



Unannounced Post-Registration Medicines Management Inspection Report 18 June 2018



Rosemount Care Centre

Type of service: Residential Care Home
Address: 2 Moy Road, Portadown, BT62 1QL
Tel No: 028 3833 1311
Inspector: Helen Daly

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 32 beds that provides care for residents who are living with dementia.

In Rosemount Care Centre the residential care home is located on the ground floor and the nursing home is located on the first floor.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Ltd Responsible Individual: Mr Philip Scott	Registered Manager: Ms Jillian Claire McKenna
Person in charge at the time of inspection: Mrs Julieann McClure (Deputy Manager)	Date manager registered: 22 February 2018
Categories of care: Residential Care (RC): DE – dementia	Number of registered places: 32 Residents are accommodated in the Cherry Blossom and Willow Units.

4.0 Inspection summary

An unannounced inspection took place on 18 June 2018 from 11.00 to 15.30.

This was the post registration inspection in relation to medicines management in this newly registered residential care home, located within Rosemount Care Centre. 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 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 medicines administration, medicine records, medicine storage and the management of controlled drugs.

Two areas for improvement were identified in relation to the management of warfarin and distressed reactions.

We spoke with four residents who were complimentary regarding the care and staff 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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Julieann McClure, 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 inspection

The most recent inspection of the home was an announced premises pre-registration inspection undertaken on 26 February 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.

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

During the inspection the inspector met with four residents, one relative, one care assistant, three senior care assistants and the deputy 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 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
- medicine audits
- care plans
- medicines storage temperatures
- controlled drug record book

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 26 February 2018

The most recent inspection of the home was an announced premises pre-registration inspection. The completed QIP 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.

The deputy manager advised that 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 the auditing process, supervision and annual appraisal. Competency assessments were completed following induction and annually thereafter.

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

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and to manage changes to prescribed medicines. Personal medication records and hand-written entries on the medication administration records were verified and signed by two members of staff. This safe practice was acknowledged.

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. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

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 district nursing team were responsible for the management of insulin. Staff had access to the care plans which included guidance on identifying and managing hypoglycaemia.

The management of warfarin was reviewed. Dosage directions were received in writing and a separate record of administration which included running stock balances was maintained. This practice seemed robust, however the outcome of the audit carried out at the inspection indicated that the incorrect dose had been administered on one occasion and this had not been identified by staff. This was investigated by the registered manager and reported to the prescriber for guidance. Staff should receive further training and competency assessment on the management of warfarin. An area for improvement was identified.

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

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. Satisfactory temperature recordings were observed for the medicines refrigerator.

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

Staff should receive further training and competency assessment on the management of warfarin.

	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.

With the exception of warfarin, the sample of medicines examined had been administered in accordance with the prescriber's instructions. There were arrangements in place to alert staff of when doses of twice weekly and weekly medicines were due.

We reviewed the management of medicines prescribed to be administered "when required" for the management of distressed reactions. Dosage instructions were recorded on the personal medication records. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that these may indicate pain or infection. Care plans were in place; however, some did not provide sufficient detail to direct the use of these medicines e.g. one resident was prescribed two "when required" medicines and the care plan did not record which should be administered first line. Systems were in place to record the reason for and outcome of administration, however, the records had not been completed on all occasions in the Willow Unit. Detailed care plans should be in place.

The reason and outcome of administration should be recorded on all occasions. An area for improvement was identified.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Pain assessment tools were used with residents who could not verbalise their pain. The reason for and outcome of administration of “when required” analgesia was recorded on the reverse of the administration records. This is good practice.

The management of swallowing difficulty was examined. Appropriate care plans and records of prescribing and administration were in place. Up to date speech and language assessment reports were also in place.

Staff 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.

The majority of medicine records were well maintained and facilitated the audit process. A small number of discrepancies on the personal medication records were discussed with senior carers and the deputy manager for updating. The deputy manager advised that the personal medication records were audited regularly and at the start of each four week medication cycle. Due to the assurances provided an area for improvement was not identified.

Practices for the management of medicines were audited throughout the month by staff and management. This included running stock balances for medicines which were not supplied in the blister pack system and inhalers. Nutritional supplements were audited weekly.

Following discussion with the deputy manager and staff, 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 in relation to the standard of record keeping, care planning for pain and swallowing difficulty and the administration of medicines.

Areas for improvement

The management of medicines to be administered “when required” for distressed reactions should be reviewed and revised.

	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 was completed in a caring manner. The senior carer spoke kindly to residents explaining that they were having their medicines. Residents were given time to take their medicines. Senior carers were knowledgeable about the administration of medicines and reminders were recorded on the medicines file for easy reference.

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.

The residents spoken to at the inspection advised that they were very happy in the home. Comments included:

"It's great here, you wouldn't get the like of it anywhere else."
"Staff are perfect."

One relative commented:

"The staff are amazing, a great bunch of girls. I haven't a bad word to say about the place. Mum has settled here. It is a lovely home, they could not be better to her."

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

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

Areas of good practice

Staff were observed to engage with residents. Residents were being encouraged to sit outside in the garden and to take part in the activities.

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 are in place to implement the collection of equality data within Rosemount Care Centre.

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

Staff advised that there were arrangements in place for the management of medicine related incidents. Staff advised that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff advised that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

The governance arrangements for medicines management were examined. Management advised of the auditing processes and how areas for improvement were detailed in an action plan which was shared with staff to address and the systems to monitor improvement. 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 they were familiar with their roles and responsibilities in relation to medicines management. They advised 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.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date.

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

Areas of good practice

There were examples of good practice in relation to the auditing system 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 Julieann McClure, 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 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)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 18 July 2018	<p>The registered person shall ensure that staff receive further training and competency assessment on the management of warfarin.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All Senior care staff will receive further training via supervision on Warfarin management and have competency re-assessed in this area. Further training will also be sought from our current pharmacy supplier. This will be a focus spot audit.</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 18 July 2018	<p>The registered person shall review and revise the management of distressed reactions.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: All Senior care staff will receive further training via supervision on the management of distressed reactions, paying particular attention to the details required in care plans around as required medications to include the reason and outcome of administration. This will be a focus spot audit.</p>

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



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