



The Regulation and
Quality Improvement
Authority

Residential Care Home Secondary Unannounced Pharmacy Inspection

Inspection No:	IN020816
Establishment ID No:	1698
Name of Establishment:	Marriott House
Date of Inspection:	22 January 2015
Inspector's Name:	Cathy Wilkinson

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:	Marriott House
Type of home:	Residential Care Home
Address:	30 Castledawson Road Magherafelt BT45 6PA
Telephone number:	028 7930 1100
E mail address:	andrew.johnston@clanmil.org.uk
Registered Organisation/ Registered Provider:	Clanmil Housing Association Ms Clare Imogen McCarty
Registered Manager:	Mr Andrew Gregg Johnston
Person in charge of the home at the time of inspection:	Mr Andrew Gregg Johnston
Categories of care:	RC-I
Number of registered places:	13
Number of residents accommodated on day of inspection:	12
Date and time of current medicines management inspection:	22 January 2015 10:50 – 12:50
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	31 May 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 Mr Andrew Johnston, Registered Manager and 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 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

Marriott House is situated on the Castledawson Road on the outskirts of the town of Magherafelt.

The residential care home is owned and operated by Clanmil Housing Association. The registered manager is Mr Andrew Johnston who has been in this position for approximately 10 years.

Accommodation for residents is provided on single en-suite room bedrooms over two floors. Access to the first floor is via a passenger lift and stairs.

Communal lounges are provided for in either floor of the home, with a dining room on the ground floor.

The home is registered to provide care for a maximum of 13 persons.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Marriott House was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 22 January 2015 between 10:50 and 12:50. 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 Mr Andrew Johnston, Registered 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 Marriott 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, some 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 six requirements and three recommendations which were made at the previous medicines management inspection on 31 May 2011 were examined. Three of the six requirements were assessed as compliant; the other three requirements could not be assessed and have been carried forward to be examined at the next medicines management inspection. Two of the three recommendations were assessed as compliant and the other is no longer applicable. The registered manager and staff are commended for their efforts.

There is a programme of medicines management training.

Policies and procedures for the management of medicines are available. In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures, specific to Marriott House, must be available for the management of controlled drugs. This was discussed with the registered manager.

The outcomes of the audits which were carried out at this inspection indicated that medicines are being administered as prescribed. The registered manager should ensure that bisphosphonate tablets are being administered in accordance with the manufacturers' instructions.

Medicine records had been maintained in a satisfactory manner.

Storage was observed to be tidy and organised. The management of the medicines refrigerator is satisfactory; it is maintained within the required temperature range and the thermometer is reset daily.

The inspection attracted three requirements which have been carried forward from the previous medicines management inspection and two recommendations. These are detailed in the Quality improvement Plan that is issued with this report.

The inspector 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 31 May 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Robust systems must be put in place to ensure that personal medication records are checked and verified for accuracy on a routine basis. Stated twice	The personal medication records were fully and accurately maintained.	Compliant
2	13(4)	An accurate medicine administration record must be maintained. Stated twice	The medicine administration record was fully and accurately maintained.	Compliant
3	13(4)	Blood glucometers must be maintained in accordance with the manufacturer's instructions. Stated twice	Blood glucometers are not in use in the home at this time. The requirement is carried forward for examination at the next medicines management inspection	Not inspected
4	13(4)	The fridge temperatures, maximum, minimum and current must be recorded daily when medicines are stored in the fridge. Stated twice	The refrigerator temperature is monitored and recorded daily.	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The management of warfarin must be reviewed and revised. Stated once	No residents are currently prescribed warfarin. The requirement is carried forward for examination at the next medicines management inspection	Not inspected
6	13(4)	Protocols for the self-administration of medicines must be updated. Stated once	No residents currently self-administer medicines. The requirement is carried forward for examination at the next medicines management inspection	Not inspected

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	Medicine audits should include all prescribed medicines including inhaled medicines, liquid medicines and nutritional supplements and a review of the standard of completion of medicine records. Stated once	A robust audit system is now in place.	Compliant
2	30	The list of staff names initials and signatures of those staff authorised to administer medicines should be updated. Stated once	This list is in place.	Compliant
3	30	A daily count of nutritional supplements must be implemented for Resident A. Stated once	This resident no longer resides in the home.	No longer applicable

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES
Medicines are handled safely and securely.

