Unannounced Medicines Management Inspection Report
6 March 2018

Hillhall Home

Type of service: Residential Care Home
Address: 11-19 Hillhall Gardens, Lisburn, BT27 5DD
Tel No: 028 9267 9364
Inspector: Frances Gault

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 seven beds that provides care for residents as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust **Responsible Individual(s):** Mr Hugh Henry McCaughey	**Registered Manager:** Mrs Claire Frances Hughes
Person in charge at the time of inspection: Ms Pauline Klontzakas, Residential Worker	**Date manager registered:** 7 March 2016
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	**Number of registered places:** 7

4.0 Inspection summary

An unannounced inspection took place on 6 March 2018 from 9.00 to 10.40.

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).

The inspection assessed progress with any areas for improvement identified since the last medicines management 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 medicines administration, medicine records and storage.

No areas requiring improvement were identified.

Those residents spoken to had enjoyed their breakfast. Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 Pauline Klontzakas, Residential Worker, 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 unannounced care inspection undertaken on 18 October 2017. 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 home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine incidents.

During the inspection the inspector met with four residents and a member of staff.

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
- controlled drug record book
- medicine audits
- care plans
- training records

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 18 October 2017

The most recent inspection of the home was an unannounced care inspection.

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 dated 6 August 2015

There were no areas for improvement identified as a result of the last medicines management inspection.

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, supervision and annual appraisal. Competency assessments were usually completed annually. However, it was noted that medicine competencies for some staff had not been updated in the last year. It was agreed this would be referred to the manager for review. Refresher training in medicines was provided in the last year. Training is also provided every two years in relation to epilepsy management and the administration of midazolam.

Hillhall Home offers a respite service. There were procedures in place to ensure the safe management of medicines during a resident's admission to, and discharge from, the home. All prescribed medicines are received from and returned to families for the respite period. Systems are in place to ensure staff are updated of any changes to medication.

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

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

Areas of good practice

There were examples of good practice in relation to staff training and the management of medicines on admission.

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. One anomaly in relation to the recent administration of a prescribed antibiotic was discussed. Confirmation of the dose had been obtained from the general practitioner but this was not reflected on the personal medication record. The correct dose had been administered.

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. Additional records for pain relief which had been prescribed and administered on a "when required" basis are kept with the personal medication records. The record that was sampled recorded the resident's symptoms and the medicine that was administered. It was agreed that the outcome of administration would also be recorded.

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.

The epilepsy management plan for one resident was examined. This showed a recent increase in seizure activity which had been managed appropriately. Staff were reminded that the plan should be signed by the relevant people.

Medicine records were usually well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the additional sheets to record the reason for the administration of "when required" medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines. We discussed how to ensure that the running balances of liquid medicines were verified when the bottle was finished. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the staff, it was evident that when applicable, families and other healthcare professionals are contacted in response to the residents' needs.

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.

The administration of medicines to residents was completed in a caring manner. This was done on an individual basis with residents going into the office to have their medicines. This ensured the staff and resident had quality time and space to ensure medicines were administered as discreetly as possible.

Those residents spoken to had enjoyed their breakfast. Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One questionnaire was returned from a relative within the time frame. They advised that they were 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 their information and action as required.

Areas of good practice

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.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. 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.

A review of the audit records indicated that largely satisfactory outcomes had been achieved.

Following discussion with the care staff, 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. They advised that any resultant action was communicated with them through staff meetings.

Areas of good practice

There were examples of good practice in relation to governance arrangements and the management of medicine incidents. 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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