Unannounced Medicines Management Inspection Report
3 November 2016

Tullywest Manor

Type of Service: Residential Care Home
Address: 12 Tullywest Road, Saintfield, BT24 7LX
Tel no: 028 9751 1234
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Tullywest Manor took place on 3 November 2016 from 10.20 13.50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. One area of improvement was identified in relation to care plans for the management of distressed reactions. A recommendation was made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. Residents consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations were made.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Philip McCleery, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 July 2016.

2.0 Service details

Registered organisation/registered person: Tullywest Manor/Mr James McKelvey Mrs Anne McCleery	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Mr Philip James McCleery – Acting – no application required	**Date manager registered:** Acting – no application required
Categories of care: RC-I, RC-PH(E), RC-DE, RC-PH	**Number of registered places:** 26

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We spoke with two residents, a senior carer and the acting manager.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection 14 August 2013

Last medicines management inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that oxygen cylinders are stored securely.	**Met**
	Action taken as confirmed during the inspection: The oxygen cylinder was not stored securely at the time of the inspection. The acting manager confirmed (via telephone call) that the oxygen cylinder had been chained to the wall the day after the inspection. This requirement was therefore assessed as met and not restated.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 30 **Stated:** Second time	The registered manager should ensure that appropriate safe handling guidelines are available for staff when cytotoxic medicines are in use.	**Met**
	Action taken as confirmed during the inspection: The acting manager confirmed that this had been addressed following the last medicines management inspection. Cytotoxic medicines were not in use at the time of the inspection.	

Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs specific to Tullywest Manor are developed and implemented.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures for the management of controlled drugs were in place.	
Recommendation 3 **Ref**: Standard 30 **Stated:** First time	A list of the names, signatures and initials of carers who have been trained and deemed competent to administer external preparations should be maintained.	**Met**
	Action taken as confirmed during the inspection: A list of the names, signatures and initials of carers who have been trained and deemed competent to administer external preparations was in place/available for inspection.	
Recommendation 4 **Ref**: Standard 31 **Stated:** First time	In the interests of safe practice two members of staff should verify and sign all hand-written updates on the medication administration record sheets (MARs).	**Met**
	Action taken as confirmed during the inspection: A small number of hand-written updates on the medication administration record sheets (MARs) had not been verified and signed by two designated members of staff. The acting manager and senior carer advised that this would continue to be closely monitored. Due to the assurances provided this recommendation has been assessed as met.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through supervision. Competency assessments were completed following induction and annually thereafter. The acting manager advised that refresher training on medicines management is planned for January 2017.

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

There were mostly satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and the majority of hand-written updates on the medication administration records were updated by two members of staff. This safe practice was acknowledged. The acting manager was reminded that when a dosage direction has changed the original entry must be discontinued and a new entry made; the original entry must not be amended. It was acknowledged that details of the date of the amendment and prescriber had been recorded in the comments section of the personal medication records.

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

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. One missed entry in the controlled drug record book was highlighted for corrective action.

The management of warfarin was reviewed. Dosage directions were received in writing. These directions were then transcribed onto a separate administration chart; the transcriptions had not been verified and signed by two designated members of staff. Running stock balances were being maintained. It was agreed that staff would refer to the original dosage directions at each administration so that transcribing of doses would not be necessary.

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

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. Detailed care plans for the management of distressed reactions were not in place. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that all residents could verbalise any pain.

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

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the deputy manager. Staff on duty confirmed that if any issues were identified they would be discussed with designated members of staff for corrective action.

Following discussion with the acting manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

Detailed care plans for the management of the distressed reactions should be in place. A recommendation was made.

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

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

We spoke with two residents who advised that they were very happy with the care provided in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.6 Is the service well led?

The acting manager confirmed that written policies and procedures for the management of medicines were in place; these were not examined during the inspection. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

Following discussion with the acting manager and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff either individually or via team meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Philip McCleery, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 5 December 2016	The registered provider should ensure that detailed care plans for the management of distressed reactions are in place.
	Response by registered provider detailing the actions taken: Care plans have now been updated to include details for the management of distressed reactions.

The Regulation and Quality Improvement Authority

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