



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

**Inspection No:** IN018476  
**Establishment ID No:** 1642  
**Name of Establishment:** Owenvale Court  
**Date of Inspection:** 3 November 2014  
**Inspectors' Names:** Helen Daly  
Paul Nixon

**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>	Owenvale Court
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	607 Springfield Road Belfast BT12 7FN
<b>Telephone number:</b>	(028) 9041 2030
<b>E mail address:</b>	paula.kennedy@carecircle.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Care Circle Limited Mr Ciaran Sheehan
<b>Registered Manager:</b>	Mrs Paula Marie Kennedy
<b>Person in charge of the home at the time of inspection:</b>	Mrs Paula Marie Kennedy
<b>Categories of care:</b>	RC-A, RC-SI, RC-PH, RC-DE, RC-I
<b>Number of registered places:</b>	47
<b>Number of residents accommodated on day of inspection:</b>	33
<b>Date and time of current medicines management inspection:</b>	3 November 2014 10:15 – 13:45
<b>Names of inspectors:</b>	Helen Daly Paul Nixon
<b>Date and type of previous medicines management inspection:</b>	4 December 2013 Unannounced Monitoring

## 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 monitoring 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 previous medicines management inspections of this home on 25 July 2013 and 14 October 2013 had shown that robust systems for some aspects of the management of medicines were not in place; improvements were needed in the standards for the management of medicines. Following the inspection on 14 October 2013 the responsible individual and registered manager attended a serious concerns meeting at RQIA. Frances Gault, Senior Pharmacy Inspector, Kate Maguire, Senior Care Inspector, Helen Daly and Cathy Wilkinson, Pharmacist Inspectors, were in attendance. During the meeting the inspectors discussed the findings of the inspection and clarified the improvements required. The management of the home were advised that failure to address the issues highlighted would lead to enforcement action.

The medicines management monitoring inspection which was carried out on 4 December 2013 indicated that the required improvements had been made. The purpose of this inspection was to determine if these improvements had been sustained, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes 2011 and to determine if the safety of residents, with respect to the administration of medicines, could be assured.

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 Paula Kennedy, Registered Manager, and staff on duty

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

## 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

Standard 33: Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

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**

Care Circle assumed responsibility for Owenvale Court in June 2012. Mr Ciaran Sheehan is the responsible individual and Mrs Paula Kennedy is the registered manager.

The home is located on the Springfield Road in Belfast and is accessible for residents with a disability. The facility consists of 47 single en-suite bedrooms, a lounge on each floor, designated smoke room, quiet room, bathroom / toilets, activity room, hairdressing room, laundry, dining room, kitchen, staff accommodation and reception / staff office and storage rooms.

There is ample private car parking to the front and rear of the home. Security gates are also in position. The external area of the home is appropriately secured and paved.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management monitoring inspection of Owenvale Court Residential Care Home was undertaken by Helen Daly and Paul Nixon, RQIA Pharmacist Inspectors, on 3 November 2014 between and 10:15 and 13:45. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine if the improvements noted at the previous medicines management inspection had been sustained, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes and to determine if the safety of residents, with respect to the administration of medicines could be assured.

The inspectors examined the arrangements for medicines management within the home and focused on 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
- Standard 33: Administration of Medicines

During the course of the inspection, the inspectors met with the registered manager of the home, Mrs Paula Kennedy, and with staff on duty. The inspectors 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 are substantially compliant with legislative requirements and best practice guidelines. The four requirements and two recommendations made at the previous medicines management inspection on 4 December 2013 were examined during the inspection. Compliance was observed for all requirements and recommendations (See Table 5.0).

The improvements in the arrangements for the management of medicines which were noted at the previous medicines management monitoring inspection had been sustained. The registered manager and staff are commended for their ongoing efforts.

The outcomes of the majority of the audits which were completed at this inspection were satisfactory. However, unsatisfactory audit outcomes were observed for two supplies of ProCal Shot, spironolactone 25mg tablets and Nasonex Nasal Spray. The registered manager advised that the current level of monitoring activity will continue and agreed to include these medicines in the home's audit process.

