

Unannounced Medicines Management Inspection Report 25 January 2018



Strand House – Bohill Bungalows

Type of service: Residential Care Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
Tel no: 028 7032 5180
Inspector: Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with six beds that provides care for residents living with a learning disability. It is situated in the same location as Bohill Bungalows and Bohill House nursing homes.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Ms Nicola Cooper	Registered manager: Ms Lorna King
Person in charge at the time of inspection: Mrs Hester Dean (Senior Support Worker)	Date manager registered: 17 January 2017
Categories of care: Residential Care (RC): LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 6

4.0 Inspection summary

An unannounced inspection took place on 25 January 2018 from 11.20 to 13.35.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the governance arrangements for medicines, medicines administration, medicine records, medicines storage and the management of controlled drugs.

No areas were identified for improvement.

Residents were observed to be content in their interactions with staff and their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Hester Dean, Senior Support Worker, and with Mrs Lorna King, Registered Manager, by telephone on 29 January 2018, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 18 July 2017. Other than the action detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents - it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met briefly with four residents, one care assistant, the person in charge and a representative from Parkcare Homes No2 Ltd.

A poster was displayed to inform visitors to the home that an inspection was being conducted.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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

- | | |
|--|----------------------------------|
| • medicines requested and received | • medicine audits |
| • personal medication records | • policies and procedures |
| • medicine administration records | • care plans |
| • medicines disposed of or transferred | • training records |
| • controlled drug record book | • medicines storage temperatures |

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 July 2017

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

6.2 Review of areas for improvement from the last medicines management inspection dated 10 March 2017

There were no areas for improvement identified as a result of the last medicines management inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. A sample of records was provided at the inspection. Refresher training in medicines management training was provided in the last year. Other training included the management of diabetes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

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

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was completed on an annual basis.

There were no controlled drugs which required safe custody. Schedule 4 (Part 1) controlled drugs and one high risk medicine were stored in the controlled drug cabinet. Running stock balances were maintained and checked at every shift change. This good practice was acknowledged.

Robust arrangements were observed for the management of high risk medicines e.g. insulin; a care plan was maintained.

The management of discontinued medicines was reviewed. Previously this bungalow had been registered as part of a nursing home on the same site. At that time unwanted medicines were uplifted by a clinical waste company and controlled drugs were denatured prior to disposal. This practice has continued following the change in registration to a residential care home and was discussed with staff. In a residential care home, unwanted medicines including controlled drugs should be returned to the community pharmacist and the disposal book signed by staff and a representative from the pharmacy. This was discussed with the registered manager by telephone on 29 January 2018. She provided assurances that this would be reviewed with immediate effect, to ensure the correct procedures were being followed.

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.

Staff advised that the medicine refrigerator was faulty and had been taken out of use and a new one had been ordered. They advised that in the meantime, refrigerated medicines were stored in another bungalow on the same site. We advised that these medicines should remain in this home and staff should consider the use of a locked cashbox stored in the domestic refrigerator. The person-in-charge agreed to raise this with management.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines changes and the storage of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

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. 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. These medicines were rarely required; there was evidence in the daily

notes that a record of the reason for and the outcome of administration were maintained. A care plan and protocol detailing the parameters for administration were in place.

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. Staff advised that all of the residents could tell staff if they were in pain. In accordance with good practice, staff had recorded the reason for and outcome of any administered pain relief. A care plan and protocol detailing the parameters for administration were in place. Staff also advised that the resident's pain management was included in the pre-assessment process for new residents.

Staff confirmed that the residents were compliant with the medicine regimes. They advised of the systems in place to monitor any non-compliance e.g. refusals and how this was reported to management and the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included double signatures for the updating of personal medication records and medication administration records, separate administration records for high risk medicines and medicines which were not included in the 28 day blister pack system. There were 'when required' protocols in place for a variety of medicines e.g. analgesics, laxatives, topical preparations. These records were also used to maintain a running stock balance of the medicine.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to residents' healthcare needs.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines. Staff were knowledgeable regarding the residents' medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

There were no medicines administered during the time of the inspection. Staff confirmed that the residents were encouraged to take their medicines and were given plenty of time to swallow their medicines.

There were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the residents' likes and dislikes.

We acknowledged the warm and welcoming atmosphere in the home and observed the residents' art work which was displayed in the home.

We were unable to obtain the views or opinions of the residents in relation to the management of their medicines. However, we met briefly with four residents who were enjoying individual activities in the lounge and dining room. One resident told us that she was content in the home.

Of the questionnaires that were issued to receive feedback from residents and relatives, none were returned within the specified timescale (two weeks).

Areas of good practice

Staff listened to residents and relatives and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Written policies and procedures for the management of medicines were in place. There was evidence that these had been signed by staff to indicate that they had read and understood them. Following discussion with staff it was evident that they were familiar with the policies and procedures.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

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

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and very approachable and there were good relationships in the home, and with the other healthcare professionals involved in residents' care. Staff comments included:

"It's a lovely place to work."

"We have a great team here."

"The staff support is very good."

Three staff completed the online questionnaire within the specified timescale (two weeks). The responses indicated that they were very satisfied/satisfied with service delivery.

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care