

Unannounced Post-Registration Medicines Management Inspection Report 27 July 2018



Gortacharn

Type of service: Residential Care Home
Address: 21 Nutfield Road, Lisnaskea, BT92 0LB
Tel No: 028 6772 1030
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 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 15 beds that provides care for residents with a range of care needs as identified in Section 3.0.

The residential care home is located on the same site as Gortacharn nursing home.

3.0 Service details

Organisation/Registered Provider: Gortacharn Responsible Individuals: Mr Richard James Trimble and Mrs Robena Heather Trimble	Registered Manager: Ms Jill Trimble
Person in charge at the time of inspection: Ms Carmelita Cortez, Senior Care Assistant	Date manager registered: 11 May 2018
Categories of care: Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment	Number of registered places: 15

4.0 Inspection summary

An unannounced inspection took place on 27 July 2018 from 10.45 to 14.05.

This was the post registration inspection in relation to medicines management in this newly registered residential care home, located beside Gortacharn 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 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 and the management of controlled drugs.

No areas for improvement were identified at this inspection.

We spoke with two residents who were complimentary regarding the care provided 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Carmelita Cortez, Senior Care Assistant, and Mrs Robena Trimble, Registered Person, 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 most recent care inspection

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 9 January 2018. Other than the 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
- 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 we met with two residents, the senior care assistant and one of the registered persons.

We provided the senior care assistant with 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you' cards in the foyer of the home to inform residents/their representatives, how to contact RQIA to tell us of 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 senior care assistant 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
- care plans
- training records
- medicines storage temperatures

The findings of the inspection were provided to the senior care assistant and one of the registered persons at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 January 2018

The most recent inspection of the home was an announced pre-registration 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. The most recent training on medicines management had been provided in December 2017. Competency assessments were completed annually. Records were provided for inspection.

In relation to safeguarding, the senior care assistant advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided in March 2017.

There were systems in place to ensure that medicines were available for administration on all occasions. There was evidence to confirm that 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 to manage medication changes. Personal medication records were verified and signed by two senior care assistants. This was acknowledged as safe practice.

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.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were well organised. However, a number of liquid medicines, laxatives and inhaled medicines were stored on the bottom of the medicines trolley which was not lockable. This does not prevent unauthorised access to medicines during the medicines round. This was discussed with one of the registered persons who agreed to review the storage arrangements for medicines and to obtain a larger trolley if necessary. Satisfactory recordings were observed for the daily refrigerator temperatures. The temperature of the treatment room had been raised in recent weeks due to the good weather. It was agreed that this would be monitored and corrective action taken if necessary.

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

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 majority of medicines examined had been administered in accordance with the prescriber's instructions. A small number of minor discrepancies were discussed for close monitoring. There were arrangements in place to alert staff of when doses of weekly medicines were due.

We reviewed the management of medicines prescribed to be administered "when required" for the management of distressed reactions. The dosage instructions were recorded on the personal medication record. Detailed care plans directing the use of these medicines were in place. On the occasions when these medicines were administered it was apparent from the daily progress notes that the resident had been distressed/agitated. However, the outcome of the administration had not been recorded. This finding was discussed with the senior care assistant and one of the registered persons. Assurances were provided that this would be actioned from the day of the inspection onwards and hence an area for improvement was not specified at this time.

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. The senior care assistant advised that all residents could verbalise their pain.

The senior care assistant advised 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.

Staff were commended on the standard of maintenance of the medicine records which readily facilitated the audit process.

Practices for the management of medicines were audited throughout the month by senior care assistants. Any discrepancies were investigated and reported to the registered manager for follow up.

Following discussion with the senior care assistant, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. She 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 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.

We observed the administration of medicines to a small number of residents over lunchtime. The senior care assistant engaged the residents in conversation and explained that they were having their 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.

We observed residents having lunch. Some residents had their meal in the dining room while others chose to eat in the lounge. Staff were attentive and asked several times if everything was okay and further servings were offered.

The residents spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines and they were happy for the staff to administer their medicines. They were complimentary regarding the staff and care provided in the home. Comments included:

“That lunch was perfect, you wouldn’t get anything bad in this place.”

“Staff are the best, you couldn’t beat them.”

“(Member of staff) is a great girl, she never stops.”

“I like the company. They have parties and things going on.”

“You could eat everything you get here, it’s great.”

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. All questionnaires were completed and returned. The responses indicated that residents and their representatives were satisfied/ very satisfied with all aspects of the care. One relative raised a concern regarding the evening meals and exercise programmes; this was discussed with the registered manager via telephone call.

Any comments from residents and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

Areas of good practice

Staff were observed to engage with residents and take account of their requests.

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 were in place to implement the collection of equality data within Gortacharn.

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

There were robust arrangements in place for the management of medicine related incidents. The senior care assistant advised that staff knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. The senior carer advised of the auditing processes completed by staff and management. There were systems in place to address areas for improvement and to monitor improvement.

Following discussion with the senior care assistant, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. She advised that any concerns in relation to medicines management were raised with the registered manager; and any resultant action was discussed at shift handovers and team meetings.

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 found throughout the inspection in relation to governance arrangements 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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