One medicine (hydroxyzine 25mg tablets) was observed to have been out of stock between 7 October 2014 and 19 October 2014. It was available on the day of the inspection. The registered manager must investigate why this medicine had been out of stock and what action staff had taken to obtain it. A report of the findings must be forwarded to RQIA.

The admission procedure was reviewed for two residents recently admitted to the home from hospital and was found to be mostly satisfactory. However, it was noted that there had been delays in obtaining supplies of nutritional supplements; the registered manager agreed to monitor this closely to ensure that these medicines are made available for administration as prescribed on all occasions; any future stock supply issues should be reported to RQIA.

Records had been maintained in a mostly satisfactory manner.

Medicines were observed to be stored safely and securely at the time of this inspection. The temperature of the treatment room should be monitored and recorded each day to ensure that it is maintained at or below 25°C.

The registered manager should review the records which are maintained for residents who are prescribed diazepam for 'when required' use.

The inspection attracted a total of one requirement and two recommendations which are detailed in the Quality Improvement Plan.

The inspectors 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 4 December 2013:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must monitor changes in medication regimes to confirm that the personal medication records are accurately updated to ensure compliance with the new medication regime.</p> <p><b>Stated once</b></p>	<p>The registered manager monitors the standard of maintenance of the personal medication records as part of the home's audit process.</p> <p>The personal medication records reviewed at the inspection had been maintained in a satisfactory manner.</p>	<b>Compliant</b>
2	13(4)	<p>The registered manager must ensure that the date of administration of all medicines is accurately recorded.</p> <p><b>Stated once</b></p>	<p>The date of administration of medicines was observed to be accurately recorded.</p>	<b>Compliant</b>



NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	<p>The registered manager must ensure that the records of medicines received into the home are accurately maintained.</p> <p><b>Stated once</b></p>	<p>Records of medicines received into the home were observed to have been accurately maintained.</p>	<p><b>Compliant</b></p>
4	13(4)	<p>The registered manager must closely monitor the administration of analgesics and diazepam tablets.</p> <p><b>Stated once</b></p>	<p>The administration of these medicines is monitored as part of the home's audit process.</p> <p>Quantities of diazepam tablets are reconciled twice each day.</p> <p>Satisfactory audit outcomes were observed at this inspection.</p>	<p><b>Compliant</b></p>

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>Obsolete warfarin dosage directions should be cancelled and archived.</p> <p><b>Stated once</b></p>	<p>Obsolete warfarin dosage directions had been cancelled and archived.</p>	<p><b>Compliant</b></p>
2	30	<p>The registered manager should ensure that detailed care plans are in place for all residents who are prescribed diazepam for 'when required' use.</p> <p><b>Stated once</b></p>	<p>One resident is currently prescribed diazepam for 'when required' use in the management of distressed reactions. A care plan is in place.</p>	<p><b>Compliant</b></p>

## MEDICINES MANAGEMENT REPORT

### 6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

This inspection indicated that the improvements in the management of medicines which were observed at the previous medicines management monitoring inspection had been sustained. The registered manager and staff are commended for their ongoing efforts.

There is evidence that regular audits are carried out on a range of medicines using the date of opening as a baseline. A review of these audits indicated that broadly satisfactory outcomes had been achieved. The outcomes of the majority of the audits which were completed at this inspection were also satisfactory. However, unsatisfactory audit outcomes were observed for two supplies of ProCal Shot, spironolactone 25mg tablets and Nasonex Nasal Spray. The registered manager advised that the current level of monitoring activity will continue and agreed to include these medicines in the home's audit process.

One medicine (hydroxyzine 25mg tablets) was observed to have been out of stock between 7 October 2014 and 19 October 2014. It was available on the day of the inspection. The registered manager had not been made aware that this medicine had been out of stock. The registered manager must investigate why hydroxyzine 25mg tablets had been out of stock and what action staff had taken to obtain this medicine. A report of the findings must be forwarded to RQIA. A requirement has been made.

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place. These were not reviewed in detail.

There is a programme of ongoing training and competency assessment for staff who manage medicines. Records of the training and completed competency assessments were provided for inspection.

The admission procedure was reviewed for two residents recently admitted to the home from hospital and was found to be mostly satisfactory. However, it was noted that there had been delays in obtaining supplies of nutritional supplements; the registered manager agreed to monitor this closely to ensure that these medicines are made available for administration as prescribed on all occasions; any future stock supply issues should be reported to RQIA and this was discussed.

