



The Regulation and  
Quality Improvement  
Authority

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## Unannounced Medicines Management Inspection of Annahilt

**3 June 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced medicines management inspection took place on 3 June 2015 from 10:45 to 13:45.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were discussed with the registered manager. A quality improvement plan (QIP) was not included 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 Medicines Management 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 15 May 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>0</b>

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Naomi Graham
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Naomi Graham	<b>Date Manager Registered:</b> 17 February 2010
<b>Categories of Care:</b> RC-A, RC-DE, RC-I	<b>Number of Registered Places:</b> 36
<b>Number of Residents Accommodated on Day of Inspection:</b> 34	<b>Weekly Tariff at Time of Inspection:</b> £470 - £520

### **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 any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager, the deputy manager and the team leader.

Samples of the following records were examined during the inspection:

Medicines requested and received

Personal medication records

Medicine administration records

Medicines disposed of or transferred

Controlled drug record book

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 care inspection on 4 June 2014. The completed QIP was returned and approved by the care inspector on 11 August 2014.

#### **5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 15 May 2012**

No requirements were made at the last medicines management inspection.

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30 <b>Stated</b> First time	Written Standard Operating Procedures should be developed for the management of controlled drugs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Written Standard Operating Procedures are now in place for the management of controlled drugs.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 32 <b>Stated</b> First time	The registered manager should develop a robust date checking procedure to ensure that out of date medicines do not remain available for use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A monthly date checking system is now in place. Out of date medicines were not observed at this inspection.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 32 <b>Stated</b> First time	The registered manager should risk assess the storage of external preparations in residents' bedrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The majority of external preparations are stored in the treatment room. A small number of emollient preparations are stored in residents' bedrooms; the registered manager confirmed that this practice had been risk assessed and deemed appropriate.	

### 5.3 The Management of Medicines

#### Is Care Safe? (Quality of Life)

The majority of the audit trails which were performed on a variety of randomly selected medicines produced satisfactory outcomes indicating that these medicines are being administered in accordance with the prescribers' instructions. Three minor discrepancies were discussed with the registered manager and deputy manager.

The medicine ordering system was reviewed. Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available; the medicines for the next month's cycle had already been checked into the home and all queries had been addressed to ensure that there were no out of stocks. Overstocks were not observed. All prescribed

medicines were available on the day of the inspection. Medicines were being administered at the appropriate time e.g. bisphosphonates.

Arrangements are in place to ensure the safe management of medicines during a resident's admission or readmission to the home and on their discharge or transfer from the home. The admission process was reviewed for one recently admitted resident. Their medicine regimen had been confirmed with the prescriber in writing.

There are robust arrangements for managing medicine changes; changes had been confirmed in writing and records were updated by two trained members of staff. Medicines were observed to be labelled correctly.

High risk medicines (e.g. warfarin) were observed to be managed appropriately. Dosage directions had been received in writing and running stock balances had been maintained. The audits which were carried out at this inspection produced satisfactory outcomes. Obsolete dosage directions were cancelled and archived during the inspection.

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail. Updates of personal medication records had been verified and signed by two trained members of staff. A number of hand-written updates on the medication administration records had not been verified and signed by two members of staff. The registered manager advised that this was the expected practice and would be discussed with staff.

Discontinued and refused medicines were returned to the community pharmacy. Two members of trained staff had been involved in the disposal of medicines and both had signed the records of disposal.

Satisfactory arrangements were in place for the management of controlled drugs.

### **Is Care Effective? (Quality of Management)**

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were in place. Staff had signed to acknowledge that they had read and understood these policies and procedures.

Staff who manage medicines complete training (via e-learning) which is provided by the community pharmacist. A training matrix was in place which highlighted when update training was due. Competency assessments are completed annually. A sample of two records was reviewed and found to be satisfactory. Medicine related issues are discussed as the need arises; the findings of the monthly audits had been discussed with staff for corrective action.

Care staff received update training on the administration of external medicines provided by the community pharmacist in October and November 2014. The registered manager advised that supervisions are also carried out with care staff. Detailed care plans were observed for the use of external preparations; this is good practice.

Running stock balances are completed each night for medicines which are not contained within the blister pack medicine system. A review of these balances indicated that the medicines had been administered as prescribed. Monthly medication audits are completed by the deputy manager. These are reviewed by the registered manager and corrective action taken when necessary.

The registered manager advised that there are robust incident reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products.

The registered manager confirmed that compliance with prescribed medicine regimes is monitored and any omissions or refusals likely to have an adverse effect on the residents' health are reported to the prescriber. This was evidenced for one resident who had refused to complete an antibiotic course due to side-effects.

### **Is Care Compassionate? (Quality of Care)**

The registered manager advised that medicines to be administered on a "when required" basis for the management of distressed reactions are not currently prescribed for any residents. The appropriate use and record keeping requirements for these medicines was discussed.

The records for three residents who are prescribed medicines for the management of pain were reviewed. The medicines and the parameters for administration were recorded on the personal medication records. The administration had been recorded on the medication administration records. Each resident had a care plan in place which detailed the management of their pain. The registered manager advised that the care plan is evaluated at least monthly and when any change is identified. Pain management had been completed as part of the preadmission assessments. One of the residents reviewed was unable to verbalise that they are in pain; the care plan detailed how their pain is expressed.

### **Areas for Improvement**

The registered manager agreed to ensure that:

- obsolete warfarin dosage directions are cancelled and archived
- all hand-written updates on the medication administration records are verified and signed by two trained members of staff

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>0</b>
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Naomi Graham	Date Completed	16.06.15
Registered Person	Dr Claire Royston	Date Approved	16.06.15
RQIA Inspector Assessing Response	<i>Helen Daly</i>	Date Approved	26/6/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk)  
from the authorised email address\**

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.