

Unannounced Medicines Management Inspection Report 7 October 2016



Ballyowen House

Type of service: Residential Care Home
Address: 179 Andersonstown Road, Belfast, BT11 9EA
Tel No: 028 9063 3103
Inspector: Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ballyowen House took place on 7 October 2016 from 10.45 to 12.35.

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 supported the delivery of safe care and positive outcomes for residents. Staff administering medicines had been trained and deemed competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. No requirements or recommendations were made.

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. Care plans regarding medicines management were in place. No requirements or 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 residents. No requirements or recommendations were made.

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 cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations were made.

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 Mr Stephen Peeples, Person in Charge, 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 care inspection

There were no further actions required to be taken following the most recent inspection on 28 July 2016.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/ Mr Martin Joseph Dillon	Registered manager: Ms Fionnuala Breslin
Person in charge of the home at the time of inspection: Mr Stephen Peoples (Senior Care Assistant)	Date manager registered: 20 February 2013
Categories of care: RC-DE	Number of registered places: 31

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 the person in charge and one visiting professional.

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
- 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 28 July 2016

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made following this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 7 February 2014

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 31 Stated: First time	The registered manager should closely monitor the records of the receipt of medicines to ensure full details are recorded on every occasion.	Met
	Action taken as confirmed during the inspection: Satisfactory records were maintained for incoming medicines.	

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 following induction and as part of the appraisal process. Refresher training in medicines management was completed 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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication 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 and discharge from 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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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. Whilst there was a care plan in place, this should include reference to the medicine. The person in charge advised that he would complete this immediately after the inspection. There was evidence that regular administration had been reported to the prescriber and the dose had been reviewed.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. The person in charge confirmed that staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. He advised that most of the residents could verbalise any pain, and that staff were aware of how pain would be expressed by those residents that could not verbalise pain. A care plan was maintained.

It was 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. The good standard of record keeping was acknowledged.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines, which were not supplied in the 28 day monitored dosage medicine packs. The good practice of recording the date of opening on medicines and also recording the quantity of medicine carried forward to the next medicine cycle was acknowledged.

Following discussion with the person in charge, it was evident that when applicable, other healthcare professionals are contacted in response to medicines management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The morning medication round had been completed before the commencement of the inspection. No medicines were observed to be administered to residents during the inspection. Following discussion with the person in charge, it was ascertained that the administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible. An example was provided of how a resident would have their medicines later in the morning as they liked to stay in bed for a while. Staff confirmed that this did not impact on the minimum time intervals for medicines if they were prescribed throughout the day.

We spoke with one visiting professional who was complimentary about the staff, their knowledge of the residents and the care provided to the residents.

It was not possible to ascertain the views and opinions of residents.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place and there were systems in place to ensure 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 person in charge, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

It was confirmed that if staff had any concerns regarding medicines management, these were raised with the registered manager, and any resultant action was communicated to staff individually, at team meetings and/or at supervision.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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.



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