



The Regulation and
Quality Improvement
Authority

Unannounced Medicines Management Inspection Report 9 March 2018



Aaron House

Type of service: Residential Care Home

Address: 40 Rosneath Gardens, Ballyoran, Dundonald, BT16 1UN

Tel No: 028 9041 0045

Inspector: Catherine Glover

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 16 beds that provides care for residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Mrs Linda May Wray	Registered Manager: Miss Isabella Harper
Person in charge at the time of inspection: Ms Wendy McCoy, Deputy Manager	Date manager registered: 1 March 2017
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 16

4.0 Inspection summary

An unannounced inspection took place on 9 March 2018 from 12.15 to 14.30.

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 during and 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 and medicine records.

An area requiring improvement was identified in relation to the cold storage of medicines.

Residents were observed to be relaxed and comfortable.

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	*1	0

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Wendy McCoy, 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 care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 12 September 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.

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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 related incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the deputy manager and the residential worker.

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

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

- | | |
|--|----------------------------------|
| • medicines requested and received | • medicine audits |
| • personal medication records | • care plans |
| • medicine administration records | • training records |
| • medicines disposed of or transferred | • medicines storage temperatures |

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

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 September 2017

The most recent inspection of the home was an unannounced 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 dated 7 December 2015

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person must put robust systems in place to ensure medicines are being stored at the correct temperature.	Not met
	Action taken as confirmed during the inspection: The temperature records showed that the refrigerator was consistently outside of the required temperature range. This area for improvement has been stated for a second time.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The necessary improvements should be made to the personal medication records.	Met
	Action taken as confirmed during the inspection: The personal medication records were maintained to a satisfactory standard.	

Area for improvement 2 Ref: Standard 30 Stated: First time	Written Standard Operating Procedures for the management of controlled drugs which are specific to this home should be implemented and shared with staff.	Met
	Action taken as confirmed during the inspection: Standard Operating Procedures were emailed to the inspector following the inspection.	
Area for improvement 3 Ref: Standard 6 Stated: First time	The arrangements in place for the management of pain should be 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: Staff advised that they were familiar with how each resident would express pain and that a pain assessment tool was available for use when necessary.	

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 completed annually. Refresher training in the management of diabetes, epilepsy, dementia and PEG tubes had been completed by staff in recent months.

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

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.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Posters indicating the safeguarding arrangements were prominently displayed in the home.

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

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. The temperature of the medicine refrigerator was noted to be consistently outside of the required range of 2°C to 8°C. See Section 6.2.

Areas of good practice

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

Areas for improvement

No new 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. 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. A care plan was maintained.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents’ health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged which included extra records for monitoring the administration of laxatives and analgesia. Staff were reminded that completed courses of medicines should be promptly cancelled from the personal medication records.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines. In addition, a quarterly audit was completed by the community pharmacist.

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

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.

The majority of residents were attending their day care/work placement at the time of this inspection. Those residents who remained were relaxed and comfortable in the home and staff interactions were observed to be warm and caring.

The administration of medicines to residents was not observed during this inspection, however staff were knowledgeable regarding residents needs and wishes.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report (two weeks).

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 were attentive to the needs of residents.

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. Standard Operating Procedures for the management of controlled drugs had been implemented and were emailed following the inspection.

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. 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 deputy manager and residential worker, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the areas for improvement made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas of good practice

There were examples of good practice 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

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Wendy McCoy, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be completed by: 9 April 2018</p>	<p>The registered person must put robust systems in place to ensure medicines are being stored at the correct temperature.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The thermometer had been replaced as one in use was thought to be faulty. On 4/4/18 Boots Care Home Services supplied Home with a temporary replacement fridge whilst we await delivery of a new one.</p>

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



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