



The Regulation and
Quality Improvement
Authority

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

Inspection No:	IN021138
Establishment ID No:	1655
Name of Establishment:	Positive Futures Wheatfield Short Break Service (Formerly 36 Squires Hill Crescent)
Date of Inspection:	21 January 2015
Inspector's Name:	Paul Nixon

1.0 GENERAL INFORMATION

Name of home:	Positive Futures Wheatfield Short Break Service
Type of home:	Residential Care Home
Address:	1 Wheatfield Gardens Belfast BT14 7HU
Telephone number:	(028) 9018 3277
E mail address:	bernice.kelly@positive-futures.net
Registered Organisation/ Registered Provider:	Positive Futures Miss Agnes Lunny
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:	5
Number of residents accommodated on day of inspection:	2
Date and time of current medicines management inspection:	21 January 2015 10.15 – 13.10
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	15 January 2014 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 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 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 (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

Positive Futures Wheatfield Short Break Service residential care home is a purpose built residential home situated in a residential area of North Belfast. The home is on a main arterial route into the city centre on a public transport route. The residential home is owned and operated by Positive Futures. Mrs Bernice Kelly is the registered manager of the home and has been registered manager since 2005.

Positive Futures Wheatfield Short Break Service provides services to residents 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. Respite is available on a regular basis of two-three days and up to 10-14 days at a time.

The home comprises of three self-contained apartments.

Apartment 1A is situated on the ground floor. It has an entrance on the ground floor and comprises: A kitchen/dining area, lounge and two ensuite bedrooms.

Apartment 1B is situated on the first floor. It has a separate entrance on the ground floor with stairs to the first floor. It is also accessible via Apartment 1C if the lift has been used. Apartment 1B comprises: A kitchen/dining area, lounge and two ensuite bedrooms.

Apartment 1C has communal areas on the ground floor and bedroom accommodation on the first floor. Apartment 1C has a separate entrance and comprises: A kitchen/dining area, lounge, (ground floor), a lift, and one ensuite bedroom (first floor). Apartment 1C also houses a communal utility area, staff room, staff toilet, sleep-over room and storage space.

A secure communal area is accessible to residents via the ground floor of Apartment 1C.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Positive Futures Wheatfield Short Break Service was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 21 January 2015 between 10.15 and 13.10. 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 following three 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 the registered manager of the home, Mrs Bernice Kelly. 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 Positive Futures Wheatfield Short Break Service are substantially compliant with legislative requirements and best practice guidelines. The registered manager and staff are commended for their efforts.

The one recommendation made at the previous medicines management inspection, on 15 January 2014, was examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

A number of areas of good practice were noted and highlighted during this inspection. They included the arrangements for staff training and competency assessments as well as the robust audit activity.

Policies and procedures for the management of medicines are available.

There is a programme of staff training in the home and evidence of training and competency assessments is maintained.

The audit trails, which were performed on randomly selected medicines, indicated that satisfactory correlations existed between the prescribed instructions, patterns of administration and stock balances.

Medicine records were maintained in a satisfactory manner. The personal medication records examined were up to date and contained the necessary information. Handwritten entries on the medication administration record sheets were verified and signed by two staff members. Medicine administration record sheets were well maintained.

The controlled drugs record should be maintained in bound book form with the pages sequentially numbered. A recommendation is stated.

Medicines were stored safely and securely. Storage was observed to be tidy and organised.

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

Issues arising during previous medicines management inspection on 15 January 2014:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The registered provider should develop Standard Operating Procedures regarding the management of controlled drugs. Stated once	Standard Operating Procedures detailing the arrangements for the management of controlled drugs have been developed.	Compliant

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>A range of audits was performed on randomly selected medicines. These audits indicated that medicines are being administered to residents in accordance with the prescribers' instructions.</p> <p>From observations made during this inspection and from discussion with the registered manager, it was concluded that prescribed medicines are only administered to the resident for whom they are prescribed.</p> <p>The registered manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home and for any changes to medication regimens between periods of respite stay.</p> <p>The records in place for the use of a 'when required' anxiolytic and antipsychotic medication in the management of distressed reactions were examined for two residents. The care plans detailed the circumstances under which the medicines should be administered. The parameters for administration were recorded on the personal medication records and records of administration had been maintained on the medicine administration record sheets and in the daily progress notes.</p>	Compliant

<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>Written policies and procedures for the management of medicines are in place.</p>	<p>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 confirmed that all staff members who manage medicines are trained and competent. There was evidence that staff undertake comprehensive training prior to being deemed competent to administer medicines. At the conclusion of the training process, a competency assessment is completed by the registered manager. Thereafter, competency assessments are performed by the registered manager as part of the annual appraisal process.</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 evaluates the impact of medicines management training on staff members through supervision and observation of practice. Staff appraisals and competency assessments are undertaken on an annual basis and a record of this activity is maintained. A sample of the staff competency assessments was examined.</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>	COMPLIANCE LEVEL
Inspection Findings:	
<p>Most staff members have received epilepsy management training from the Health and Social Care Trust epilepsy management nurse within the previous 12 months. This training included the administration of rescue medication. The training has also been arranged for new staff members during January and February 2015. The training is updated every two years.</p>	Compliant
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	COMPLIANCE LEVEL
Inspection Findings:	
<p>Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. One medication related incident had been reported to RQIA since April 2014; it was managed appropriately.</p>	Compliant
<p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	COMPLIANCE LEVEL
Inspection Findings:	
<p>Any remaining medicines at the end of a resident's period of respite care are returned to the person with caring responsibility.</p>	Compliant

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Regular medication audits are performed by the registered manager or deputy manager. Care staff also audit the medication records, to check for any discrepancies, at the end of each resident's period of respite stay. The observations made during this inspection reflected the satisfactory outcomes of the home audit activity.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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 were legible, well kept, and had been constructed and completed 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. These records had been maintained in a satisfactory manner.	Compliant
The personal medication records examined contained the required information. They had been signed by the general medical practitioners. During a resident’s period of respite stay in the home, their personal medication record sheet is not kept in the same file as their medication administration record sheets. The need to introduce this practice in order to facilitate the cross-referencing of the records, particularly when staff are administering medicines, was discussed with the registered manager.	

<p>The medicine administration record sheets examined were fully and accurately completed. Handwritten entries had been verified and signed by two staff members. This good practice is commended.</p> <p>The records of incoming and outgoing medicines contained the necessary information.</p>	
<p>Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>A sample of controlled drugs record entries was reviewed and observed to have been maintained in a satisfactory manner. The controlled drugs records are kept on loose leaf pages. The pages were not sequentially numbered. The controlled drugs record should be maintained in bound book form with the pages sequentially numbered. A recommendation is stated.</p>	Substantially compliant
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	COMPLIANCE LEVEL
	Substantially compliant

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:	
Storage was observed to be tidy and organised. Medicines were being stored safely and securely and in accordance with the manufacturers' instructions. Appropriate arrangements are in place for the stock control of medicines.	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 senior care assistant.	Compliant

<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:</p>	
<p>Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two senior care assistants at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING 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 **Mrs Bernice Kelly, Registered Manager** during 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

POSITIVE FUTURES WHEATFIELD SHORT BREAK SERVICE 21 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 **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	31	<p>The controlled drugs record should be maintained in bound book form with the pages sequentially numbered.</p> <p>Ref: Criterion 31.3</p>	One	This action has now been completed and the new record implemented from 19.02.15.	20 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	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	12/03/15
B.	Further information requested from provider		X	Paul W. Nixon	12/03/15