The management of warfarin was reviewed for two residents and found to be satisfactory; the improvements observed at the previous inspection had been sustained. The registered manager continues to audit the management of warfarin at weekly intervals. Obsolete warfarin dosage directions are now cancelled and archived.

One resident is prescribed diazepam tablets for 'when required' administration in the management of distressed reactions. A care plan is in place. Records for the administration of 15 doses were observed on the medication administration records between 23 August 2014 and 3 September 2014. A review of the daily care notes indicated that the reason for each administration and subsequent outcome had not been recorded. It is recommended that the reason for and outcome of each administration of medicines which are prescribed to be administered when required for the management of distressed reactions is recorded.

**COMPLIANCE LEVEL: Substantially compliant**

## 6.2 Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Samples of the following records were examined:

- Personal medication record
- Medicines administered (MARs)
- Medicines requested and received
- Medicines disposed of
- Controlled drug records

The majority of the personal medication records had been maintained in a satisfactory manner and contained all of the required information. The allergy status and photographs were missing from a small number of records and this was discussed. The registered manager agreed to ensure that obsolete personal medication records are cancelled and archived. Only the current personal medication record should be maintained on the medicines file.

The MARs reviewed at this inspection were appropriately maintained. The date of administration had been recorded on hand-written MARs.

A review of the records of medicines received into the home, disposed of and controlled drugs indicated that these records have been accurately maintained.

**COMPLIANCE LEVEL: Substantially compliant**

### **6.3 Medicine Storage**

Standard Statement - Medicines are safely and securely stored

Medicines were observed to be stored safely and securely in accordance with the manufacturers' instructions. Arrangements for key control were noted to be satisfactory.

The readings for the maximum and minimum refrigerator temperatures indicate that the thermometer is now being reset each day and that action is taken if temperatures outside the accepted range (2°C - 8°C) are observed. The registered manager continues to monitor the records as part of her weekly audit activity.

The temperature of the treatment room should be monitored and recorded each day to ensure that it is maintained at or below 25°C. A recommendation has been made.

**COMPLIANCE LEVEL: Substantially compliant**

### **6.4 Administration of Medicines**

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

As stated in Section 6.1, the outcomes of the majority of the audits which were completed at this inspection were satisfactory. However, unsatisfactory audit outcomes were observed for two supplies of ProCal Shot, spironolactone 25mg tablets and Nasonex Nasal Spray. The registered manager agreed to include these medicines in the home's audit process.

**COMPLIANCE LEVEL: 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 Paula Kennedy, 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:

**Helen Daly**  
**Pharmacist Inspector**  
**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 MONITORING INSPECTION

**OWENVALE COURT**  
**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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Paula Kennedy, Registered Manager**, during the inspection visit.

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)	<p>The registered manager must investigate why hydroxyzine 25mg tablets had been out of stock and what action staff had taken to obtain this medicine.</p> <p>A report of the findings must be forwarded to RQIA.</p> <p><b>Ref: Section 6.1</b></p>	One	<p>On the 7/10/14 two faxes had been sent to Medicare requesting Hydroxyzine 25mg to be delivered to the home. Staff had ordered the Drug from residents GP surgery. The fax was marked urgent. Another request was faxed on 8/10/14 &amp; 10/10/14. Pharmacy stated that the script was not ready. Outcome was that the script had not been actively signed by GP. Drugs arrived on the 18/10/14. Staff that would normally alert Manager did not inform Manager on this occasion. A meeting was held and senior staff informed to flag up any out of stock medication.</p>	5 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 registered manager should ensure that the reason for and outcome of each administration of medicines which are prescribed to be administered when required for the management of distressed reactions is recorded.  <b>Ref: Section 6.1</b>	One	Staff are now aware of appropriate documentation	5 December 2014
2	32	The temperature of the treatment room should be monitored and recorded each day to ensure that it is maintained at or below 25°C.  <b>Ref: Section 6.3</b>	One	The record of fridge temperature now includes room temperature, that is recorded daily and audited weekly by Manager.	5 December 2014

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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Paula Kennedy
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	6 January 2015
B.	Further information requested from provider				