



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

**Inspection No:** 18223  
**Establishment ID No:** 1457  
**Name of Establishment:** Rosemary Lodge Care Home  
**Date of Inspection:** 6 May 2014  
**Inspector's Name:** Rachel Lloyd

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Rosemary Lodge Care Home
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	9 Fennel Road Antrim BT41 4PB
<b>Telephone number:</b>	(028) 9442 8877
<b>E mail address:</b>	rosemary.lodge@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons (Bamford) Ltd Mr James McCall
<b>Registered Manager:</b>	Mrs Julie Beacom
<b>Person in charge of the home at the time of inspection:</b>	Ms Irma Castillo (Deputy Manager)
<b>Categories of care:</b>	RC-I, RC-LD, RC-MP(E), RC-PH, RC-PH(E), RC-DE
<b>Number of registered places:</b>	44
<b>Number of residents accommodated on day of inspection:</b>	39
<b>Date and time of current medicines management inspection:</b>	6 May 2014 10:30 – 14:15
<b>Name of inspector:</b>	Rachel Lloyd
<b>Date and type of previous medicines management inspection:</b>	25 May 2011 Unannounced

## 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 Irma Castillo, Deputy Manager, and staff on duty  
Feedback provided to Mrs Una Brady, Registered Manager of Castle Lodge Care Home  
Discussion with Mrs Julie Beacom, Registered Manager, by telephone following 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**

Rosemary Lodge Care Home is a two storey purpose built facility registered to accommodate 44 residents. The home is situated within the boundaries of Antrim. The home is owned and managed by Four Seasons (Bamford) Ltd.

Bedrooms provided are single occupancy. There are several lounges where residents may relax. A room, previously designated as a store has been adapted to provide a "smoking room" for residents. There are ample bathroom/toilet facilities throughout the home.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Rosemary Lodge Care Home was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 6 May 2014 between 10:30 and 14:15. 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 the deputy manager of the home, Ms Irma Castillo, and with the staff on duty. 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. Feedback was provided to Mrs Una Brady, Registered Manager of the adjacent Castle Lodge Care Home.

This inspection indicated that the arrangements for the management of medicines in Rosemary Lodge Care Home 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 two requirements and one recommendation made at the previous medicines management inspection on 25 May 2011 were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report. The requirements and the recommendation were assessed as compliant.

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.

Areas of good practice were noted and highlighted during the inspection. The registered manager and staff are commended for their efforts.

Policies and procedures for the management of medicines are in place. Standard Operating Procedures for controlled drugs have been developed and implemented.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal. Records of training are maintained.

The outcomes of a wide range of audit trails, performed on randomly selected medicines, showed that medicines have been administered in accordance with the prescribers' instructions.

Medicines records examined were well maintained and facilitated the audit process.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' recommendations. However, masks and spacer devices for administering doses of inhaled medicines, are intended for single patient use only and must be labelled and used as such.

The inspection attracted a total of one requirement. The requirement is detailed in the Quality Improvement Plan.

The inspector would like to thank the deputy manager and staff, and the registered manager of the adjacent Castle Lodge Care Home, for their assistance and co-operation throughout the inspection.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 25 May 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>Medicine administration records must be maintained in accordance with DHPSS guidance and correlate with the personal medication record.</p> <p>Care staff must receive update training in the recording of the administration of topical medicines.</p> <p><b>Stated once</b></p>	<p>Medicine administration records examined were well maintained and correlated with personal medication records.</p> <p>Staff stated that designated care staff have received this training and that records are maintained. This was confirmed by telephone following the inspection by the registered manager of the home, Mrs Julie Beacom, who provided the inspector with details of the dates and the provider of the training.</p>	<b>Compliant</b>
2	13(4)	<p>The registered manager must ensure that there is appropriate stock control of medicines within the home.</p> <p><b>Stated once</b></p>	<p>Satisfactory arrangements were in place for the stock control of medicines.</p>	<b>Compliant</b>



NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>Medicine audits should include a review of the standard of completion of medicine records and the level of correlation of medicine records, for example the personal medication record, the medicine administration record and the topical medicines administration record.</p> <p><b>Stated once</b></p>	<p>The deputy manager stated that a review of the standard of completion of medication administration records and personal medication records is completed at the end of each shift. This was evidenced during the inspection. Records of topical medicines administered by designated care staff are also regularly reviewed.</p>	<p><b>Compliant</b></p>

## 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. These audits showed good correlation between the prescriber's instructions, patterns of administration and stock balances of the medicines selected for audit. The date and time of opening was recorded on medicines in use. This good practice facilitates the audit process.

Written confirmation of the current medication regime was in place for a resident recently admitted to the home.

The ordering process for medicines was discussed during the inspection. Orders for medicines are made in writing to the prescriber. Prescriptions are received by the home and checked against the order before being forwarded to the community pharmacy for dispensing, photocopies of all prescriptions are kept in the home and the medicines received are checked against these and the home's written order.

The management of anticoagulant medicines was examined. Changes to warfarin doses are confirmed in writing, via facsimile from the prescriber. Transcribing of warfarin doses involves two members of staff. A daily stock balance is recorded for warfarin. This is good practice.

The management of the administration of medicines for Parkinson's disease and the administration of thickened fluids were examined and found to be satisfactory.

The management of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions was examined for two residents. Care plans were in place and for each resident, the parameters for administration were recorded on the personal medication records and records of administration had been maintained. The reason for administration and outcome had been routinely recorded in the daily progress notes.

Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  Policies and procedures for the management of medicines are in place. They include the management of anticoagulants and the management of thickening agents.  Standard operating procedures (SOPs) regarding the management of controlled drugs have been developed and implemented.	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<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>Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training within the home on a regular basis.</p> <p>When the administration of topical preparations and thickened fluids is delegated to care staff, the registered manager stated that training is provided and that records of the date, provider and content of this training are maintained. The registered manager also confirmed that plans to provide update training are in place.</p> <p>Evidence of regular training on the management of dysphagia and the administration of thickened fluids for relevant care staff and kitchen staff was observed.</p> <p>A list of the names, sample signatures and initials of staff who are authorised to administer medicines is maintained.</p>	<p>Compliant</p>
<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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The deputy manager confirmed that a system of supervision and annual appraisal, including competency assessment is in place. Records are maintained and were available for examination.</p>	<p>Compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The deputy manager advised that staff are not currently responsible for the administration of any medicines which require training in specific techniques.</p>	<p>Not applicable</p>
<p><b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A system is in place to manage any medicine errors or incidents should they occur in this home. These are reported in accordance with the home's policies and procedures.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist for disposal.</p>	<p>Compliant</p>
<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A system to audit the management of medicines is in place. Audit trails are performed on an ongoing basis, which includes daily and monthly audits by staff and an external audit which is undertaken by a representative from the supplying pharmacy. A sample of records of the audit activity was observed and satisfactory outcomes had been achieved.</p>	<p>Compliant</p>

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

<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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The sample of medicine records examined were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Archived medicine records were readily available during the inspection.	Compliant
<b>Criterion Assessed:</b> 31.2 The following records are maintained: <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>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>A sample of each of the above records was examined and these were found to be satisfactory. The good standard of record keeping was acknowledged.</p> <p>Separate records of administration of topical medicines by designated care staff are maintained. A sample of these were examined and found to be satisfactory.</p> <p>Several residents are responsible for the self-administration of some external preparations. Protocols were in place and personal medication records stated which medicines are being self-administered. A record of the issue of a medicine to the resident is recorded and used to monitor compliance.</p>	Compliant

## STANDARD 31 – MEDICINE RECORDS

<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>	
Schedule 2 controlled drugs are not currently prescribed for any residents in the home. Observation of the controlled drugs record book for previously prescribed Schedule 2 controlled drugs indicated that records had been maintained in a satisfactory manner.	Not applicable

**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:**

Appropriate arrangements were in place for the storage and stock control of medicines. Storage areas were clean, tidy and well organised.

The date of opening is recorded on all medicines. This good practice facilitates the audit process.

Eight AeroChamber spacer devices were observed on the medicines trolley, of which only three were labelled with the resident's name. Masks and spacer devices for administering doses of inhaled medicines, are intended for single patient use only and must be labelled and used as such. A requirement is stated.

Staff were additionally advised that for infection control purposes, these devices should be kept covered when not in use and cleaned on a regular basis in accordance with the manufacturer's instructions.

Controlled drugs subject to safe custody regulations are stored appropriately in controlled drug cupboards.

The room temperature of the medicine storage area is monitored and recorded on a daily basis. Records were examined and found to be satisfactory.

Locked refrigerators are available for medicines which require cold storage. Current, maximum and minimum refrigerator temperatures are monitored and recorded on a daily basis and any deviations from the accepted range are reported to management. Records were examined and generally found to be satisfactory. Staff were reminded to reset the thermometer daily, on the refrigerator used to store nutritional supplements.

Substantially compliant



## STANDARD 32 - MEDICINES STORAGE

<p><b>Criterion Assessed:</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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>The keys to the medicine cupboards, medicine trolleys and controlled drug cabinet were observed to be in the possession of the deputy manager. The keys to the controlled drug cabinet are held separately from other keys. Spare keys are stored securely by the registered manager.</p>	<p>Compliant</p>
<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>Schedule 2 controlled drugs are not currently prescribed for any resident. Stock balances of Schedule 3 controlled drugs are reconciled on each occasion when responsibility for safe custody is transferred. Staff also include daily stock balance checks on diazepam tablets (Schedule 4 controlled drug), this is good practice.</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 Una Brady, Registered Manager of Castle Lodge Care Home, as part of the inspection process and with Mrs Julie Beacom, Registered Manager by telephone following the inspection. 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:

**Rachel Lloyd**  
**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**

**ROSEMARY LODGE CARE HOME**  
**6 MAY 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 Una Brady, Registered Manager of Castle Lodge Care Home** 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 the requirement contained within the Quality Improvement Plan is addressed within the specified timescales.

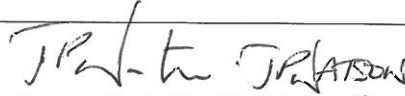
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application

**STATUTORY REQUIREMENT**

This section outlines the action 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 (NI) 2005

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	<p>The registered manager must ensure that masks and spacer devices for administering doses of inhaled medicines, and intended for single patient use only are labelled and used as such.</p> <p><b>Ref: Criterion 32.1</b></p>	One	All have been labelled for identified resident for single resident use	7 June 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	Julie Beacom
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 9.6.14

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable				
B.	Further information requested from provider				

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		R Lloyd	19/6/14
B.	Further information requested from provider		no	R Lloyd	19/6/14