Unannounced Medicines Management Inspection Report
23 March 2017

Adelaide House

Type of service: Residential Care Home
Address: 24-26 Adelaide Park, Belfast, BT9 6FX
Tel No: 028 9066 9362
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Adelaide House took place on 23 March 2017 from 10.20 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?

There was evidence that the management of medicines largely supported the delivery of safe care and positive outcomes for patients. 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. One area for improvement was identified in relation to the completion of reconciliation checks of controlled drugs. A recommendation was made.

Is care effective?

The management of medicines generally supported the delivery of effective care. Two areas for improvement were identified. The registered provider should ensure that further monitoring is undertaken to ensure that antibiotics, inhaled medicines and bisphosphonates are being administered as prescribed and that a care plan for the management of pain is in place for the relevant residents. Two recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Residents consulted with confirmed that they were administered their medicines appropriately. There were no areas for 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 which supported the delivery of care. Systems were in place to enable management to identify and share learning from any medicine related incidents and medicine audit activity. There were no areas for 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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Norma Picking, Registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 December 2016.

2.0 Service details

Registered organisation/registered person: Presbyterian Council of Social Witness Mrs Linda May Wray	**Registered manager:** Mrs Norma Picking
Person in charge of the home at the time of inspection: Mrs Norma Picking	**Date manager registered:** 22 October 2014
Categories of care: RC-MP(E), RC-DE, RC-I	**Number of registered places:** 45

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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.

We met with two residents, the registered manager and two senior care assistants.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Fifteen questionnaires were provided for completion by residents, relatives and staff.

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 15 December 2016

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 their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 19 March 2014

There were no requirements of recommendations made as a result of the last medicines management inspection.

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. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year.

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.

Staff and management were reminded that personal medication records and handwritten entries on medication administration records should be updated by two members of staff.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. The registered manager advised that checks were performed on controlled drugs which require safe custody, at the end of each shift, however a record of these checks was not being maintained. The registered provider should ensure that a record of these reconciliation checks is made. A recommendation was made.

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

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. Staff were reminded that eye preparations must be replaced once the 28 day expiry date has been reached. Medicine refrigerators were checked at regular intervals.

Areas for improvement

The registered provider should ensure that a record of the controlled drug reconciliation checks is maintained. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. However, further monitoring is required for antibiotics, inhaled medicines and bisphosphonates to ensure that they are being administered as prescribed. A recommendation was made.

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. These medicines are rarely used in the home. The registered manager gave an assurance that reference to these medicines would be recorded in the residents' care plans following the inspection.

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. Reference to these medicines should be made in the residents' care plans. A recommendation was made.

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.

Practices for the management of medicines were audited throughout the month by the staff and management. 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 required to meet the needs of residents.

Areas for improvement

The registered provider should ensure that further monitoring is undertaken to ensure that antibiotics, inhaled medicines and bisphosphonates are being administered as prescribed. A recommendation was made.

The registered provider should ensure that a care plan for the management of pain is in place for the relevant residents. A recommendation was made.

Number of requirements	0	Number of recommendations	2

4.5 Is care compassionate?

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were treated courteously, with dignity and respect. Good relationships were evident.

We spoke to two residents during the inspection. No concerns were raised regarding the management of medicines.

Questionnaires were completed by three residents. All comments stated that they were either "satisfied" or "very satisfied" with how their medicines were managed within the home.

Two questionnaires were completed by relatives and no concerns were raised.

Questionnaires were completed by four members of staff. All of the responses indicated that staff were "very satisfied" with how medicines were managed in the home.

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. Management advised that these were reviewed regularly. 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.

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 registered 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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Norma Picking, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 23 April 2017	The registered provider should ensure that a record is kept of the reconciliation checks that are completed on controlled drugs at shift changes.
	Response by registered provider detailing the actions taken: Controlled drugs are now checked at shift handover and recorded.
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 23 April 2017	The registered provider should ensure that further monitoring is undertaken to ensure that antibiotics, inhaled medicines and bisphosphonates are being administered as prescribed.
	Response by registered provider detailing the actions taken: Monitoring has commenced and staff undertaking weekly audits.
Recommendation 3 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 23 April 2017	The registered provider should ensure that a care plan for the management of pain is in place for the relevant residents.
	Response by registered provider detailing the actions taken: Care plans are now in place.

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