



The Regulation and
Quality Improvement
Authority

Tennent Street
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1 Tennent Street
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BT13 3GD

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**Unannounced Medicines Management Inspection
of
Tennent Street
(Hampton Suite)**

27 October 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 27 October 2015 from 10:25 to 14:00.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report. Areas of good practice were acknowledged.

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 Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 20 November 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	1

The details of the QIP within this report were discussed with the registered manager, Mrs Jacquelyn Grace Cairns, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	Registered Manager: Mrs Jacquelyn Grace Cairns
Person in Charge of the Home at the Time of Inspection: Mrs Jacquelyn Grace Cairns	Date Manager Registered: 1 April 2005
Categories of Care: RC-MP, RC-I, RC-PH(E), RC-DE	Number of Registered Places: 16
Number of Residents Accommodated on Day of Inspection: 16	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 31: Medicines 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:

During the inspection we met with the registered manager, the team leader and the staff on duty.

The following records were examined:

- Medicines requested and received
- Personal medication records
- Medicines administration records
- Medicines disposed of or transferred
- Controlled drug record book
- Medicine audits
- Policies and procedures
- Care plans
- Training records
- Medicine storage temperatures.

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 9 September 2015. No requirements or recommendations were made following this inspection.

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: First time	The registered manager must make the necessary arrangements to ensure that personal medication records are fully and accurately maintained at all times.	Met
	Action taken as confirmed during the inspection: The majority of personal medication records which were examined had been maintained in a largely satisfactory manner. A few entries which required updating were addressed at the inspection.	
Requirement 2 Ref: Regulation 13(4) Stated: First time	The registered manager must make the necessary arrangements to ensure that medication administration records are fully and accurately maintained at all times.	Met
	Action taken as confirmed during the inspection: The outcome of the audit trails evidenced that medication administration records had been well maintained. Reasons for omissions were clearly stated.	
Requirement 3 Ref: Regulation 13(4) Stated: First time	The registered manager must make the necessary arrangements to ensure that a record of all incoming medicines is maintained.	Met
	Action taken as confirmed during the inspection: A record of the receipt of all of the medicines audited at the inspection was maintained.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered manager should closely monitor the administration of inhaled medicines to ensure these medicines are administered as prescribed.	Met
	Action taken as confirmed during the inspection: This area of medicines management was included in the audit process. Running stock balances for inhaled medicines were maintained, where possible.	
Recommendation 2 Ref: Standards 30 & 31 Stated: First time	The registered manager should develop the audit process to ensure this includes the maintenance of medicines records.	Met
	Action taken as confirmed during the inspection: Medicine records were reviewed as part of the weekly and monthly audits.	
Recommendation 3 Ref: Standard 31 Stated: First time	The registered manager should closely monitor the disposal of medicines process to ensure records are fully and accurately maintained on every occasion.	Met
	Action taken as confirmed during the inspection: The disposal of medicine records included the relevant medicine information and the dates and staff/ pharmacy representative signatures were recorded.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Several medicines and medicine records were audited at the inspection. The audits produced satisfactory outcomes indicating medicines were administered as prescribed.

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

Systems to manage the ordering of prescribed medicines to ensure adequate supplies were available were reviewed. These were found to be satisfactory.

There were largely satisfactory procedures in place to manage medicine changes; all changes were confirmed in writing and this included high risk medicines e.g. warfarin. However, two members of trained staff had not signed and verified the transcribed direction.

Most of the medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Records of the prescribing, ordering, receipt, administration, non-administration, disposal of and transfer of medicines were maintained. A small number of medicine entries on personal medication records required updating and this was commenced during the inspection. Staff were reminded that the start date must be recorded on all handwritten medication administration records; it was acknowledged that this had been recorded on some but not all occasions.

The controlled drug record book had been appropriately maintained. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included some controlled drugs which do not require safe custody which is good practice.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

Is Care Effective? (Quality of Management)

There were written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs in Tennent Street. These were readily displayed for staff reference in the treatment room.

Medicines were managed by staff who had been trained and deemed competent to do so. The impact of training was monitored through quarterly supervision and annual appraisal. Staff were provided with training in medicines management on an annual basis. Additional training in diabetes and hypoglycaemia had also been completed. Records of training and staff competency in medicines management were provided at the inspection. Competency assessments were completed annually. A list of the names, signatures and initials of staff authorised to administer medicines was maintained.

Arrangements were in place to audit the practices for the management of medicines. This consisted of records of running stock balances for several medicines which were not included in the 28 day blister packs, and weekly/monthly audits by senior care staff and the registered manager. The community pharmacist had also completed audits. A review of the audit records indicated that satisfactory outcomes had been achieved. The audit process was facilitated by the good practice of recording the date and time of opening on the medicine containers.

The registered manager confirmed that compliance with prescribed medicines regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents' health were reported to the prescriber.

There was a system in place to report, analyse and learn from medicine related incidents.

Is Care Compassionate? (Quality of Care)

Where medicines were prescribed on a “when required basis” for the management of distressed reactions, the relevant details were recorded on the personal medication records and care plans. There were arrangements in place to evaluate the resident’s care plan each month. These medicines had not been administered in some time. From discussion with the staff, it was concluded that staff were familiar with circumstances when to administer these medicines and were aware that a change in a resident’s behaviour may be associated with pain.

The sample of records examined indicated that medicines which were prescribed to manage pain were recorded on the resident’s personal medication record and had been administered as prescribed. A pain tool was in use as needed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Care plans in relation to pain management were in place and evaluated monthly.

Areas for Improvement

The transcribing of medicine details on warfarin administration records and medication administration records should be verified and signed by two members of trained staff on every occasion. A recommendation was made.

Number of Requirements	0	Number of Recommendations	1
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5.4 Additional Areas Examined

Medicines were stored safely and securely. Storage areas were tidy and organised. Satisfactory arrangements were in place for the monitoring of the temperature of medicine storage areas and the management of medicine keys.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Jacquelyn Grace Cairns, 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 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 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.

6.2 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 requirements and 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

No requirements were made following this inspection

Recommendations

Recommendation 1 Ref: Standard 31 Stated: First time To be Completed by: 26 November 2015	<p>It is recommended that the transcribing of medicine information on medicine records is witnessed by two members of trained staff on every occasion.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been addressed-two members of trained staff witness the transcribing of medicine information on medicine records on every occasion.</p>
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Registered Manager Completing QIP	Jackie Cairns	Date Completed	14.12.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	14.12.15
RQIA Inspector Assessing Response	Judith Taylor	Date Approved	16.12.15

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