The Regulation and Quality Improvement Authority

Garryduff House
RQIA ID: 1696
2 Garryduff Road
Ballymoney
BT53 7AF

Inspector: Judith Taylor
Inspection ID: IN021913

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Unannounced Medicines Management Inspection of Garryduff House

16 April 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 16 April 2015 from 10:50 to 13:10.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) appended to this report.

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 24 April 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 Ms Judith Pattison (Person-in Charge/Team Leader) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Triangle Housing Association Mr Christopher Harold Alexander	**Registered Manager:** Ms Jacqueline Peacock
Person in Charge of the Home at the Time of Inspection: Ms Judith Pattison (Team Leader)	**Date Manager Registered:** 1 April 2005
Categories of Care: RC-LD, RC-LD(E)	**Number of Registered Places:** 7
Number of Residents Accommodated on Day of Inspection: 5	**Weekly Tariff at Time of Inspection:** £ 945.51

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicine management inspection and to determine if the following standards and themes have been met:

Standard 30: Management of Medicines
Standard 31: Medicine 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:

Prior to the inspection, the inspector reviewed the management of any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection, the inspector met with the team leader who was also the person in charge.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records
Controlled drug record books
Care plans
Medicine audits
Policies and procedures
Training records

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 11 December 2014. The completed QIP was returned and approved by the care inspector.

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 twice	The necessary improvements must be made to the maintenance of personal medication records.	**Met**
	Action taken as confirmed during the inspection: The sample of personal medication records which were examined had been maintained in the required manner.	
Requirement 2 **Ref:** Regulation 13(4) Stated once	The registered manager must ensure that records of the administration of external preparations are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that external preparations had been administered as prescribed and records of the administration had been accurately maintained.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 30 Stated once	In the absence of the prescriber's signature on personal medication records, a copy of prescriptions should be kept in the home and replaced when any changes are made.	**Met**
	Action taken as confirmed during the inspection: The signature of the resident's prescriber was recorded on the personal medication records examined. Staff advised that this is routine practice. Copies of acute prescriptions are kept in the home.	
Recommendation 2 **Ref:** Standard 30 Stated once	The registered manager should further develop the medicines management policies to ensure they include the management of thickening agents.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed by telephone that thickening agents are included in the policies and procedures.	
Recommendation 3 **Ref:** Standard 30 Stated once	The registered manager should develop Standard Operating Procedures for controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The medicines management policy and procedures had been updated in August 2014 and include the management of controlled drugs.	
Recommendation 4 **Ref:** Standard 30 Stated once	The registered manager should ensure that the required consistency level of thickened fluids is recorded in the care plan, personal medication record and administration record.	**Met**
	Action taken as confirmed during the inspection: The required consistency level of thickened fluids is recorded in the resident's care plan, personal medication record and administration record.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 5 Ref: Standard 30 Stated once	The registered manager should update one resident's care plan regarding the administration of medicines by crushing tablets or opening capsules.	**No longer applicable**
	Action taken as confirmed during the inspection: The completed QIP from the previous medicines management inspection stated that this had been addressed at that time. There were no residents who required the administration of medicines by crushing tablets or opening capsules at the time of the inspection.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were administered in accordance with the prescriber's instructions. The audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes.

Although there had been no new admissions to the home for some time, the person in charge advised that written confirmation of medicine regimes is obtained for each resident at the time of admission.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage. It was confirmed that the current system worked well and the medicines, the medicine order and personal medication records are used to check medicines at the time of receipt.

Medicines are prepared immediately prior to their administration from the container in which they are dispensed. All of the medicines examined at the inspection had been labelled appropriately. This included those medicines which had been supplied in seven day blister packs.

There are satisfactory systems in place to manage any medicine changes. A separate document detailing the medicine change is maintained for each resident and is located in the medicines folder for ease of reference. This is good practice.

Medicine records are legible and accurately maintained so as to ensure that there is a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines are maintained. All of the personal medication records which were examined had been signed by the resident's prescriber.

There were no controlled drugs which would be subject to the safe custody legislation held in stock. The good practice of maintaining a controlled drug record book for two previously prescribed controlled drugs (one Schedule 3 and one Schedule 4) was acknowledged.

Any medicines which are discontinued or are unsuitable for use are returned to the community pharmacy for disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines in Garryduff House are in place. These were updated in August 2014.

Medicines are managed by staff who have been trained and deemed competent to do so. An induction process is in place. General medicine management training is provided annually and training in the use of the administration of buccal midazolam is provided every two years. The next training is planned for May 2015. The impact of training is monitored through supervision and appraisal. Staff performance reviews and development activity meetings are held every six months.

There are arrangements in place to note any compliance issues with medicine regimes and these are reported to the resident's prescriber.

Practices for the management of medicines are audited each week. In addition, running stock balances are maintained for a small number of medicines such as antibiotics and liquids. The registered manager and the community pharmacist also complete audits. A review of the audit records indicated that largely satisfactory outcomes had been achieved and in the instances where a discrepancy had been identified, a reason had been recorded. The audit process is facilitated by the good practice of recording the date of opening on the container.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. The reported incidents had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The opening of capsules or crushing of tablets to facilitate administration was discussed. This no longer occurs, as the administration of medicines for the resident had been reviewed and medicines are now supplied in soluble/liquid formulations.

At the time of this inspection, residents were not prescribed medicines for administration on a 'when required' basis for the management of distressed reactions.

In the instances where a pain controlling medicine is prescribed, the parameters for administration are clearly recorded on the resident's personal medication record. The medicines had been administered in accordance with the prescribed directions. A separate record detailing a running stock balance for analgesics and the reason for the administration is recorded. This is good practice. There was evidence that pain controlling medicines are also included in the weekly audit trails.

From discussion with the staff member, it was evident that staff are aware of the signs, symptoms and triggers of pain in residents. Staff are aware that ongoing monitoring is necessary to ensure the pain is well controlled and the resident is comfortable. Examples of how pain would be communicated were provided.

There are systems in place to report any increased frequency in the use, or lack of effect of these medicines to the resident's prescriber. There was evidence that the prescriber had been contacted and recently changed one analgesic medicine to ensure better pain control for the resident.

Areas for Improvement

In the instances were a resident is prescribed medicines for the management of pain, on a 'when required' basis, a care plan is not in place. It is recommended that a care plan is developed.

Number of Requirements:	0	**Number of Recommendations:**	1

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Judith Pattison (Team Leader) 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 HPSS (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.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager/registered person to 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 by the registered manager. 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

Recommendation

Recommendation 1 **Ref**: Standard 30 **Stated: First time** **To be Completed by:** **17 May 2015**	It is recommended that the registered person should ensure that a care plan is maintained for residents who are prescribed medicines for the management of pain, on a 'when required' basis.
	Response by Registered Person(s) Detailing the Actions Taken: The Registered Mananger has ensured that care plans are in place for residents who are prescribed medicines for the management of pain on a when' required basis'. Each plan details how the individual communicates pain. The directions for use of the prescribed PRN medication. How the frequency of use is monitored How the medication is audited. When PRN medications are reviewed with the GP.

Registered Manager Completing QIP	Jacqui Peacock	**Date Completed**	11/5/15
Registered Person Approving QIP	CHRISTOPHER. H. ALEXANDER	**Date Approved**	11/5/15
RQIA Inspector Assessing Response		**Date Approved**	

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

Quality Improvement Plan			
RQIA Inspector Assessing Response	Judith Taylor	**Date Approved**	22 May 2015