.

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

The management of controlled drugs is not robust. Records of the receipt and administration of controlled drugs require improvement. It was noted there were missing entries in the controlled drug record book and the current stock balance for three supplies of controlled drugs was incorrect. The registered person must investigate the administration of one controlled drugs patch to the specified resident to ensure that it was administered as prescribed. The outcome of this investigation must be sent to RQIA with the completed QIP. Checks were performed on some controlled drugs which require safe custody, at the end of each shift. Checks were not completed for controlled drugs patches. Reconciliation checks should be completed for all controlled drugs which require safe custody at the end of each shift. The key for the controlled drugs cupboard should be held by the designated staff member. The requirement made previously with regards to controlled drugs has been stated for a second time and a further requirement was made. Failure to address these discrepancies could lead to further enforcement action.

The arrangements for the management of warfarin should be reviewed and revised. The administration regime should be held on file for reference and the personal medication record and MARs sheets should direct staff to refer to the regime to determine the dosage to be administered. A running stock balance of each strength of warfarin tablets should be maintained. A recommendation was made.

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 temperature was checked at regular intervals.

Areas for improvement

The registered provider should ensure that further training in the management of controlled drugs is provided for staff. A recommendation was made.

The registered provider should ensure that a record of all training and competency assessment of staff is retained. A recommendation was made.

The registered provider must ensure that the management of controlled drugs is reviewed and revised to ensure that the controlled drugs record book is fully and accurately completed and reconciliation checks are completed at each shift change. The requirement made previously has been stated for a second time.

The registered person must investigate the administration of one controlled drugs patch to the specified resident to ensure that it was administered as prescribed. The outcome of this investigation must be sent to RQIA with the completed QIP. A requirement was made.

The registered provider should review and revise the management of warfarin. A recommendation was made.

Number of requirements	2	**Number of recommendations**	3

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour. However, a care plan should be in place and the reason for and the outcome of administration should be recorded. A recommendation was stated for a second time.

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. Staff advised that most of the residents could verbalise pain. A care plan was maintained.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Personal medication records and medicine administration records were well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Following discussion with the assistant manager it was evident that other healthcare professionals were contacted when required to meet the needs of residents.

Areas for improvement

The registered manager should review the management of anxiolytic medicines for the management of distressed reactions to ensure that all appropriate records are maintained. The recommendation made previously was stated for a second time.

Number of requirements	0	**Number of recommendations**	1

4.5 Is care compassionate?

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were treated courteously, with dignity and respect. Good relationships were evident.

We spoke to two residents during the inspection. No concerns were raised regarding the management of medicines.

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?

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly. Standard Operating Procedures were not in place for all aspects of the management of controlled drugs. The recommendation made previously has been stated for a second time.

A small sample of medicines was audited every other month. There was no evidence that a comprehensive audit of the medicines management process was completed regularly. No medicine related incidents have been reported to RQIA since the previous medicines management inspection. Due to the outcome of this inspection, the registered provider should review the auditing and governance arrangements within the home to ensure a robust auditing process is implemented which highlights any shortfalls in the management of medicines. A requirement was made.

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process. A recommendation was made.

Areas for improvement

The registered manager should ensure that there are Standard Operating Procedures for the management of controlled drugs and that staff are adhering to these procedures. The recommendation made previously has been stated for a second time.

The registered provider should review the auditing and governance arrangements within the home to ensure a robust auditing process is implemented which highlights any shortfalls in the management of medicines. A requirement was made.

The registered provider should ensure that the QIP is regularly reviewed as part of the quality improvement process. A recommendation was made.

Number of requirements	1	**Number of recommendations**	2

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Ann McConville, Assissant Manager following the inspection and with Mrs Jennifier McClean, Registered Manager by telephone on the day following the inspection. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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 provider 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 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to *pharmacists@rqia.org.uk* for assessment 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 provider 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 provider 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:** Ongoing	The registered manager must ensure that an appropriate care plan is in place for each resident that is prescribed thickened fluids, the thickener must be recorded on the personal medication record and the administration must be recorded.
	Response by registered provider detailing the actions taken: We have in place an appropriate care plan for each resident that is prescribed thickened fluids,the thickener is recorded on the personal medication record and the administration is recorded.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 15 April 2017	The management of controlled drugs must be reviewed and revised to ensure that: • The controlled drugs record book is fully and accurately completed • Controlled drugs are safely and securely stored in the controlled drugs cupboard • Reconciliation checks are completed at each shift change.
	Response by registered provider detailing the actions taken: A.The controlled drugs record book is fully and accurately completed by a senior care member of staff as well as the staff administering the drugs whose action is signed and witnessed by a fellow member of staff on the same duty rota. this record book is checked daily by the manager and assistant manager. B The controlled drugs are safelty and securely locked in the controlled drugs cupboard. C Reconcillation checks are completed at each shift change and are recorded in the management dairy again checked daily by the manager and assistant manager.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 15 April 2017	The registered person must investigate the administration of controlled drugs patches to the specified resident to ensure that they were administered as prescribed. The outcome of this investigation must be sent to RQIA with the completed QIP.
	Response by registered provider detailing the actions taken: The investigation of the administration of controlled drugs patches to the specified resident has been checked thoroughly against delivery details from the chemist, the administration notes and the residents careplan and accurately reflects that they were administered as prescribed.

Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 15 April 2017	The registered provider should review the auditing and governance arrangements within the home to ensure a robust auditing process is implemented which highlights any shortfalls in the management of medicines.
	Response by registered provider detailing the actions taken: The management of medicines is subject to a daily process which will automatically highlight any shortfalls in the system.The audit process will be supervised by the manager and assistant manager is association with the senior care staff.
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 15 April 2017	The registered manager should ensure that there are Standard Operating Procedures for the management of controlled drugs and that staff are adhering to these procedures.
	Response by registered provider detailing the actions taken: There is a standard procedure for the management of controlled drugs and staff are adhering to these procedures.
Recommendation 2 **Ref**: Standard 31 **Stated:** Second time **To be completed by:** 15 April 2017	The registered manager should review the management of anxiolytic medicines for the management of distressed reactions to ensure that all appropriate records are maintained.
	Response by registered provider detailing the actions taken: The management of anxiolytic medicines for the management of distressed reactions has been reviewed to ensure that all appropirate records are maintained.
Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 15 April 2017	The registered provider should ensure that further training in the management of controlled drugs is provided for staff.
	Response by registered provider detailing the actions taken: Training sessions commencing on 11th April have been instigated for the management of controlled drugs.This shall be part of an ongoing training programme for staff.
Recommendation 4 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 15 April 2017	The registered provider should ensure that a record of all training and competency assessment of staff is retained.
	Response by registered provider detailing the actions taken: Training records and competency assessments will be retained on all staff files for checking.

Recommendation 5 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 15 April 2017	The registered provider should review and revise the management of warfarin.
	Response by registered provider detailing the actions taken: The management of Warfarin has been reviewed and revised.
Recommendation 6 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 15 April 2017	The registered provider should ensure that the QIP is regularly reviewed as part of the quality improvement process.
	Response by registered provider detailing the actions taken: The QIP shall be reviewed on a regular basis as part of the quality improvement process.

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

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