



## **RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** 18124  
**Establishment ID No:** 1008  
**Name of Establishment:** Mount Alexander House  
**Date of Inspection:** 16 April 2014  
**Inspector's Name:** Paul Nixon

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Mount Alexander House
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	Mount Alexander House Castle Lodge Park Comber BT23 5DW
<b>Telephone number:</b>	(028) 9187 8963
<b>E mail address:</b>	mtalexander.eph@setrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Mr Hugh Henry McCaughey South Eastern Health and Social Care Trust
<b>Registered Manager:</b>	Ms Angeline Taylor
<b>Person in charge of the home at the time of inspection:</b>	Ms Angeline Taylor
<b>Categories of care:</b>	RC-DE, RC-I
<b>Number of registered places:</b>	37
<b>Number of residents accommodated on day of inspection:</b>	33
<b>Date and time of current medicines management inspection:</b>	16 April 2014 10.10 – 14.10
<b>Name of inspector:</b>	Paul Nixon
<b>Date and type of previous medicines management inspection:</b>	13 September 2011 Unannounced Inspection

## 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 Ms Angeline Taylor (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**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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**

Mount Alexander House is a purpose built home providing ground floor and first floor accommodation for 37 residents. The South Eastern Health and Social Care Trust is the registered organisation and Ms Angeline Taylor is the registered manager.

The home has recently been renovated to a high standard and the first floor has become one complete unit. The first floor unit provides accommodation for residents with dementia and, therefore, is secured by a keypad. All bedrooms are of a good size and bedrooms are now single, providing even more space for the occupants.

It has a private location at the edge of Comber with outside views of garden, trees and open space and yet very convenient to the town centre.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Mount Alexander House was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 16 April 2014 between 10.10 and 14.10. 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 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 Ms Angeline Taylor (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.

This inspection indicated that the arrangements for the management of medicines in Mount Alexander House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted. The registered manager and staff are commended for their efforts.

The four requirements and one recommendation which were made at the previous medicines management inspection, on 13 September 2011, were examined during the inspection. Each of the four requirements and one recommendation was assessed as compliant.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

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

recording of the dates and times of opening of medicines in order to facilitate the audit process and the good correlation between personal medication records and medicine administration records.

Policies and procedures for the management of medicines are available. The registered provider should ensure that the Standard Operating Procedures for the management of controlled drugs are comprehensive.

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. The registered manager and staff are commended for their efforts.

Medicine records were maintained in a satisfactory manner. The personal medication records examined were up to date and contained the necessary information. Medicine administration record sheets were fully maintained. The registered provider should ensure that handwritten entries on the personal medication record and medication administration record sheets are routinely verified and signed by two staff members.

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

The registered provider should ensure that the recording system in place for patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans, specification of the parameters for administration on the personal medication record sheets and documentation of the reason for and outcome of administration in the daily progress notes.

The inspection attracted a total of three recommendations. The recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and staff on duty for their assistance and co-operation throughout the inspection.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

### Issues arising during previous medicines management inspection on 13 September 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The necessary improvement must be made in the standard of maintenance of the personal medication records.</p> <p><b>Stated twice</b></p>	<p>The personal medication record sheets examined were observed to be accurate and to contain the necessary information.</p>	<p><b>Compliant</b></p>
2	13(4)	<p>The necessary improvement must be made in the standard of maintenance of the medication administration records.</p> <p><b>Stated twice</b></p>	<p>The medication administration record sheets examined were observed to be maintained in a satisfactory manner.</p>	<p><b>Compliant</b></p>
3	13(4)	<p>The registered manager must implement a robust auditing system in order to closely monitor the administrations of medicines, to include those medicines highlighted in the report.</p> <p><b>Stated once</b></p>	<p>The medicines management audit arrangements were observed to be satisfactory.</p>	<p><b>Compliant</b></p>
4	13(4)	<p>The registered manager must submit written reports of the outcomes of the medicines management audit activity, to RQIA, on a monthly basis until further notice.</p> <p><b>Stated once</b></p>	<p>These reports were submitted to RQIA.</p>	<p><b>Compliant</b></p>



NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>In order to facilitate audit activity, the dates of opening of medicine containers should be routinely recorded.</p> <p><b>Stated twice</b></p>	This practice was observed.	<b>Compliant</b>

## SECTION 6.0

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

**Criterion Assessed:**

30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.

**COMPLIANCE LEVEL****Inspection Findings:**

Satisfactory arrangements were observed to be in place for the management of medicines.

A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits indicated that medicines are being administered to residents in accordance with the prescribers' instructions.

The senior care assistant advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Evidence of the confirmation of dosage regimes was examined for two recently admitted residents.

The process for obtaining prescriptions was reviewed. The senior care assistant advised that prescriptions are reviewed by the home and a photocopy is retained before being sent to the pharmacy for dispensing.

