



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	14459
Establishment ID No:	1655
Name of Establishment:	36 Squires Hill Crescent
Date of Inspection:	15 January 2014
Inspector's Name:	Paul Nixon

1.0 GENERAL INFORMATION

Name of home:	36 Squires Hill Crescent
Type of home:	Residential Care Home
Address:	36 Squires Hill Crescent Belfast BT14 8RE
Telephone number:	(028) 9071 8138
E mail address:	bernice.kelly@positive-futures.net
Registered Organisation/ Registered Provider:	Positive Futures Mrs Bernice Kelly
Registered Manager:	Mrs Bernice Kelly
Person in charge of the home at the time of inspection:	Mrs Bernice Kelly
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	2
Number of residents accommodated on day of inspection:	2
Date and time of current medicines management inspection:	15 January 2014 11.20 – 12.50
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	Not applicable

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 Mrs Bernice Kelly (Registered Manager) during the inspection

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

36 Squires Hill Crescent is a registered residential care home which is one of a four-house complex in a residential area overlooking North Belfast and Belfast Lough. The service offers supported living and short break / respite services for people with a learning disability, some of whom may have complex needs, high levels of dependency and may present with behaviours that are challenging to others. House number 36 is exclusively for individuals requiring short break/respite care.

The home offers accommodation for up to two residents at any one time. Respite is available on a regular basis of two-three days and up to 10-14 days at a time.

The accommodation has two large bedrooms, two bathrooms appropriately adapted to suit the needs of the people who are supported, and a comfortable living / dining room. Staff facilities of an office/bedroom and bathroom are also available within the house.

The rear garden area is partly paved and enclosed with extensive views of surrounding areas.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of 36 Squires Hill Crescent was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 15 January 2014 between 11.20 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 Mrs Bernice Kelly, Registered Manager. 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.

The outcome of the medicines management inspection found no areas of concern. The arrangements for the management of medicines in 36 Squires Hill Crescent are compliant with legislative requirements and best practice guidelines.

Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the arrangements for staff training and competency and capability assessments, the robust audit arrangements and the high standard of maintenance of the medicines records.

Policies and procedures for the management of medicines are available. Standard Operating Procedures need to be developed for the management of controlled drugs.

The outcomes of the audit trails performed at this inspection indicated that the medicines had been administered in accordance with the prescribers' instructions.

Medicine records were observed to be maintained in a highly satisfactory manner.

Written confirmation of current medication regimes is obtained from the prescriber for all new admissions and whenever any changes have been made to a resident's medication profile.

Medicines were being stored securely under conditions that conform to statutory and manufacturers' requirements.

The inspection attracted one recommendation. The recommendation is 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

Not applicable

SECTION 6.0

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

Criterion Assessed:	COMPLIANCE LEVEL
30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	
Inspection Findings:	
<p>The registered manager advised that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home and whenever any changes have been made to a resident's medication profile.</p> <p>The outcomes of the audit trails which were performed on randomly selected medicines indicated that the medicines had been administered in accordance with the prescribers' instructions.</p> <p>Epilepsy management plans were in place for two respite residents.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	
Inspection Findings:	
<p>Written policies and procedures for the management of medicines are in place.</p> <p>Standard Operating Procedures need to be developed regarding the management of controlled drugs. The registered manager was referred to the guidance document available on RQIA website. A recommendation is stated.</p>	Substantially compliant

<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 provided recorded evidence that staff who manage medicines are trained and competent. Staff attend a medicines management update training session, conducted by one of the organisation's trainers, at least once every three years.</p> <p>A list of the names, signatures and initials of staff authorised to administer medicines is maintained.</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>
<p>Inspection Findings:</p>	
<p>The registered manager stated that there is annual staff competency and capability assessment with respect to medicines management. Records of the competency assessments were provided for inspection.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Care staff have received epilepsy awareness and administration of buccal midazolam training, conducted by an epilepsy management nurse employed by Belfast Health and Social Care Trust. This training is updated annually.</p> <p>Community nurses are responsible for the administration of injectable medicines in the home.</p>	<p>Compliant</p>

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in this home.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
In the rare instance where there are any discontinued medications, these are returned to the family or carer of the resident.	Not applicable
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:	
Systems are in place to audit the accurate completion of medicine records and the appropriate administration of medicines during a resident's stay in the home. Two staff audit the completion of the medicine records at the end of each medication round and whenever a resident is discharged from the home. The registered manager stated that there have been no recent issues relating to the management of medicines.	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:	
The medicine records had been constructed and completed in such a manner as to ensure 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:	
A randomly selected sample of the above medicine records was assessed during the inspection. These records had been maintained in a highly satisfactory manner. Full records of the receipts and outgoings were observed to have been made for all medicines examined. Two care staff sign all handwritten entries on the medication records.	Compliant
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:	
There were no Schedule 2 controlled drugs	Not inspected

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:	
Medicines were observed to be stored safely and securely and in accordance with the manufacturers' instructions. There was sufficient storage space for medicines in the medicine cupboard.	Compliant
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 medicine keys were observed to be in the possession of the designated member of care staff.	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:	
There were no Schedule 2 or Schedule 3 controlled drugs.	Not inspected

7.0 ADDITIONAL AREAS EXAMINED

None.

8.0 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 Bernice Kelly, Registered Manager** at the end of the inspection, 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:

Paul Nixon
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
ANNOUNCED MEDICINES MANAGEMENT INSPECTION

36 SQUIRES HILL CRESCENT
15 January 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 **Mrs Bernice Kelly, 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.

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 registered provider should develop Standard Operating Procedures regarding the management of controlled drugs. Ref: Criterion 30.2	One	A standard operating Procedure regarding the management of controlled drugs for the Crescent Short Break Service will be developed and implemented within the identified timescale.	15 April 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	Bernice Kelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Agnes Lunny

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W.Nixon	14/02/2014
B.	Further information requested from provider		X	Paul W. Nixon	14/02/2014