# Announced Post-Registration Medicines Management Inspection Report
# 2 August 2018

# The Sperrins Residential Home

**Type of Service: Residential Care Home**
**Address: c/o Melmount Manor Care Centre**
**1 Orchard Road, Strabane, BT82 9QR**
**Tel No: 028 7138 3990**
**Inspector: Paul Nixon**

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 12 beds that provides care for residents living with dementia. The home is in a shared complex with a registered nursing home.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Larchwood Care Homes (NI) Ltd<br><br>**Responsible Individual:**<br>Mr Christopher Walsh | **Registered Manager:**<br>Mrs Annie Frobisher |
| **Person in charge at the time of inspection:**<br>Mrs Annie Frobisher | **Date manager registered:**<br>14 May 2018 |
| **Categories of care:**<br>RC-DE | **Number of registered places:**<br>12 |

## 4.0 Inspection summary

An announced inspection took place on 2 August 2018 from 09.25 to 11.45.

This inspection was underpinned by 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).

This was the first medicines management inspection in this newly registered residential care home. The inspection was 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, training and competency assessment, medicine administration, medicines storage and the standard of record keeping.

No areas requiring improvement were identified.

There was a warm and welcoming atmosphere in the home. Residents were relaxed and good relationships with staff were evident.

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 Annie Frobisher, Registered Manager and Mr Christopher Walsh, Responsible Individual, 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 pre-registration inspection

The most recent inspection of the home was joint pre-registration care and premises inspection undertaken on 17 April 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 service 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 home registered.

During the inspection, the inspector met with the registered manager, responsible individual and three care staff.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA.

At the request of the inspector, the person-in-charge was asked to display a poster in the home which invited staff to share their views of the home by completing an online questionnaire.

The inspector left “Have we missed you?” cards. The cards facilitate residents or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of service provision. Flyers which gave information on raising a concern were also left in the home.

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
- care plans
- training records
- 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 care and premises inspections dated 17 April 2018

The most recent inspections of the home were an announced pre-registration care and an announced pre-registration premises inspection. The care inspection resulted in no areas for improvement. The completed QIP from the premises inspection was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises 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 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 annually. There were systems in place to ensure that staff were up to date in medicines management training.

The management of new residents' medicines and medicines changes was examined. There were satisfactory arrangements in place. Written confirmation of medicine regimes and medicine changes was obtained. Two staff were involved in updating the personal medication records and medicine 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.

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.

There were no controlled drugs subject to record keeping requirements. However, checks were performed on other controlled drugs, which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of into clinical waste bins, which were uplifted by a clinical waste contractor. Because this is a residential care home, the need to return medicines to the community pharmacy for disposal was discussed; the registered manager gave an assurance that this would be implemented without delay.

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. The medicine refrigerator was 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, the management of controlled drugs 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. The reason for and the outcome of administration were recorded. A care plan was maintained.

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 most of the residents could verbalise any pain. A care plan was not maintained for one of the two residents whose records were examined; the registered manager gave an assurance that this matter would be rectified without delay.

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.

Practices for the management of medicines were audited throughout the month by the management and staff. This included running stock balances for most of the medicines which were not supplied in the 28 day blister packs. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of residents. Staff advised that they had good working relationships with healthcare professionals involved in the residents' care.

**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 |
|---|---|---|
| **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.**

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

It was not possible to ascertain the views and opinions of residents.

Of the questionnaires that were issued, one was returned from a relative. The response indicated that they were very satisfied with all aspects of the care.

**Areas of good practice**

Staff were observed to respond promptly to the needs of residents. There was a warm and friendly atmosphere in the home.

**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**

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. Arrangements are place to implement the collection of equality data within The Sperrins Residential Home.

Written policies and procedures for the management of medicines were in place. These were not examined. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

The governance arrangements for medicines management were reviewed. Management advised of the daily 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.

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 and supervision. 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 knowledgeable regarding their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management 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.

No members of staff shared their views by completing an online questionnaire.

**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.


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