



The Regulation and
Quality Improvement
Authority

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	18428
Establishment ID No:	1772
Name of Establishment:	Trench Park
Date of Inspection:	3 July 2014
Inspector's Name:	Judith Taylor

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Trench Park
Type of home:	Residential Care Home
Address:	28 Trench Park Belfast BT11 9FG
Telephone number:	(028) 9043 0956
E mail address:	janemcgowan@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast Health and Social Care Trust Mr Colm Donaghy
Registered Manager:	Mrs Jane McGowan
Person in charge of the home at the time of Inspection:	Mrs Jane McGowan
Categories of care:	RC-LD ,RC-LD(E)
Number of registered places:	2
Number of residents accommodated on day of inspection:	1
Date and time of current medicines management inspection:	3 July 2014 10:00 – 12:20
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	12 December 2011 Announced

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 announced 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 Mrs Jane McGowan, Registered 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 announced 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 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

Standard 33: Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioners instructions

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

Trench Park is a purpose-built two bedded residential care home which provides respite care for adults with learning disabilities and is set in a residential area off Finaghy Road North. It is part of a complex of facilities, part of which also contains three flats providing supported housing, also for people with learning disabilities.

The home is located in close proximity to local amenities and services. It is of modern design providing ground floor accommodation for two residents. There are two single bedrooms and one large bathroom, suitably equipped for people with disabilities. A comfortable sitting room is provided and kitchen and dining area which is well appointed and homely.

Office and staff facilities are on the first floor. There is limited car parking and outside space at the home.

The home provides respite services to some 30/40 families, mainly from the north and west Belfast areas.

The home is staffed by the registered manager, two deputy managers and a number of residential workers, community support workers and ancillary staff. The trust care staff also provides domiciliary care to a number of service users who live in the adjacent building and to other service users who live within the locality.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Trench Park was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 3 July 2014 between 10:00 and 12:20. 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 the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards:

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage
- Standard 33: Administration of Medicines

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Jane McGowan. 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 Trench Park are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The one requirement which was made at the previous medicines management inspection on 12 December 2011 was examined during the inspection and has been assessed as compliant.

The management of medicines is controlled in a largely satisfactory manner, in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection. The manager and staff are commended for their efforts.

The management of medicines is well controlled and includes policies and procedures which had been updated in May 2014. These should be further developed to include the management of medicines at the end of the period of respite care and standard operating procedures for controlled drugs.

There is a programme of training specific to medicines in this home and records of training and competency are maintained.

There are procedures in place to audit the management of medicines. The outcomes of the audit trails performed at the inspection showed good correlation between prescribed directions and stock balances of medicines.

Robust arrangements are in place for the stock control of medicines.

Medicine records are well maintained and readily facilitated the inspection process. The good standard of record keeping was acknowledged.

A care plan should be developed for the service user who is prescribed anxiolytic medicines on a when required basis.

Medicines are stored safely and securely and are supplied and labelled appropriately.

The inspection attracted two recommendations which are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager for her assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 12 December 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The management of nutritional supplements and thickening agents must be reviewed to ensure medicine records are fully and accurately maintained.</p> <p>Stated once</p>	<p>There was evidence that this had been reviewed. The sample of medicine records pertaining to nutritional supplements and thickening agents had been maintained in the required manner.</p>	<p>Compliant</p>

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Overall, the registered manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. The manager and staff are commended for their efforts.

Written policies and procedures for the management and administration of medicines had been reviewed in May 2014. It was recommended that these should be further developed to include the transfer of medicines at the end of the period of respite care and Standard Operating Procedures for the management of the Schedule 3 and Schedule 4 controlled drugs which are held in stock in Trench Park.

Specialist management plans and care plans pertaining to epilepsy and dysphagia were made available at the inspection. One service user is prescribed medicines on a 'when required' basis for the management of distressed reactions. The parameters of use were clearly recorded on the resident's personal medication record. It was recommended that a care plan should also be maintained. Although this medicine is rarely administered, the registered manager confirmed that any administration would be dually recorded in the medication administration records and also in the daily notes. The need to ensure that the reason for and the outcome of the administration are also recorded, was discussed.

