



The Regulation and
Quality Improvement
Authority

Mertoun Park Hostel
RQIA ID: 1006
17 Orchard Court
Knocknagoney
BT18 9QE

Inspector: Helen Daly
Inspection ID: IN022705

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**Unannounced Medicines Management Inspection
of
Mertoun Park Hostel**

20 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicine management inspection took place on 20 July 2015 from 10:55 to 12:45.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

This inspection was underpinned by The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 14 August 2012.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with Mr Patrick Heaney, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust Mr Martin Joseph Dillon	Registered Manager: Mr Patrick Heaney (registration pending)
Person in Charge of the Home at the Time of Inspection: Mr Patrick Heaney	Date Manager Registered: Registration pending
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 14
Number of Residents Accommodated on Day of Inspection: 3	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 30: Management of medicines

Standard 31: Medicine records

Standard 33: Administration of medicines

Theme 1: Medicines prescribed on a “when required” basis for the management of distressed reactions are administered and managed appropriately

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the last medicines management inspection.

The following records were examined during the inspection:

- Medicines requested and received
- Personal medication records
- Medicine administration records
- Medicines disposed of or transferred
- Medicine audits
- Policies and procedures
- Care plans
- Training records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection on 17 February 2015. The completed QIP was reviewed and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (4) Stated: First time	The manager must implement a robust audit tool covering all areas of the management of medicines in order to identify any issues and to evidence that medicines are being managed appropriately.	Met
	Action taken as confirmed during the inspection: There was evidence that the management of medicines was being audited at approximately fortnightly intervals. Records were available for inspection. The manager agreed to review the format of the audit template to ensure that the quantity of medicines received is recorded. In addition the benefit of auditing each resident's medicines at the end of their period of respite care was discussed.	
Requirement 2 Ref: Regulation 13 (4) Stated: First time	The manager must ensure that the current, maximum and minimum temperatures of the medicines refrigerator are accurately monitored and recorded each day.	Not applicable
	Action taken as confirmed during the inspection: The manager advised that medicines requiring refrigeration had not been in use for at least three months. In recent months only the current temperature was being recorded and it had not been recorded on several days. It was agreed that an easy read thermometer would be obtained and that the current, maximum and minimum temperatures would be recorded each day when medicines requiring refrigeration are prescribed; therefore the requirement was not restated.	

Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The manager should ensure that up to date policies and procedures for the management of medicines are in place.</p> <hr/> <p>Action taken as confirmed during the inspection: The Trust policies and procedures for the management of medicines were in place. The manager advised that they are currently being reviewed by a member of staff to ensure that the home is in compliance.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The manager should ensure that Standard Operating Procedures for the management of controlled drugs specific to Mertoun Park Hostel are developed and implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: The Trust Standard Operating Procedures for the management of controlled drugs were in place.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The allergy status should be recorded on all personal medication records.</p> <hr/> <p>Action taken as confirmed during the inspection: The allergy status had been recorded on the majority of the personal medication records examined at this inspection. It was agreed that that all personal medication records would be updated to include the allergy status following the inspection; therefore this recommendation was not restated.</p> <p>Where there was a known allergy, the allergy status had also been recorded on the front cover of each resident's file.</p>	Partially Met
<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>Discontinued medicines should be segregated from currently prescribed medicines until they are returned to the pharmacy.</p> <hr/> <p>Action taken as confirmed during the inspection: The home currently offers respite care only. Medicines were returned to the resident/family at the end of each period of respite care.</p>	No longer applicable

5.3 THE MANAGEMENT OF MEDICINES

Is Care Safe? (Quality of Life)

There were no medicines available in the home on the day of the inspection; therefore audits were completed on the medicines prescribed for four residents who had recently received respite care. The majority of these audits produced satisfactory outcomes indicating that the medicines had been administered as prescribed. One discrepancy indicated that an error had been made in the quantity returned for one medicine.

The manager advised that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home for each period of respite care. Each resident had an up to date personal medication record signed by their general practitioner. Medicines had been supplied in their original labelled containers by families and received into the home by two members of trained care staff. The manager confirmed that the general practitioner would be contacted if the medicines supplied did not correlate with the personal medication record.

The medicine records had been maintained in a mostly satisfactory manner. Each resident had a personal medication record signed by their general practitioner, a medication administration record and a medicines received and returned sheet. Two members of staff were involved in the receipt and return of medicines.

The manager advised that residents were not currently prescribed controlled drugs in Schedule 2 or Schedule 3.

Is Care Effective? (Quality of Management)

The manager advised that the Trust policies and procedures for the management of medicines and Standard Operating Procedures for the management of controlled drugs were in place. These were currently being reviewed.

There was evidence that medicines were being managed by staff who had been trained and deemed competent to do so. Senior carers attend update training on the management of medicines annually. The manager had scheduled further update training and quarterly supervisions. Competency assessments had also been planned to occur at each staff member's second supervision. Staff advised that they had not received update training on the management of epilepsy and the use of adrenaline pen devices which are prescribed for some residents for emergency use.

There were procedures in place to report and learn from medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The manager advised that at present no residents were prescribed medicines for administration on a "when required" basis for the management of distressed reactions. He confirmed that staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in the residents' behaviours and care plans for the management of distressed reactions (which did not include medication) for residents were in place.

The manager advised that the assessment and management of pain was included in the current admission process for residents. The manager confirmed that current residents can tell staff if they are in pain. The reason for the administration of analgesics had been recorded on the medication administration records.

Areas for Improvement

The responsible person must ensure that staff receive appropriate training on the management of epilepsy and allergic reactions. A requirement was made.

The manager agreed to review the format of the medicines management audit template to ensure that the quantity of medicines received is recorded. In addition the benefit of auditing each resident's medicines at the end of their period of respite care was discussed.

It was agreed that an easy read thermometer would be obtained and that the current, maximum and minimum refrigerator temperatures would be recorded each day when medicines requiring refrigeration are prescribed. It was also agreed that the room temperature would be recorded each day to ensure that it is maintained at or below 25°C.

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr Patrick Heaney, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that the requirement contained within the QIP is 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 The responsible individual must ensure that staff receive appropriate training on the management of epilepsy and allergic reactions.

Ref: Regulation 13 (4)

Stated: First time

To be Completed by:
20 October 2015

Response by Registered Person(s) Detailing the Actions Taken:
Registered Manager has booked training on Epilepsy and Allergic reactions for all Band 5 staff during September and October 15. All staff will attend training as scheduled.

Registered Manager Completing QIP	Patrick Heaney	Date Completed	11/8/15
Registered Person Approving QIP	Martin Dillon	Date Approved	14/08/15
RQIA Inspector Assessing Response	Helen Daly	Date Approved	17/08/15

Please ensure the QIP is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address