



# Unannounced Medicines Management Inspection Report 20 November 2018



## Trinity House

**Type of service: Residential Care Home**  
**Address: 15 Kilrea Road, Coleraine, BT51 5LP**  
**Tel No: 028 2954 8128**  
**Inspector: Frances Gault**

[www.rqia.org.uk](http://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 50 beds that provides care for residents as detailed in section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Ms Linda May Wray	<b>Registered Manager:</b> Ms Jayne Bellingham
<b>Person in charge at the time of inspection:</b> Ms Jayne Bellingham	<b>Date manager registered:</b> 10 April 2018
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of registered places:</b> 50  A maximum of 34 residents in category RC-I (Old age not falling within any other category) and a maximum of 16 residents in category in category RC-DE (Dementia).

### 4.0 Inspection summary

An unannounced inspection took place on 20 November 2018 from 10.10 to 14.10.

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 during and 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 medicines administration, medicine records and the management of controlled drugs.

An area requiring improvement was identified in relation to the care plans.

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Bellingham, 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.

#### 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 13 June 2018. Other than those actions 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.

During the inspection the inspector met with eight residents in groups, three staff, and the registered manager.

A total of 10 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 poster informing visitors to the home that an inspection was being conducted was displayed.

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

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug record book
- medicine audits
- care plans
- medicines storage temperatures

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

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 13 June 2018

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 14 March 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure that all personal medication records and any new entries are verified and signed and dated by two trained and competent members of staff to ensure accuracy in transcription.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The sample of records seen indicated that the entries have been completely appropriately.	

## 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. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal.

The registered manager advised that care staff were being enabled to administer medicines following a period of training and assessment. Competency assessments were completed annually. The most recent training had been completed the previous week and had involved the community pharmacist. The registered manager advised that reference had been included about a recent medicine incident.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. We observed that there appeared to be higher stock levels of some medicines than would be expected. This was discussed with the staff. Further supplies should not be requested until the current stock levels are at an acceptable level.

Antibiotics and newly prescribed medicines had been received into the home without delay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two members of staff. A suggestion was made in relation to the placement of the signatures on the record. This safe practice was acknowledged.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the administration of high risk medicines e.g. warfarin and insulin. Details of the medicines were appropriately documented in the personal medication records. The use of separate administration charts was acknowledged. The community nurses are responsible for the management of any insulin dependent residents. They also monitor the blood levels of any resident prescribed warfarin. Staff were aware of what to look for which would indicate that the health of these residents was changing. However, details of these signs or the action that they should take were not included in the residents' care plans. An area for improvement under the standards was identified.

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. Medicine refrigerators were checked at regular intervals.

### **Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and controlled drugs.

## Areas for improvement

An area for improvement was identified in relation to care plans for those residents whose specific health needs involve the community nursing team.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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 usually been administered in accordance with the prescriber's instructions. One anomaly was discussed with the staff. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

The management of swallowing difficulty was examined. There was evidence that a risk assessment was in place for residents who did not wish to comply with the speech and language therapist recommendations.

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 and facilitated the audit process. Areas of good practice were acknowledged. They included the additional records in place for the administration of warfarin.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the residents' health and wellbeing. During the inspection the community nurse was in the home administering the flu vaccine to several residents. The staff had ensured that she had all the necessary information in relation to any resident who had recently had an antibiotic or been unwell.

## Areas of good practice

There were examples of good practice in relation to the standard of record keeping and the administration of medicines.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The medicine administration round was ongoing throughout the morning. The staff advised that in general it did take some time as residents were prescribed a number of medicines. Staff were aware of the importance of maintaining the appropriate dosage intervals. They were reminded to ensure that the time of administration recorded was accurate if it was later or earlier, than the time documented on the medicine administration record.

Residents advised that they enjoyed living in the home. During the morning we saw residents enjoying fresh fruit salad for a mid-morning snack. After lunch some were getting ready for a visit to an activity in Garvagh. They were all suitably dressed for the cold weather.

The staff spoken with during the inspection were very knowledgeable about the needs of the residents.

One resident did the crossword each day in the newspaper but advised that she didn't always "get it done".

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.

The community nurse was heard introducing herself to each resident prior to the administration of their flu vaccine and taking time to explain the procedure.

Of the questionnaires that were issued, one was returned from a relative. The responses indicated that they were satisfied with all aspects of the care in relation to the management of medicines. However, during a phone call they advised that they thought the home was short staffed at night: they expressed the view that the use of agency staff was difficult for those living with dementia who preferred familiar faces. On sharing these comments with the registered manager, she was able to advise that the home was adequately staffed for the needs of the residents and that permanent night staff were in the process of being recruited.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

### 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
<b>Total number of areas for improvement</b>	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.**

We discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The equality data collected was managed in line with best practice.

Written policies and procedures for the management of medicines were in place. These were not examined during this inspection.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. One member of staff advised that they “hold hands up”, ensure that the appropriate steps are taken and learn from what happened. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

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

The recommendation made at the last medicines management inspection had been addressed.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with them,

### Areas of good practice

There were examples of good practice in relation to 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
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Jayne Bellingham, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 December 2018</p>	<p>The registered person shall implement care plans, for those residents whose specific health needs involve the community nursing team, identifying the signs that staff should be aware of which indicate that their health is deteriorating and the subsequent action that should be taken.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All residents who are administered blood thinners or diabetic medicates now have their own personal care plan updated with clear instructions to staff regarding signs and symptoms to be aware of regarding their own medical condition. These will be reviewed regularly by the Home Manager and updated with any changes.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care