

# Unannounced Medicines Management Inspection Report 22 January 2018



## Marriott House

Type of service: Residential Care Home  
Address: 30 Castledawson Road, Magherafelt, BT45 6PA  
Tel No: 028 7930 1100  
Inspector: Catherine Glover

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 13 beds that provides care for residents with a range of needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Clanmil Housing Association  <b>Responsible Individual:</b> Ms Clare Imogen McCarty	<b>Registered Manager:</b> Ms Danielle Dawson
<b>Person in charge at the time of inspection:</b> Ms Danielle Dawson	<b>Date manager registered:</b> 14 November 2017
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia A – Past or present alcohol dependence	<b>Number of registered places:</b> 13  Not more than 13 persons in category I including one named person in category A. A maximum of 5 persons in RC-DE category of care.

### 4.0 Inspection summary

An unannounced inspection took place on 22 January 2018 from 10.00 to 12.10.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to medicines administration, medicine records, medicine storage and the management of controlled drugs.

One area for improvement was identified in relation to updates to the personal medication records and medicine administration records.

Residents were relaxed and comfortable in the home and good relationships with staff were evident.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Danielle Dawson, Registered 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.

## 4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 7 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with two residents, the registered manager and two care staff.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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

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

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 December 2017

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

### 6.2 Review of areas for improvement from the last medicines management inspection dated 22 January 2015

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time	Blood glucometers must be maintained in accordance with the manufacturer's instructions.	<b>No longer applicable</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager advised that the community nurses were monitoring the blood glucose for those residents who require monitoring. This area for improvement is therefore no longer applicable as blood glucometers are not used by staff in the home.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The management of warfarin must be reviewed and revised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no residents prescribed warfarin at the time of this inspection. However, the management of warfarin had been reviewed, there was a policy for the management of warfarin and separate administration charts available for completion should any resident require this medicine in future. This area for improvement has therefore been assessed as met.	

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	Protocols for the self-administration of medicines must be updated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> None of the residents were self-administering medicines at the time of this inspection and the registered manager advised that this had not occurred since the last medicines management inspection. There was a policy in place should any future resident wish to self-administer medicines. This area for improvement has therefore been assessed as met.	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs are developed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Policies and procedures for the management of controlled drugs were included with the medicines management policies.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered manager should ensure that bisphosphonate tablets are being administered in accordance with the manufacturers' instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Bisphosphonates were being administered appropriately.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were generally satisfactory arrangements in place to manage changes to prescribed medicines. However, updates to the personal medication records and handwritten entries on medication administration records were unsigned. These records should be updated and signed by two members of staff. An area for improvement was identified.

There were procedures in place to ensure the safe management of medicines during a resident's admission to 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. Additional checks were also performed on other controlled drugs which is good practice.

Discontinued or expired medicines were disposed of appropriately.

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, however two supplies of eye drops were removed from stock as they had passed the date of expiry. The registered manager agreed to review the procedures for replacing eye drops with staff. The medicine refrigerator was checked at regular intervals.

#### **Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and controlled drugs.



## Areas for improvement

Updates to the personal medication records and handwritten entries on the medicine administration records should be signed and verified by two staff members.

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

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. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a resident 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. A care plan was maintained, however for one person, the details of the two medicines that were prescribed needed to be updated. It was agreed that this would be completed following the inspection.

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 resident was comfortable. Staff advised that most of the residents could verbalise any pain. A care plan was maintained.

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

With the exception of updates to the personal medication records and medicine administration records as stated in Section 6.4, medicine records were generally well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines not included in the blister packs.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

## Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.



**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The administration of medicines to residents was completed in a caring manner. Residents were given time and encouragement to take their medicines. Staff were knowledgeable regarding residents medicines and care needs.

Throughout the inspection, good relationships were observed between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity.

Of the questionnaires that were issued, five were returned from residents and relatives. The responses indicated that they were very satisfied with all aspects of the care.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

**Areas of good practice**

Staff listened to residents and relatives and took account of their views.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly. 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 any medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager and care 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 confirmed that any concerns in relation to medicines management were raised with management. They stated that there were good working relationships within the home.

### Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Danielle Dawson, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with 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).

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 22 February 2018	<p>The registered person shall ensure that updates to personal medication records and handwritten entries on medicines administration records are signed and verified by two staff members.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            This has been highlighted to all senior staff and will be discussed again at medication training. Home Manager will monitor at medication audits.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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