There is a programme of medicines management training. The registered manager confirmed that the relevant staff had been deemed competent in the management of medicines. A training matrix is maintained and includes reference to training in the management of epilepsy, dysphagia and general medicines. A list of names, and signatures of those staff authorised to administer medicines is maintained.

The registered manager advised of the arrangements in place to evaluate the impact of medicines management training. This occurs through annual appraisal, annual competency assessment and quarterly staff supervision.

Written confirmation of medicine regimes is obtained from a healthcare professional in the form of a personal medication record which is usually signed by the resident's general practitioner. In the rare instances where there are medicine changes, procedures are in place to ensure that the relevant staff have been informed. All medicine changes are signed onto the personal medication records by the resident's general practitioner or two trained members of staff.

The registered manager advised that prior to any period of respite care, the resident's carer is contacted to ascertain if there have been any changes in medicines since the previous visit. Also, throughout the year, as part of the audit process, designated staff contact the residents' general practitioners to verify current medicine regimes. This is good practice.

Satisfactory arrangements are in place for the ordering and receipt of medicines.

The management of medicine related incidents was discussed. The registered manager confirmed that there had been no reportable medicine related incidents, however, advised that any such incidents would be reported to the appropriate authorities in accordance with policy and procedures.

There are arrangements in place to audit the practices for the management of medicines. This occurs at the beginning and end of the respite period.

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine Records

The following records are maintained:

- Personal medication record
- Medicines requested and received
- Medicines prescribed
- Medicines administered
- Medicines transferred after each period of respite care.

Each of the above records is maintained in the home. A sample was selected for examination and these were found to be satisfactory. The good standard of record keeping was acknowledged.

A separate record sheet is maintained to record the administration of medicines which are prescribed on a 'when required' basis. This is good practice.

COMPLIANCE LEVEL: Compliant

6.3 Medicine Storage

A small number of medicines were held in stock at the time of the inspection. These were stored safely and securely in locked medicine cupboards. Each resident's medicines are stored in separate cupboards and the good practice of attaching the resident's photograph to the cupboard to facilitate the safe administration of medicines was acknowledged.

Satisfactory arrangements are in place for the management of medicine keys.

Staff advised that controlled drugs which are subject to the safe custody legislation are not prescribed for any resident who receives respite care in Trench Park.

Medicines which require cold storage have not been prescribed for any resident; however, a refrigerator is available if needed.

COMPLIANCE LEVEL: Compliant

6.4 Administration of Medicines

Residents are not responsible for the self-administration of any medicines whilst receiving respite care.

There was evidence that all incoming medicines are labelled by the community pharmacist.

A number of audit trails were performed during the inspection. With the exception of one audit trail which was discussed with the registered manager, the other audit trails produced satisfactory outcomes.

There was no evidence of sharing of medicines. Each resident is administered medicines from their own supply. Medicine doses are prepared at the time of administration only.

Compliance with medicine regimes was discussed. The registered manager confirmed that all residents are compliant with their medicine regimes. In the event of a refusal of a medicine, this is recorded and reported to the relevant persons.

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 **Mrs Jane McGowan, 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:

Judith Taylor
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

TRENCH PARK

3 JULY 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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Jane McGowan, Registered Manager**, during the inspection visit.

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 the 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.

No requirements were made following this inspection.

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 further develop the policies and procedures for medicines management to ensure these include the transfer of medicines at the end of the period of respite care and standard operating procedures for controlled drugs in Trench Park. Ref: Section 6.1	One	The Registered Manager is in the process of developing the policies and procedures to include the transfer of medicines at the end of a period of respite and a standard operating procedure for the use of controlled drugs within the respite facility at Trench Park. This will be completed within the time scale indicated by RQIA (4th October 2014)	4 October 2014
2	30	The registered manager should ensure that care plans are in place for service users who are prescribed the administration of medicines on a 'when required' basis for the management of distressed reactions. Ref: Section 6.1	One	This has now been completed. Care plans for service users now include administration of medicines on a "When required" basis. This includes medication used for distressed reactions, "when required" medication is administered the effect will also be recorded in the care plan.	4 August 2014

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jane McGowan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dilon

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	11/9/14
B.	Further information requested from provider				