

# Unannounced Medicines Management Inspection Report 6 September 2017



## 80 Malone Road

Type of service: Residential Care Home  
Address: 80 Malone Road, Belfast, BT9 5BU  
Tel No: 028 9504 0370  
Inspector: Rachel Lloyd

[www.rqia.org.uk](http://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 14 beds that provides care for residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Mr Martin Joseph Dillon	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Miss Fiona Campbell	<b>Date manager registered:</b> Miss Fiona Campbell - Registration Pending
<b>Categories of care:</b> Residential Care (RC): LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of registered places:</b> 14

### 4.0 Inspection summary

An unannounced inspection took place on 6 September 2017 from 09.45 to 12.55.

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 the governance and administration of medicines, the standard of record keeping and the storage of medicines.

No areas requiring improvement were identified.

The resident we spoke with was complimentary about the management of medicines and the care provided in the home.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Fiona Campbell, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent care inspection on 18 May 2017.

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

During the inspection the inspector met with one resident, two senior care assistants and the manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

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
- 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

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 18 May 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 16 October 2015

Areas for improvement from the last medicines management inspection		
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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	It is recommended that the auditing system within the home is reviewed and revised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The new manager had reviewed the auditing systems in place since coming into post. All medicines were being regularly audited, including those not dispensed in the monitored dosage system e.g. liquids and medicines prescribed for use 'when required'. The reason for any discrepancy was investigated and recorded satisfactorily. This area for improvement has been met; however facilitating and simplifying the audit process was discussed (section 6.5).	

## 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. 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 for all relevant staff within the last three years. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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. 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.

No controlled drugs requiring safe custody were prescribed or in use at the time of the inspection.

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 medicine refrigerator was checked at regular intervals when in use, the manager was shown how to reset the refrigerator thermometer and agreed to cascade this to relevant staff.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, 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. These medicines had not been used in recent months. The manager stated that these medicines were under review. It was agreed that a care plan would be maintained if these medicines continue to be prescribed and that the reason for and the outcome of any administration would be recorded.

The sample of records examined indicated that medicines which were prescribed to manage pain were prescribed for use 'when required'. Staff were aware that ongoing monitoring was necessary to ensure that the residents were comfortable. Staff also advised that a pain assessment is completed as part of the admission process and that a pain assessment tool is used if necessary.

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. 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 resident's health were reported to the prescriber.

Medicine records were well maintained and practices for the management of medicines were audited throughout the month. To facilitate and simplify the audit process, it was advised that the date of opening should be recorded for all medicines. The manager agreed and advised that this would be discussed with staff.

Following discussion with the manager and staff, and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to residents' healthcare needs.

### **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
<b>Total number of areas for improvement</b>	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 was not observed at the time of the inspection. During discussion with staff they confirmed that residents were given time to take their medicines and that medicines were given in accordance with the residents' preferences.

Throughout the inspection, it was evident that there were good relationships between residents and staff. The staff treated the residents with respect and their approach was friendly and kind.

The resident we met with spoke positively about the management of medicines and the care provided in the home.

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.

Of the questionnaires that were issued, one was received from a member of staff. The responses indicated that they were satisfied with all aspects of the care in relation to the management of medicines.

## Areas of good practice

Staff administered medicines to residents in accordance with their preferences.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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. These had been reviewed in 2015 and the manager stated she intended to review them in the near future. 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. One medicine related incident reported since the last medicines management inspection was 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 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 medicines related concerns were raised with management. They advised that management were open and approachable and willing to listen. They stated that there were good working relationships within the home and with healthcare professionals involved in residents' care.

**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
<b>Total number of areas for improvement</b>	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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