Unannounced Post-Registration Medicines Management Inspection Report
23 April 2018

Hillcrest Care Facility

Type of service: Residential
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 1222
Inspector: Helen Daly

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 17 beds which provides care for residents who are living with dementia. The home is located on the same site as Hillcrest Care Facility Nursing Home.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd **Responsible Individual(s):** Mrs Linda Florence Beckett	**Registered Manager:** Mrs Julie Ann Elizabeth Taylor
Person in charge at the time of inspection: Ms Priscilla O'Brien (Senior Carer)	**Date manager registered:** 20 March 2018
Categories of care: Residential Care (RC): DE – dementia	**Number of registered places:** 17

4.0 Inspection summary

An unannounced inspection took place on 23 April 2018 from 10.15 to 14.05.

This was the post registration inspection in relation to medicines management in this newly registered residential care home, situated within Hillcrest Care Facility Nursing Home. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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).

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

Areas requiring improvement were identified in relation to the management of warfarin and the administration of medicines which are prescribed to be administered in multiple doses or on alternate days.

One resident said that "the home could not be better".

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 Ms Priscilla O'Brien, Senior Carer, 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 finance inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 16 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
- 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 two residents, two care assistants and the senior carer.

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
- 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 inspection dated 16 April 2018

The most recent inspection of the home was an unannounced finance inspection.
The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance 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. There was annual appraisal and competency assessment. Records were available for inspection. Refresher training had been provided in April 2018. The staff spoken to at the inspection were complimentary regarding the training which was provided.

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

The senior carer advised that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged.

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.

The senior carer advised that discontinued or expired medicines, including controlled drugs, were returned to the community pharmacist for disposal.

Robust arrangements were observed for the management of insulin.

Improvements were necessary in the management of warfarin. Dosage directions were received in writing and transcribed onto an administration sheet. However, some transcriptions had not been signed by two staff to ensure accuracy and obsolete dosage directions had not been cancelled and archived. Separate records of administration and daily stock counts were maintained. It was noted that some running balances had not been accurately maintained, indicating that some staff may not be counting the stock. The purpose of the daily stock counts was discussed with the senior carer for dissemination to all staff. An area for improvement was identified.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The senior carer was reminded that Daktacort cream and Timodine cream should be stored in the refrigerator. The room temperature was noted to be 27^{o}C on the day of the inspection. The senior carer agreed to ensure that the room temperature was monitored and recorded each day and that appropriate corrective action would be taken if temperatures above 25^{o}C continued to be observed.

Areas of good practice

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

Areas for improvement

The management of warfarin should be reviewed and revised to ensure that:

- all transcriptions are verified and signed by two members of staff
- obsolete dosage directions are cancelled and archived
- accurate running stock balances are maintained

	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

The majority of medicines examined had been administered in accordance with the prescriber's instructions. However discrepancies were observed for one medicine which was prescribed to be administered as "two daily" and one medicine which was prescribed to be administered on "alternative days". An area for improvement was identified. A discrepancy was also identified in the administration of warfarin. The senior carer advised that the warfarin discrepancy would be referred to the prescriber for guidance. An incident report was forwarded to RQIA.

There were arrangements in place to alert staff of when doses of weekly medicines were due.

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. Care plans were in place. 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 in the progress notes.

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, and a pain assessment tool was used as needed. Care plans were maintained.

The senior carer confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on a 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 staff and management. This included running stock balances for nutritional supplements.

Following discussion with the senior carer, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in resident care.

Areas of good practice

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

Areas for improvement

The administration of medicines which are prescribed to be administered in multiple doses or on alternative days should be closely monitored.

	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

The administration of medicines to residents had been completed prior to the commencement of this inspection and was not observed. Staff were knowledgeable about the administration of medicines.

Throughout the inspection, it was found that 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.

One of the residents spoken to at the inspection advised that they were "very happy in the home and that staff could not be better".

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We observed the lunch being served. Residents were being encouraged to eat and assistance was given to those who needed help.

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. Six were completed and returned. The responses indicated that residents and relatives were satisfied/ very satisfied with all aspects of the care.

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 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 were in place to implement the collection of equality data within Hillcrest Care Facility.

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

The senior carer confirmed that there were robust arrangements in place for the management of medicine related incidents and that staff 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.

Following discussion with the senior carer and care assistants, 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. One care assistant said “the manager and seniors are so approachable, you could ask for anything, it is lovely”.

One member of staff submitted feedback by means of an on line questionnaire. This was discussed with the registered manager for follow up via a telephone call on 15 May 2018.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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 Ms Priscilla O’Brien, Senior Carer, 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 30 **Stated:** First time **To be completed by:** 23 May 2018	The registered person shall review and revise the management of warfarin. Ref: 6.4 and 6.5
	Response by registered person detailing the actions taken: Staff informed that warfarin to be checked by 2 staff at all times and appropriate paperwork signed.
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 23 May 2018	The registered person shall closely monitor the administration of those medicines highlighted at the inspection. Ref: 6.5
	Response by registered person detailing the actions taken: Monthly audits to be carried out on highlighted medicines.

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

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