Unannounced Post-Registration Medicines Management Inspection Report
20 August 2018

Rylands

Type of Service: Residential Care Home
Address: 11 Doagh Road, Kells, Ballymena, BT42 3LZ
Tel No: 028 2589 2411
Inspector: Judith Taylor

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 14 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 Rylands nursing home.

3.0 Service details

Organisation/Registered Provider: Rylands **Responsible Individuals:** Mr Trevor Duncan & Mrs Karen Duncan	**Registered Manager:** Mrs Valerie Rutherford
Person in charge at the time of inspection: Ms Perla Balmes, Deputy Manager	**Date manager registered:** 6 June 2018
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 14

4.0 Inspection summary

An unannounced inspection took place on 20 August 2018 from 10.30 to 13.45.

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 Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified 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 the governance arrangements, training, the completion of medicine records, the administration of medicines, the management of controlled drugs and the storage of medicines.

No areas for improvement were identified.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Perla Balmes, Deputy Manager, 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

No further actions were required to be taken following the most recent inspection on 12 June 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 incidents: it was ascertained that no incidents involving medicines had been 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 we met with three residents, one resident's relative, one senior carer and the deputy manager.

A sample of the following records was examined during the inspection:

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

We provided 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 patients 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.

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 12 June 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement made as a result of the 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. Staff competency assessments were completed following induction and at six monthly intervals. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training and competency records was provided. Refresher training in medicines management, dementia and dysphagia was completed earlier this year.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records were updated by two trained staff. This is safe practice and was acknowledged.

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.

The management of controlled drugs was reviewed. 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. Additional checks were also performed on other controlled drugs which is good practice. Staff were reminded that the controlled drug key should be kept separately from other medicine keys; this was addressed during the inspection.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. New dosage regimes were transcribed onto specific warfarin administration records by two staff and two staff were involved in each administration. Obsolete records were archived in a timely manner.

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

In relation to medicines storage, one treatment room was used to store the medicines for Rylands residential care home and Rylands nursing home. A separate medicine trolley for Rylands residential care home was in place. The medicines were being stored safely and securely and in accordance with the manufacturer's instructions and there were satisfactory systems in place to manage medicines with a limited shelf life, once opened.

The arrangements for the cold storage of medicines were reviewed. Only one medicine which required cold storage was held in stock. This was discussed in relation to specific cold storage for Rylands residential care home and it was agreed that this would be addressed at the earliest opportunity.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessment, the management of medicines on admission, medicine changes 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

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A small number of discrepancies were observed and discussed with staff for close monitoring. It was agreed that the prescriber would be contacted in relation to one resident's medicines.

There were arrangements in place to alert staff of when doses of weekly medicines were due. Reminders were marked on the medication administration records.

The management of pain and distressed reactions was examined. The medicines were prescribed on the personal medication record and a care plan was maintained. 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. These medicines were rarely required to be administered. Staff confirmed that if administered, the reason for and outcome of the administration were recorded in the resident's notes.

When a resident was prescribed an antibiotic, this was referenced in a care plan.

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. This included daily and weekly audits by staff and monthly audits by management and the community pharmacist.

Following discussion with staff and a review 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 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.

The administration of medicines to residents was not observed during the inspection. Following discussion with the staff they advised that residents were given time to take their medicines and medicines were administered as discreetly as possible; they were knowledgeable about the residents' 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 they were familiar with the residents' likes and dislikes.

We met with three residents, who expressed their satisfaction with the staff and the care provided. They advised that they were administered their medicines on time and any requests e.g. for pain relief, were adhered to. They stated they had no concerns. Comments included:

"The staff are all very good."
"I feel safe here and am content."
"They (staff) are excellent, if you want something they'll get it."
"I'm happy enough and there's good food."
"I enjoy the music and singing."

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, six were returned within the time frame (two weeks). The responses indicated they were very satisfied with the care provided. One comment was made:

"I am very happy with the attention and care that I get."

Any comments in questionnaires received after the return date will be shared with the registered manager as necessary.

Areas of good practice

There was evidence that staff listened to residents and relatives 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. We were advised that arrangements were in place to implement the collection of equality data within Rylands.

Written policies and procedures for the management of medicines were in place. A small number of these were spot checked at the inspection. Staff confirmed that there were procedures in place to ensure that they were made aware of any changes.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, and provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence.

The governance arrangements for medicines management were examined. We were advised of the auditing processes completed and how areas for improvement were shared with staff to address and systems to monitor improvement.

Following discussion with the staff, it was evident that they were familiar with 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.

The staff spoke positively about their work and advised there were good working relationships in the home. We were advised that there were effective communication systems to ensure that all staff were kept up to date. The shift handovers were verbal and a written handover sheet was also in place.

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, 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.

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

@RQIANews