



The Regulation and
Quality Improvement
Authority

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN020771
Establishment ID No:	1660
Name of Establishment:	Towell House
Date of Inspection:	12 February 2015
Inspectors' Names:	Cathy Wilkinson and Rachel Lloyd

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Towell House
Type of home:	Residential Care Home
Address:	57 Kings Road Belfast BT5 7BS
Telephone number:	(028) 9040 1642
E mail address:	generalmanager@towellhouse.co.uk
Registered Organisation/ Registered Provider:	The Towell Building Trust Mrs Gillian Sarita Brooker
Registered Manager:	Mrs Gillian Millar
Person in charge of the home at the time of Inspection:	Mrs Gillian Millar
Categories of care:	RC-DE, RC-I, RC-PH
Number of registered places:	84
Number of patients accommodated on day of inspection:	76
Date and time of current medicines management inspection:	12 February 2015 10:30 – 13:30
Names of inspectors:	Cathy Wilkinson Rachel Lloyd
Date and type of previous medicines management inspection:	9 February 2012 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 Gillian Millar, Registered Manager, and the 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

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 inspectors 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

Towell House is a large residential home at the corner of Kings Road and the Knock dual carriageway in East Belfast. While the original building dates back over 50 years, a more modern extension was built 10 years ago adding accommodation for an additional 24 residents. Altogether the home caters for 84 residents, all in single rooms with the exception of four double rooms available for couples in the new wing. Rooms in the new wing are all en suite.

The home is in its own grounds with a large garden area at the rear and ample car parking spaces. There are a good range of sitting rooms including the large open plan room near the entrance, a large dining room for residents in the original building, a central kitchen, a lift and many other sitting areas, kitchenettes and two small dining rooms in the extension where the residents on each floor have their meals.

The home is owned and managed by the Towell Building Trust, a long established voluntary organisation.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Towell House was undertaken by Cathy Wilkinson and Rachel Lloyd, RQIA Pharmacist Inspectors, on 12 February 2015 between 10:30 and 13:30. 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 inspectors examined the arrangements for medicines management within the home and focused on three of 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

During the course of the inspection, the inspectors met with Mrs Gillian Millar, Registered Manager, and 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 in Towell House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern; however, one area for improvement was noted.

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

The five recommendations which were made at the previous medicines management inspection on 9 February 2012 were examined and assessed as compliant. The registered manager and staff are commended for their efforts.

There is a programme of medicines management training and records were available for inspection.

Policies and procedures for the management of medicines are available. The registered manager confirmed by email on 13 February 2015 that Standard Operating Procedures for the management of controlled drugs were available.

The outcomes of the audits which were carried out at this inspection indicated that medicines are being administered as prescribed.

Records had been maintained in a satisfactory manner.

Storage was observed to be tidy and organised. The management of the medicines refrigerators requires improvement to ensure that they are maintained within the required temperature range of 2°C to 8°C and that the thermometers are reset daily.

The inspection attracted one requirement which is detailed in the Quality improvement Plan that is issued with this report.

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 9 February 2012:

No requirements were made following the previous medicines management inspection.

