

Unannounced Post-Registration Medicines Management Inspection Report 26 July 2018



Weavers House Residential Care Home

Type of Service: Residential Care Home
Address: 40 Moneymore Road, Cookstown, BT80 8EH
Tel No: 028 8676 7684
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 provider 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 47 beds that provides care for residents living with care needs as detailed in Section 3.0. This home is situated on the same site as Weavers House Nursing Home.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr Gavin O'Hare-Connolly	Registered Manager: Mrs Brenda Rushe
Person in charge at the time of inspection: Mrs Brenda Rushe	Date manager registered: 23 January 2018
Categories of care: Residential Care (RC): DE – Dementia I – Old age not falling within any other category	Number of registered places: 47

4.0 Inspection summary

An unannounced inspection took place on 26 July 2018 from 10.10 to 14.20.

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 pre-registration care 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 training and competency assessment, governance arrangements, administration of most medicines and the completion of medicine records.

Areas for improvement were identified in relation to the administration of inhaled medicines and the storage of medicines.

Residents said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere in the home.

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Brenda Rushe, Registered Manager and Ms Kathleen Henry, Deputy 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

Other than the action detailed in the QIP no further actions were required to be taken following the follow up care inspection which was undertaken on 11 May 2018. 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 service was reviewed. This included the following:

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

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

During the inspection the inspector met with three residents, two senior care assistants, the deputy manager, the registered manager and the regional manager.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you' cards to inform residents and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

We asked the deputy manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- 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 11 May 2018

The most recent inspection of the home was an unannounced follow up 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

This was the first medicines management inspection to the home.

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 senior care staff and also for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings and supervision. Competency assessments were completed following induction, as part of the incident management process and at least annually. Staff appraisals were completed annually. There were systems in place to ensure that staff were up to date in medicines management training.

The management of new resident's medicines and medicines changes was examined. There were satisfactory arrangements in place. Written confirmation of medicine regimes and medicine changes was obtained and two staff were involved in updating the personal medication records and medication administration records. This is safe practice.

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. Antibiotics and newly prescribed medicines had been received into the home without delay. However, we noted that one antibiotic had not been commenced as prescribed and administration was delayed by two days. Antibiotics must be administered without delay. The registered manager advised by email that an investigation had commenced and provided details of the corrective action planned.

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

The management of controlled drugs was examined. Stock checks were carried out on controlled drugs which require safe custody at the end of each shift. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book.

Robust arrangements were in place for the management of high risk medicines e.g. warfarin. Two staff were involved in each administration.

In relation to injections, these were administered by the community nurses and records of administration including the next due date of administration were maintained.

Appropriate arrangements were in place for administering medicines which were required to be crushed prior to administration.

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

Medicine storage areas were clean. Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine refrigerator temperatures were monitored and recorded on daily basis. Some medicines which did not require refrigeration were removed from the medicine refrigerator. Staff were reminded that lidocaine sachets must be kept sealed. In relation to medicines with a limited shelf life once opened, we noted four expired eye preparations. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments and the management of medicines on admission.

Areas for improvement

The storage of medicines should be closely monitored.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, discrepancies were noted in the administration of inhaled medicines. An area for improvement was identified.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to remind staff of when doses of mid-weekly or weekly medicines were due.

The management of pain and distressed reactions was examined. The medicines were prescribed on the personal medication record and protocols for administration were maintained. Care plans were in place. The reason for and the outcome of the administration were recorded.

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.

The medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines which were not supplied in the 28 day blister packs.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping, care planning and the administration of most medicines.

Areas for improvement

The management of inhaled medicines should be closely monitored to ensure these are administered as prescribed.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Arrangements were in place to facilitate residents responsible for the self-administration of medicines. A care plan was maintained.

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

We noted that residents were relaxed and comfortable in their environment. Some were outside in the garden enjoying the weather.

We met with three residents, who spoke positively about the staff and the care provided. They were complimentary regarding the garden and flowers. Comments included:

- “I am happy and have no complaints.”
- “They are good staff.”
- “I’m looked after ok.”
- “The food is good; it was a nice lunch.”
- “I enjoy the activities.”
- “The matron is very good; she’s a nice person.”

Of the questionnaires which were distributed, none were returned from residents or their representatives. Any comments in questionnaires received after the return date (two weeks) will be shared with the registered manager as necessary.

Areas of good practice

There was evidence that staff listened to residents 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

The inspector discussed the 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. We were advised that there were arrangements in place to implement the collection of equality data within Weavers House Residential Care Home.

Written policies and procedures for the management of medicines were in place and were readily available for staff reference. Staff confirmed that there were systems to keep them updated regarding any changes.

The governance arrangements for medicines management were reviewed. Management advised of the daily, weekly and monthly audits which take place and how areas for improvement were identified and followed up. This was usually through the development of action plans and staff supervision. A sample of the audit outcomes was provided. Also, as part of the pharmacist support to the home, a quarterly audit was undertaken and a list of the findings was left in the home for management to address. Following the inspection, the registered manager provided details of the planned training and meetings with staff to address the inspection findings.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. They provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence. These usually included reflective practice, supervision and reassessment of competency. We discussed medicine related incidents reported and the resultant changes in practice which had occurred. 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.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities regarding medicines management. They confirmed that any concerns were raised with the registered manager; and any resultant action was discussed at team meetings and/or supervision. They spoke positively about their work and advised that there were good working relationships in the home with staff, management and with other healthcare professionals. They stated they felt well supported in their work.

The communication systems were reviewed. Staff advised that the shift handovers were verbal and written. The registered manager stated that she completed a walk around each unit every morning and used the outcomes of the written handover report to ensure any issues were addressed. She advised that a meeting was also held every morning with the unit managers/ head of departments in the home. In relation to medicines management, this meeting was used to inform staff of new admissions, discharges, medicine changes, dietary requirements, audits and incidents as required.

No online questionnaires were completed by staff within the specified time frame (two weeks).

Areas of good practice

There were examples of good practice found throughout the inspection regarding the 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

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Brenda Rushe, Registered Manager and Ms Kathleen Henry, Deputy 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 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)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: 26 August 2018	The registered person shall review the storage of medicines as detailed in the report. Ref: 6.4 Response by registered person detailing the actions taken: All medications are receipted into the home and written on the Kardex and signed into the home. Antibiotics are now stored in each individual residents box on the new medication trolley.
Area for improvement 2 Ref: Standard 33 Stated: First time To be completed by: 26 August 2018	The registered person shall review the administration of inhaled medicines to ensure that these are administered as prescribed. Ref: 6.5 Response by registered person detailing the actions taken: All inhalers are now audited at each administration and the staff complete a monthly audit and management audit weekly or daily as required.

Please ensure this document is completed in full and returned via 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
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care