Compliant

<p><b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Written policies and procedures for the management of medicines are in place.</p> <p>The Standard Operating Procedures for the management of controlled drugs did not cover the following areas:</p> <ul style="list-style-type: none"> <li>- Ordering, transport and receipt</li> <li>- Disposal</li> <li>- Management of errors and incidents.</li> </ul> <p>The registered provider should ensure that the Standard Operating Procedures cover all aspects of the management of controlled drugs. A recommendation is stated.</p>	<p>Substantially compliant</p>
<p><b>Criterion Assessed:</b> 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager explained the arrangements that are in place for staff induction and update training and confirmed that all staff members who manage medicines are trained and competent. Staff members receive annual update training. A record of the training and development activities completed by staff in relation to the management of medicines is maintained.</p>	<p>Compliant</p>

<b>Criterion Assessed:</b> 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
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.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Training in specific techniques is not required by the staff at this time.	Not applicable
<b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant

<b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Monthly medication audits are performed by the registered manager. Recorded evidence of this audit activity is maintained. Any issues arising are discussed with staff and followed up at the next audit. The observations made during this inspection reflected the satisfactory outcomes of the home audit activity.</p> <p>In order to facilitate the audit activity, dates and times of opening are recorded on the medicine containers. This good practice is commended.</p>	Compliant

**STANDARD 31- MEDICINE RECORDS**  
**Medicine records comply with legislative requirements and current best practice.**

<p><b>Criterion Assessed:</b>  31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b>  31.2 The following records are maintained:</p> <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A randomly selected sample of the above medicine records was assessed. These records had been maintained in a satisfactory manner.</p> <p>There was a good correlation between the entries on the personal medication record and medication administration record sheets and the details printed on the medicine labels.</p> <p>The personal medication records examined contained the required information. The medicine administration record sheets examined were fully and accurately completed.</p> <p>For two recently admitted residents, handwritten entries on the personal medication record and medication administration record sheets had not been verified and signed by two staff members. A recommendation is stated.</p>	<p align="center">Substantially compliant</p>

<b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A sample of controlled drug record entries was reviewed and observed to have been maintained in the required manner.	Compliant

**STANDARD 32 - MEDICINES STORAGE**  
**Medicines are safely and securely stored.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
<b>Inspection Findings:</b>	
<p>Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.</p> <p>Appropriate arrangements are in place for the stock control of medicines.</p> <p>The temperature of the medicine storage room is not monitored. The need to monitor the temperature of this room daily, in order to ensure the environment is maintained at or below 25°C, was discussed.</p> <p>Isosorbide mononitrate suspension, prescribed for one resident, was being stored in one of the medicine trolleys. The need to store this medication in the medicine refrigerator was discussed.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Inspection Findings:</b>	
The medicine keys were observed to be in the possession of the designated senior care assistants. The controlled drug cabinet key was being carried by the senior care assistant who was working on the ground floor, separately from the other medicine keys.	Compliant



<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>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>Records of stock balance checks were inspected and found to be satisfactory.</p>	<p>Compliant</p>

## 7.0 ADDITIONAL AREAS EXAMINED

### The Management of Distressed Reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for four patients. None of the care plans detailed the circumstances under which the medicine should be administered. With only one exception, the parameters for administration were not recorded on the personal medication record. In the several instances that medication had been administered to treat a distressed reaction, the reason for administration and outcome had not been recorded in the daily progress notes. The registered provider should ensure that the recording system in place for residents who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans, specification of the parameters for administration on the personal medication record sheets and documentation of the reason for and outcome of administration in the daily progress notes. A recommendation is stated.

## 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 Ms Angeline Taylor (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**  
**UNANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**MOUNT ALEXANDER HOUSE**  
**16 APRIL 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 **Ms Angeline Taylor (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.

**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 provider should ensure that there are comprehensive Standard Operating Procedures for the management of controlled drugs.  <b>Ref: Criterion 30.2</b>	One	Our medication procedures are currently being reviewed and this will include the management of controlled drugs.	16 July 2014
2	31	The registered provider should ensure that handwritten entries on the personal medication record and medication administration record sheets are routinely verified and signed by two staff members.  <b>Ref: Criterion 31.2</b>	One	This has been discussed at senior meetings and will be checked at supervision that this is happening Corrective action has taken place	16 May 2014
3	31	The registered provider should ensure that the recording system in place for residents who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans, specification of the parameters for administration on the personal medication record sheets and documentation of the reason for and outcome of administration in the daily progress notes.  <b>Ref: Section 7.0</b>	One	Care plans have now been updated to include when required drugs and when they should be administered. Recording will also take place when medication is given	16 May 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Angie Taylor
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey

<b>QIP Position Based on Comments from Registered Persons</b>				<b>Inspector</b>	<b>Date</b>
		<b>Yes</b>	<b>No</b>		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	22/05/2014
B.	Further information requested from provider		X	Paul W. Nixon	22/05/2014