



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN18417
Establishment ID No:	1652
Name of Establishment:	Scrabo House
Date of Inspection:	9 December 2014
Inspector's Name:	Paul Nixon

1.0 GENERAL INFORMATION

Name of home:	Scrabo House
Type of home:	Residential Care Home
Address:	203 Scrabo House Newtownards County Down BT23 4SJ
Telephone number:	(028) 9182 6384
E mail address:	scrabohouse@live.co.uk
Registered Organisation/ Registered Provider:	Scrabo House / Mr Alexander Buchanan
Registered Manager:	Mrs Elizabeth Buchanan
Person in charge of the home at the time of Inspection:	Mrs Elizabeth Buchanan
Categories of care:	RC-I, RC-DE
Number of registered places:	9
Number of residents accommodated on day of inspection:	9
Date and time of current medicines management inspection:	9 December 2014 10.00 – 12.25
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	23 November 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 Elizabeth Buchanan (Registered Manager) and Mr Alexander Buchanan (Responsible Person) during the inspection

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

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

Scrabo House Residential Care Home is situated on the Scrabo Road on an elevated site beneath Scrabo Tower and overlooking the town of Newtownards and the upper end of Strangford Lough. The home is registered to accommodate nine residents. Mrs Elizabeth Buchanan, the registered manager, has a background in nursing. Mr Alexander Buchanan, who is the responsible person, holds management and training certificates and plays a complementary role in the management of the home.

The home is set into the hillside and is a modern purpose built residence. The home is attached to the family home of Mr and Mrs Buchanan. This high quality facility provides accommodation on both the ground floor and first floor, which is accessed by a glass panelled lift as well as a wide staircase.

The communal lounge, dining room, conservatory, kitchen, utility room, and office are located on the ground floor, with access to a south facing area where residents can sit out weather permitting. The bedroom accommodation is situated on the first floor and consists of two double and five well-appointed single rooms each of which has an en suite with toilet and washbasin. Several rooms provide elevated views of Strangford Lough, Newtownards and the surrounding countryside.

The exterior of the home is well maintained and has car parking for visitors.

The home currently does not provide day care facilities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Scrabo House was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 9 December 2014 between 10.00 and 12.25 hours. 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 the following three 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 Mrs Elizabeth Buchanan (Registered Manager) and Mr Alexander Buchanan (Responsible Person). 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 Scrabo House are substantially compliant with legislative requirements and best practice guidelines. Improvements are needed in the standard of maintenance of the medication administration record and controlled drug record book.

The one recommendation made at the previous medicines management inspection, on 22 November 2011, was examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report.

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

There is a programme of staff training in the home and evidence of training is maintained.

The audit trails, which were performed on randomly selected medicines, indicated that mostly satisfactory correlations existed between the prescribed instructions, patterns of administration and stock balances. However, two audits produced unsatisfactory outcomes.

The prescriber should be requested to review the dosage instructions for diazepam, prescribed for one resident.

The registered person should ensure that labelling enables staff to positively identify each medicine.

The medication administration records must be accurately maintained.

Generally, medicines were stored safely and securely. However, a monitored dosage system blister pack containing three temazepam 10mg tablets, which was awaiting return to the pharmacy for disposal, was not stored in the controlled drug cabinet. All controlled drugs which are subject to safe custody requirements must be stored in the controlled drugs cabinet.

The controlled drug record book must be accurately maintained. Controlled drug stock reconciliation checks must be accurately performed.

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

The inspector would like to thank the registered manager and responsible person for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 22 November 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	Alendronic acid should be administered in accordance with the manufacturers' instructions. Stated once	The medication administration record sheets indicated that this medicine is being administered in accordance with the manufacturers' instructions.	Compliant

SECTION 6.0

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

Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings: A range of audits was performed on randomly selected medicines. These audits indicated that medicines are broadly being administered to residents in accordance with the prescribers' instructions. However, the following two audits, both involving medicines prescribed for the same resident (resident A), produced unsatisfactory outcomes: <ul style="list-style-type: none"> - Temazepam 10mg tablets had been signed as having been administered on three consecutive nights (5 December to 7 December 2014), however, the dose had been omitted on each occasion; - Two diazepam 2mg tablets had been signed as having been administered, whenever they had not been administered, during the period from 10 November 2014 to 7 December 2014. These observations were discussed with the registered manager and responsible person (also see Criterion 31.2). From observations made during this inspection, it was concluded that prescribed medicines are only administered to the resident for whom they are prescribed. The responsible person advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. One resident is prescribed diazepam to be administered on a 'when required' basis. Both the registered manager and responsible person stated that the general medical practitioner has verbally agreed to this medicine being	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>regularly administered once daily to the resident. This was, however, not reflected in the dosage instructions specified on the medicine records or medicine label. The prescriber should be requested to review the dosage instructions for this medicine. A recommendation is stated.</p> <p>One resident has their medication supplied weekly, by the community pharmacist, in a Medipak compliance aid. The compliance aid contained seven medicines, each of which did not have a description supplied (colour, shape, any markings) in order to enable staff to positively identify it. Labelling should enable staff to positively identify each medicine. A recommendation is stated.</p>	
<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The medicines management policies and procedures were not examined on this occasion.</p>	<p>Not examined</p>
<p>Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager and responsible person both confirmed that there have been no recent changes in the staff managing medicines and that only they manage medicines. A record is maintained of the medicines management training completed by staff. The responsible person and one other staff member had attended training, provided by the pharmacist, on 11 October 2014.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager and responsible person both confirmed that only they currently manage medicines.	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
Training in specific techniques is not required by the staff at this time.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager and responsible person both confirmed that a system is in place to manage medicine errors or incidents should they occur in this home. There have been no medication errors or incidents reported since the previous inspection.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
The community pharmacist carries out periodic medication audits and provides any recommendations in the form of a written action plan. No issues were raised during the previous audit, which took place on 15 October 2014.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 31- MEDICINE RECORDS

Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
Improvements are needed in the standard of maintenance of both the medication administration records and controlled drug record book. Both of these records must be accurately maintained (see criteria 31.2 and 32.3)	Moving towards compliance
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>A randomly selected sample of the above medicine records was assessed.</p> <p>The personal medication records examined generally contained the required information. However, mirtazapine, prescribed for resident A, was not recorded on the personal medication record sheet; this was drawn to the attention of both the registered manager and responsible person for correction.</p> <p>The following issues were observed regarding the maintenance of the medication administration record sheets:</p> <p><u>Resident A:</u> Mirtazapine 30mgs had not been recorded as having been administered since the resident's date of admission to the home in early November 2014. Memantine 10mgs had not been recorded as having been administered since 13 November 2014. Galanamine 24mgs had been inaccurately recorded as administered at night since 13 November 2014. The responsible person stated that, in each instance, the correct prescribed doses had been administered but that the medication administration record sheets did not reflect this.</p>	Moving towards compliance

STANDARD 31- MEDICINE RECORDS

<p><u>Resident B</u>: Temazepam 10mg tablets had been signed as having been administered on three consecutive nights (5 December to 7 December 2014) whenever the doses had been omitted. Two diazepam 2mg tablets had been signed as having been administered, whenever they had not been administered, during the period from 10 November 2014 to 7 December 2014.</p> <p>The medication administration record sheets must be accurately maintained. A requirement is stated.</p> <p>The records of receipts contained the necessary information.</p> <p>The responsible person stated that the disposal of medicines record was at the pharmacy; it could not, therefore, be examined on this occasion.</p>	
<p>Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>There were no Schedule 2 controlled drugs.</p>	Not applicable

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	COMPLIANCE LEVEL
	Moving towards compliance

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

Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	COMPLIANCE LEVEL
Inspection Findings:	
Storage was observed to be tidy and organised. Medicines were generally being stored safely and securely and in accordance with the manufacturers' instructions. However, a monitored dosage system blister pack containing three temazepam 10mg tablets, awaiting return to the pharmacy for disposal, was not stored in the controlled drug cabinet. All controlled drugs which are subject to safe custody requirements must be stored in the controlled drugs cabinet. A requirement is stated.	Substantially compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
The medicine keys were observed to be in the possession of the responsible person.	Compliant

Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
<p>There were no Schedule 2 controlled drugs.</p> <p>The controlled drug record book indicated that resident B had 27 temazepam 10mg tablets in stock, whenever there were 30 temazepam 10mg tablets in stock. The record had been inaccurately maintained to indicate the administrations of three omitted doses between 5 December and 7 December 2014. It had been signed on each occasion by both the responsible person and registered manager. The controlled drug record book must be accurately maintained. Also, controlled drug stock reconciliation checks must be accurately performed. Two requirements are stated.</p>	Moving towards compliance.

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	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 Elizabeth Buchanan (Registered Manager) and Mr Alexander Buchanan (Responsible Person)** during the inspection, 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:

Paul Nixon
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Paul Nixon
Pharmacist Inspector

Date

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

SCRABO HOUSE
9 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 Elizabeth Buchanan, Registered Manager** and **Mr Alexander Buchanan, Responsible Person** 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 person must ensure that the medication administration records are accurately maintained. Ref: Criteria 31.1 and 31.2	One	ACTIONED NEW PROCEDURES DEVELOPED TO FACILITATE INCREASED CAPACITY.	9 January 2015
2	13 (4)	The registered person must ensure that the controlled drug record book is accurately maintained. Ref: Criteria 31.1 and 32.3	One	NEW PROCEDURES ACTIONED	9 January 2015
3	13 (4)	The registered person must ensure that all controlled drugs which are subject to safe custody requirements are stored in the controlled drugs cabinet. Ref: Criterion 32.1	One	ACTIONED	9 January 2015
4	13 (4)	The registered person must ensure that controlled drug stock reconciliation checks are accurately performed. Ref: Criterion 32.3	One	ACTIONED.	9 January 2015

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 prescriber should be requested to review the dosage instructions for diazepam, prescribed for one resident. Ref: Criterion 30.1	One	REQUESTED + RECEIVED	9 January 2015
2	30	The registered person should ensure that labelling enables staff to positively identify each medicine. Ref: Criterion 30.1	One	COMPLETED	9 January 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: A. Buchanan

NAME: A. BUCHANAN
Registered Provider

DATE 8/1/15

SIGNED: E. Buchanan

NAME: E. Buchanan
Registered Manager

DATE 8/1/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Paul W. Nixson	21/1/15
Further information requested from provider			