

Unannounced Medicines Management Inspection Report 14 July 2016



Killynure House

Type of Service: Residential Care Home
Address: 26 Church Road, Carryduff, BT8 8DT
Tel No: 028 9504 2960
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Killynure House took place on 14 July 2016 from 09.40 to 12.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. There were no areas of improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. Appropriate arrangements were in place for the management of pain. There were no areas of improvement identified.

Is care compassionate?

Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents. There were no areas of improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Mairead McCartan, 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.

1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 7 June 2016.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust Martin Joseph Dillon	Registered manager: See below
Person in charge of the home at the time of inspection: Ms Mairead McCartan, Manager	Date manager registered: Esther Brimmage Acting – No application required
Categories of care: RC-DE	Number of registered places: 40

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home
- The management of medicine related incidents reported to RQIA since the last medicines management inspection

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. No-one availed of this opportunity.

We met with three residents, two care staff and the manager.

A sample of the following records was examined:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07 June 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP is due to be returned on 1 August 2016 and will be followed up by the estates inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 25 January 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: Second time	<p>The registered person must ensure that robust arrangements are in place for auditing the management of medicines.</p> <p>Action taken as confirmed during the inspection: The auditing process has been reviewed and revised. The majority of medicines are contained in a blister pack system. A running stock balance was maintained for those medicines not contained in the blister packs. Stock checks were completed once a week on randomly selected medicines. The community pharmacist completes a quarterly audit.</p>	Met
Requirement 2 Ref: Regulation 13(4) Stated: First time	<p>The registered person must ensure that there are robust arrangements in place for the management of warfarin.</p> <p>Action taken as confirmed during the inspection: Warfarin dosage instructions were initially received by telephone from the General Practitioner's surgery. Two staff members listen to the instruction and record the details. This is then followed up in a confirmation email from the surgery. There was a separate warfarin administration record and a running stock balance.</p>	Met

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8 Stated: Second time	It is recommended that the management of medicines prescribed on a “when required” basis for the management of distressed reactions is reviewed and revised to ensure that all appropriate records are maintained.	Met
	Action taken as confirmed during the inspection: Care plans for the management of distressed reactions were in place for the relevant residents. The reason for and outcome of administration of these medicines was recorded on most occasions.	
Recommendation 2 Ref: Standard 6 Stated: Second time	It is recommended that the arrangements in place for the management of pain are reviewed and revised to ensure that residents’ pain levels can be assessed and care plans are in place where appropriate.	Met
	Action taken as confirmed during the inspection: A care plan for the management of pain was observed during the inspection. Staff confirmed that there was a pain tool that could be used when appropriate.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided in the last year and further training was planned for the coming months.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

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.

There were procedures in place to ensure the safe management of medicines during a resident’s admission to the home.

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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Appropriate arrangements were in place for administering medicines in disguised form.

Discontinued or expired medicines were disposed of appropriately.

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. Medicine refrigerators were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. 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. 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. A care plan was maintained.

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 tool was used as needed. A care plan was maintained.

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 by the staff and management. This included running stock balances for medicines not contained within the blister pack system. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when appropriate to meet the needs of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The administration of medicines to several residents was observed during the inspection. Medicines were administered to residents in the dining room with their breakfast. The staff administering the medicines spoke to the residents in a kind and caring manner. Staff checked with residents whether medicines that were prescribed on a “when required” basis were required.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their resident’s needs, wishes and preferences. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident.

Medicines management was discussed with a small number of residents. All responses were positive regarding the administration of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place.

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.

The manager advised that satisfactory outcomes had been achieved in the audits that were completed. When a discrepancy had been identified, action was taken to rectify the issue and ensure that any learning resulted in a change of practice.

Following discussion with the manager and 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews