

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN020814
Establishment ID No:	1662
Name of Establishment:	Twisel Lodge
Date of Inspection:	12 November 2014
Inspector's Name:	Cathy Wilkinson

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

Name of home:	Twisel Lodge
Type of home:	Residential Care Home
Address:	19a Church Avenue Holywood BT18 9BJ
Telephone number:	(028) 9042 8458
E mail address:	twisellodge@cedar-foundation.org
Registered Organisation/ Registered Provider:	The Cedar Foundation Ms Isobel Leslie
Registered Manager:	Ms Andrea Campbell (Registration pending)
Person in charge of the home at the time of Inspection:	Ms Andrea Campbell
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	8
Number of residents accommodated on day of inspection:	7
Date and time of current medicines management inspection:	12 November 2014 11:00 – 12:40
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	26 July 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 Ms Andrea Campbell, Manager
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

Twisel Lodge is situated within the geographical area of the South Eastern Health and Social Care Trust. It is located near the centre of Holywood, in a residential area, close to amenities.

The accommodation consists of eight single bedrooms, a lounge/dining area, a multi-sensory/quiet room, kitchen, utility room and two specially equipped bathrooms on the ground floor.

There is also a staff room which has been added to the rear of the building and office space and staff "sleepover room" are located on the first floor. The home also provides for catering and laundry services. Some off street car parking is available at the entrance of the home.

The home provides long term care for seven residents with a learning disability, associated physical difficulties; some of whom may have an acquired brain injury. The home has one respite care place which has been in operation since September 2008.

The home is registered to provide care for a maximum of eight persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

The residential home is owned and operated by The Cedar Foundation. The current manager is Andrea Campbell who has been in post since April 2014.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Twisel Lodge was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 12 November 2014 between 11:00 and 12:40. 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 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 inspector met with Ms Andrea Campbell, Manager, and staff on duty. 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

Twisel Lodge are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern; however, areas for improvement were 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 three requirements and four recommendations which were made at the previous medicines management inspection on 26 July December 2011 were examined during the inspection. The inspectors' validation of compliance is detailed in section 5 of this report.

There is a programme of medicines management training.

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 refrigerator requires further attention to ensure that an accurate daily record of the current, maximum and minimum fridge temperature is maintained.

The inspection attracted one requirement and one recommendation which are detailed in the Quality Improvement Plan.

The inspector would like to thank the 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 26 July 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that out of date medicines are not available in the home. Stated once	All medicines were in date at the time of this inspection.	Compliant
2	13(4)	An up-to-date photograph must be in place for each resident. Stated once	Each resident had a photograph attached to their personal medication record.	Compliant
3	13(4)	A daily record of the current, maximum and minimum fridge temperature must be maintained. Stated twice	A new thermometer was obtained by the home on 8 December 2014 and the temperature readings were obtained. These were outside of the acceptable range. Further training in monitoring the refrigerator temperature is required.	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	An up-to-date medicines reference source should be made available. Stated once	A current medicine reference source is available.	Compliant
2	31	Two members of staff should verify and initial all entries on the personal medication records. Stated once	This was observed on all the records that were examined.	Compliant
3	32	The registered manager should have access to a spare set of medicine keys. Stated once	There is a spare set of medicines keys available.	Compliant
4	30	The registered manager should regularly monitor the maintenance of the daily fluid intake charts to ensure that they are being accurately maintained and totalled each day. Stated once	No current residents require a fluid balance chart. One chart completed several months ago was examined. It had been fully completed but had not been totalled. The manager advised that this would be closely monitored in future.	Substantially 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 substantially 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. A few medicines did not have the date of opening recorded and could not be audited. This included two food supplements that, once opened, have a limited shelf life. The manager should ensure that all medicines are marked with the date of opening to facilitate audit and disposal once expired. A recommendation has been made.

A photocopy of the prescriptions are received and checked by the home before being dispensed by the pharmacy.

The manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home. The manager advised that medicine regimes for residents availing of respite care are confirmed with the next of kin and the general practitioner before the period of respite.

Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
Policies and procedures for the management of medicines, including standard operating procedures for the management of controlled drugs, are in place. They were provided for inspection.	Compliant
Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The 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. A list of the names, signatures and initials of care staff who have been trained and deemed competent to administer external preparations and thickening agents is also maintained.</p>	Compliant
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 manager advised that supervisions are carried out with staff at regular intervals and there is annual staff appraisal.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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 the management of PEG tubes and the administration of buccal midazolam had been completed by relevant staff. Records were available for inspection.	Compliant
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
Four medication incidents have been reported to RQIA since April 2014. They had been managed appropriately.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Out of date and discontinued medicines are returned to the community pharmacy.	Compliant
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:	
Recorded evidence of the medicines management audit activity is maintained. Medicines that are not contained within the blister pack system are audited regularly.	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:	
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>Records for the receipt and disposal of medicines had been maintained in a satisfactory manner.</p> <p>Records of medicines transferred out of the home to the day centre were 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:	
Schedule 2 controlled drugs are not currently prescribed for any residents.	Not applicable

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

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:

Satisfactory arrangements were observed to be in place for the storage of medicines. There was sufficient storage space for medicines within the medicine trolley.

During the inspection it was noted that the current refrigerator temperature had been monitored daily. It was observed that the maximum and minimum temperatures of the medicines refrigerator had not been monitored. The staff advised on 8 December 2014 that a maximum/minimum thermometer had been obtained and staff were recording the temperatures appropriately. Paul Nixon, RQIA Pharmacist Inspector, visited the home on 10 December 2014 to ensure that appropriate arrangements were in place. During that visit, it was noted that the maximum and minimum temperature readings were outside of the required range and that the thermometer had not been reset each day. The manager must ensure that staff are provided with training to ensure that the refrigerator is maintained within the required range and that the temperature range is accurately recorded each day. A requirement has been made.

Substantially compliant

STANDARD 32 - MEDICINES STORAGE

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 keys of the medicine trolleys were observed to be in the possession of the registered manager.	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:	
Schedule 2 controlled drugs are not prescribed for any residents.	Not applicable
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 **Ms Andrea Campbell, 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
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

TWISSEL LODGE
12 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 specific actions set out in the Quality Improvement Plan were discussed with **Ms Andrea Campbell, 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 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 manager must ensure that staff are provided with training on monitoring the refrigerator temperature. Ref: Criterion 32.1	One	A procedure has been developed to detail the process of recording and resetting the thermometer to give the correct reading. This procedure has been signed off by all Senior staff and Acting Manager. Along with the procedure a new table has been developed. A new column has been inserted for the Senior staff to tick that they have reset the button daily.	12 January 2015

RECOMMENDATION

This recommendation is based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. It promotes 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 manager should ensure that all medicines are marked with the date of opening to facilitate audit and disposal once expired. Ref: Criterion 30.1	One	All staff have been advised that the date of opening should be indicated on all medication including food supplements. Staff to check when opened and if it is within shelf life of opening (14 days). To be monitored during twice weekly audits.	12 January 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

NAME OF REGISTERED MANAGER COMPLETING QIP	Cathy Busby
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Eileen Thomson

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