Unannounced Medicines Management Inspection Report
12 April 2017

Struell Lodge

Type of service: Residential Care Home
Address: 2 Ardglass Road, Downpatrick, BT30 6JG
Tel No: 028 4451 3850
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Struell Lodge took place on 12 April 2017 from 10.40 to 13.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas for improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. One area of improvement in relation to auditing medicines which were not supplied in the blister pack system was identified and a recommendation was stated for the second time.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. There were no areas for improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents. There were no areas for improvement identified.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Paul Gemmell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 January 2017.

2.0 Service details

Registered organisation/registered person: Southern Eastern HSC Trust Mr Hugh Henry McCaughey	**Registered manager:** Mr Paul Gemmell
Person in charge of the home at the time of inspection: Mr Paul Gemmell	**Date manager registered:** 31 March 2016
Categories of care: RC-LD, RC-LD(E)	**Number of registered places:** 7

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

We spoke with one senior care assistant and the registered manager.

Fifteen questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 January 2017

The most recent inspection of the home was an unannounced care inspection. The returned QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 29 July 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The temperature range of the refrigerator in which medicines are stored must be maintained within the recommended range of +2°C and +8°C.	**Met**
	Action taken as confirmed during the inspection: Medicines which required cold storage were not currently in use. The current, maximum and minimum temperatures of the refrigerator were being monitored and recorded each day. However, the maximum temperature was regularly above 8°C. This finding was discussed with the registered manager and staff on duty. Following the inspection the registered manager sought further clarification from the community pharmacist and an email detailing the action being taken to ensure accurate readings were recorded was forwarded to RQIA. Due to the action taken and assurances provided by the registered manager this requirement has been assessed as met.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 30 **Stated:** Second time	In order to facilitate audit activity, the dates of opening should be routinely recorded on all medicine containers.	**Met**
	Action taken as confirmed during the inspection: Dates of opening had not been recorded on a number of medicine containers. This finding was discussed in detail with the registered manager and staff on duty. It was also acknowledged that the majority of medicines were supplied in weekly compliance aids. The registered manager confirmed via email on 12 April 2017 that all staff had been advised to record dates of opening on medicine containers and that this would be closely monitored. Due to the action taken and assurances provided by the registered manager this recommendation has been assessed as met.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time (carried forward)	There should be recorded evidence of the agreement of all relevant healthcare professionals covering the covert administration of medication to a resident.	**Met**
	Action taken as confirmed during the inspection: Medicines were not being administered covertly to any residents; this had also been observed at the last medicines management inspection. The registered manager advised that any covert administration would only be considered following a multidisciplinary agreement. Due to the assurances provided by the registered manager this recommendation has been assessed as met.	
Recommendation 3 **Ref:** Standard 30 **Stated:** First time	The registered manager should ensure that only the current epilepsy management plan is held on the medicine's file for each resident.	**Met**
	Action taken as confirmed during the inspection: Obsolete epilepsy management plans had been archived. Only current epilepsy management plans were available on the medicines file.	

Recommendation 4 **Ref:** Standard 30 **Stated:** First time	The registered manager should ensure that all relevant staff are trained and competent in monitoring the refrigerator temperature.	**Met**
	Action taken as confirmed during the inspection: Training had been provided following the last medicines management inspection. The registered manager confirmed via email following the inspection that a new thermometer had been sourced and that all relevant staff would receive training and ongoing competency assessment on its use. Due to the action taken and assurances provided by the registered manager this recommendation has been assessed as met.	
Recommendation 5 **Ref:** Standard 30 **Stated:** First time	Audit trails should be carried out on all medicines which are not contained within the blister pack system, including inhalers, external preparations and liquid form medicines, at regular intervals.	**Not met**
	Action taken as confirmed during the inspection: A small number of medicines were not supplied in the blister pack system. These medicines were not being audited. There were no records of any audit activity. **This recommendation was stated for a second time.**	
Recommendation 6 **Ref:** Standard 32 **Stated:** First time	The temperature of the office should be monitored and recorded each day to ensure that it is maintained at or below 25^{o}C.	**Met**
	Action taken as confirmed during the inspection: The temperature of the office was being monitored and recorded each day. Some temperatures above 25^{o}C were noted. It was agreed that this would be closely monitored by the registered manager and corrective action taken if necessary.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through regular competency assessments. There was annual staff appraisal. Refresher training on medicines management had been provided in November 2016 and March 2017. Staff had also received training on epilepsy and dysphagia.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Prescription forms were stored securely in the home before being forwarded to the community pharmacy for dispensing.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by either the general practitioner or two trained members of staff. This safe practice was acknowledged. There was evidence that antibiotics were made available on the day of prescribing.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home.

Robust arrangements were observed for the management of buccal midazolam.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. Dates of opening had not been recorded on some medicines and hence audits could not be completed. This finding was discussed with the registered manager and it was agreed that dates of opening would be recorded from the day of the inspection onwards.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Detailed care plans were in place. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record. Records of administration were maintained. Care plans and speech and language assessment reports were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained.

Practices for the management of medicines were audited throughout the month by the staff and management. However records of these audits were not maintained. In addition audit trails on medicines which were not supplied in the blister pack system were not carried out. The recommendation which was made at the last medicines management inspection was stated for a second time.

Following discussion with the registered manager and senior care assistant, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

Audit trails should be carried out on all medicines which are not contained within the blister pack system, including inhalers, external preparations and liquid form medicines, at regular intervals. A recommendation was stated for the second time.

Number of requirements	0	**Number of recommendations**	1

4.5 Is care compassionate?

We observed the administration of medicines to one resident. It was completed in a caring manner with the resident being given time to take their medicines.

As part of the inspection process 15 questionnaires were issued to residents, relatives/ representatives and staff, with a request that they were returned within one week from the date of the inspection. No completed questionnaires were received by RQIA within this timescale.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly and that local policies were available. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. Staff were aware that medicine related incidents may need to be reported to the safeguarding lead.

Following discussion with the registered manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff either individually or via team meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Paul Gemmell, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider to ensure that all requirements and recommendations contained within the QIP 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 the residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to *pharmacists@rqia.org.uk* for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref:** Standard 30	Audit trails should be carried out on all medicines which are not contained within the blister pack system, including inhalers, external preparations and liquid form medicines, at regular intervals.
Stated: Second time **To be completed by:** 12 May 2017	**Response by registered provider detailing the actions taken:** Monthly audit trails will be carried out on all medicines which are not contained within blister pack system, including inhalers, external preparations and liquid form medicines from May 2017.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.ukfrom the authorised email address*

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