<p>Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>This inspection indicated that the arrangements for the management of medicines were compliant with legislative requirements and current minimum standards.</p> <p>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.</p> <p>Prescriptions are received and checked by the home before being dispensed by the pharmacy.</p> <p>The registered manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home.</p> <p>The management of medicines prescribed for distressed reactions was examined. 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 generally detailed in the resident's notes.</p> <p>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.</p>	<p align="center">Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

Inspection ID: IN020816

<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines are in place. They were available for inspection.</p> <p>In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures, specific to Marriott House, must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures:</p> <ul style="list-style-type: none"> • Ordering, transport and receipt • Safe storage Administration • Disposal • Record keeping • Management of errors and incidents. <p>A recommendation has been made.</p>	<p>Substantially compliant</p>
<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>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager advised that training on the management and administration of medicines is provided for designated staff annually. The last training had been completed on 15 January 2015. 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>	<p>Compliant</p>
<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>	<p>COMPLIANCE LEVEL</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

Inspection ID: IN020816

Inspection Findings:	
The registered manager advised that supervision is completed with staff at three monthly intervals and there is annual staff appraisal.	Compliant
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 specific techniques is not required at present.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
No medication incidents have been reported to RQIA since April 2014. The registered manager advised that should incidents occur they would be reported.	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 for disposal.	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

STANDARD 30 - MANAGEMENT OF MEDICINES

Inspection ID: IN020816

Inspection Findings:	
<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 independent auditors from within the organisation 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>

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

STANDARD 31- MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

<p>Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 31.2 The following records are maintained:</p> <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<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. The registered manager was reminded that updates to the record should also be verified and signed by two staff members.</p> <p>Medicines administration records (MARs sheets) had been fully and accurately maintained. Explanations for non-administration of medicines were routinely detailed on the reverse of the MARs sheet.</p> <p>Bisphosphonate tablets were observed to be recorded as administered at the same time as the other morning medicines. The registered manager should ensure these medicines are being administered at least 30 minutes before food and any other medicines in accordance with the manufacturers' instructions. The personal medication records and MARs sheets should reflect this practice. A recommendation has been made.</p> <p>Records for the receipt and disposal of medicines had been maintained in a satisfactory manner.</p>	<p align="center">Substantially compliant</p>

STANDARD 31- MEDICINE RECORDS

Inspection ID: IN020816

<p>Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Observation of the controlled drug record book indicated that records had been maintained in a satisfactory manner.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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 and the overstock cupboard. The refrigerator temperature is monitored daily. The maximum and minimum temperatures of the medicines refrigerator had been maintained within the acceptable range of 2°C to 8°C. The thermometer is reset each daily.	<p align="center">Compliant</p>

STANDARD 32 - MEDICINES STORAGE

Inspection ID: IN020816

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The keys of the medicine trolley and the controlled rugs cupboard were observed to be in the possession of the designated staff member.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Schedule 2 and 3 controlled drugs are reconciled daily.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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 **Mr Andrew Johnston, 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
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

**MARRIOTT HOUSE
22 JANUARY 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 **Mr Andrew Johnston, 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 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)	Blood glucometers must be maintained in accordance with the manufacturer's instructions. Ref: Section 5.0 (carried forward)	Two	Currently not applicable at Marriott House. No blood glucometers in use.	On-going
2	13(4)	The management of warfarin must be reviewed and revised. Ref: Section 5.0 (carried forward)	One	There are no residents using warfarin at Marriott House at present.	On-going
3	13(4)	Protocols for the self-administration of medicines must be updated. Ref: Section 5.0 (carried forward)	One	NOT CURRENTLY APPLICABLE AT MARRIOTT HOUSE.	On-going

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote 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 registered manager should ensure that Standard Operating Procedures for the management of controlled drugs are developed? Ref: Criterion 30.2	One	STANDARD OPERATING PROCEDURES COMPLETED 24TH FEB 2015	22 April 2015
2	31	The registered manager should ensure that bisphosphonate tablets are being administered in accordance with the manufacturers' instructions. Ref: Criterion 31.2	One	KARDEX AMENDED TO ENSURE BISPHOSPHONATE TABLETS ADMINISTERED 1/2 HOUR BEFORE OTHER MEDICATION OR FOOD.	22 February 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	Andrew Johnston.
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Clare McCarty

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		Awang	23/3/15
B.	Further information requested from provider				