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	30	In order to facilitate audit activity, the dates of opening should be routinely recorded on all medicines including Movicol, Fybogel and analgesic preparations. Stated twice	The dates of opening had been recorded on these medicines.	Compliant
2	31	Two staff members should sign/initial new entries to the personal medication record and any handwritten entries on the MARs sheets. Stated twice	This practice had been implemented.	Compliant
3	31	The date of writing should be recorded on all personal medication records. Stated once	The date of writing had been recorded.	Compliant
4	31	A full record of medicines transferred to residents for self-administration must be maintained. Stated once	A record of the transfer of medicines is maintained.	Compliant
5	31	The allergy status should be highlighted on the personal medication record. Stated once	The allergy status had been recorded.	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: This inspection indicated that the arrangements for the management of medicines were compliant with legislative requirements and current minimum standards. The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. Prescriptions are received and checked by the home before being dispensed by the pharmacy. Written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home; this was observed for two residents during the inspection. The management of medicines prescribed for distressed reactions was examined for one resident. The prescribed medicine dosage was detailed on the personal medication record. A record of the administration had been made and there was evidence that the medicine usage was frequently audited. Details of the reason for and the outcome of the administration are not generally recorded and this was discussed with the senior carer and the registered manager who agreed to review this resident's records following the inspection. The administration of medicines for Parkinson's was discussed. Staff were knowledgeable regarding the importance of adhering to strict times of administration of these medicines. The registered manager advised that staff were planning on completing an audit of the times of administration of these medicines to one resident.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines are in place. They were available for inspection.</p> <p>The registered manager confirmed by email on 13 February 2015 that Standard Operating Procedures for the management of controlled drugs were available.</p>	Compliant
<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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager advised that training on the management and administration of medicines is provided for designated staff annually. Competency assessments are also completed annually and more often if required.</p> <p>There is a list of the names, signatures and initials of senior staff who have been trained and deemed competent to administer medicines.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager advised that supervision is carried out with staff regularly and there is annual staff appraisal.</p>	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Training in specific techniques is not required at present.</p>	<p>Not applicable</p>
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Medication incidents are routinely reported to RQIA and appropriate action has been taken to manage any medication related incidents that have occurred.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Out of date and discontinued medicines are returned to the community pharmacy for disposal.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Recorded evidence of the medicines management audit activity is maintained. Daily stock checks are completed for all medicines not contained within the blister pack system. Audits are also completed by the Quality Assurance Auditor on a regular basis. The robust governance arrangements were reflected in the outcome of this inspection.</p> <p>The date and time of opening had been recorded on medicine containers which facilitates the audit process.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

INSPECTORS' OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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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:	
Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	Compliant
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>The personal medication records and medication administration records which were reviewed at this inspection had been maintained in a satisfactory manner. Staff are commended for their ongoing efforts.</p> <p>Medicines administration records (MARs) had been fully and accurately maintained. Explanations for non-administration of medicines were routinely detailed on the reverse of the MARs.</p> <p>Bisphosphonate tablets were observed to be recorded as administered at the same time as the other morning medicines. The registered manager confirmed that these medicines are given before the morning medicines and are stored separately from them for this reason. It was agreed that the time of administration recorded on the MARs would be amended to reflect practice.</p> <p>Records for the receipt and disposal of medicines had been maintained in a satisfactory manner.</p>	Compliant

STANDARD 31- MEDICINE RECORDS

Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
Observation of the controlled drug record books indicated that records had been maintained in a satisfactory manner.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 32 - MEDICINES STORAGE
Medicines are safely and securely stored

Criterion Assessed:	COMPLIANCE LEVEL
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Satisfactory arrangements were observed to be in place for the storage of medicines. There was sufficient storage space for medicines within the medicine trolleys and the overstock cupboards.</p> <p>There are two medicines refrigerators available in the home. The management of the medicines refrigerators requires improvement to ensure that they are maintained within the required temperature range of 2°C to 8°C and the thermometers are reset daily. This was discussed with the registered manager and staff during the inspection. A requirement has been made.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Inspection Findings:	
The keys of the medicine trolleys and controlled drugs cabinet were observed to be in the possession of the designated staff members.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Inspection Findings:	
Schedule 2 and 3 controlled drugs are reconciled daily.	Compliant

STANDARD 32 - MEDICINES STORAGE

INSPECTORS' OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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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 Gillian Millar, 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:

Cathy Wilkinson
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 INSPECTION

**TOWELL HOUSE
12 FEBRUARY 2015**

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 Gillian Millar, Registered Manager**, 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 REQUIREMENT

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 manager must ensure that the medicine refrigerators are maintained within the required temperature range of 2°C to 8°C and the thermometers are reset daily. Ref: Criterion 32.1	One	All medicine refrigerators are checked daily to ensure they are operating within the required parameters and the thermometers are reset daily and this is all documented.	16 March 2015

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 and return to [pharmacists @rqia.org.uk](mailto:pharmacists@rqia.org.uk)

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Gillian Millar
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Jill Brooker

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	23/03/2015
B.	Further information requested from provider				