

Unannounced Medicines Management Inspection Report 23 May 2017



Chestnut Grove

Type of service: Residential Care Home
Address: 59-61 Somerton Road, Belfast, BT15 4DD
Tel No: 028 9504 1610
Inspector: Cathy Wilkinson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Chestnut Grove took place on 23 May 2017 from 10.20 to 13.15.

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 were trained and 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. There were no areas for 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. There were no areas for improvement identified.

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. Residents consulted with confirmed that they had no concerns regarding the care provided by the staff. 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Mairead McCartan, Registered 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 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 21 February 2017.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust Mr Martin Joseph Dillon	Registered manager: Mrs Mairead McCartan
Person in charge of the home at the time of inspection: Mrs Mairead McCartan	Date manager registered: 15 December 2016
Categories of care: RC-E, RC-MP(E), RC-PH, RC-PH(E), RC-I	Number of registered places: 44

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 one senior care assistant.

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 issued to residents, residents' relatives/representatives and staff, with a request that these were completed and returned to RQIA within one week of the inspection.

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 21 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was 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 27 July 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: First time	The registered person must ensure that the management of pain is reviewed to ensure that regularly prescribed pain relief is administered at timely intervals.	Met
	Action taken as confirmed during the inspection: The management of pain had been reviewed and there was evidence that pain relief was administered at appropriate intervals.	
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	It is recommended that the date of opening is recorded for all medicines to facilitate the audit process.	Met
	Action taken as confirmed during the inspection: The date of opening had been recorded on most of the medicines examined during the 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 for all relevant care staff within the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The registered manager advised of the procedures to identify and report any potential shortfalls in medicines. There were safe systems in place for obtaining and storing any prescriptions until they were dispensed.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and hand written entries on medicine 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.

The management of antibiotics was examined. The date of the contact with the general medical practitioner had been recorded in the resident's notes and the medicines had been obtained once the test results had been received. The medicines had been administered the following day. This was discussed with the registered manager who advised that she would keep the process under review to ensure that there were no unnecessary delays in the commencement of antibiotics.

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.

Largely satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin. The registered manager and staff were in the process of implementing a new recording sheet for the management of warfarin which staff advised made the process simpler.

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, monthly or three monthly medicines were due.

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 assessment tool was used as needed. The registered manager was reminded that a care plan should be in place for all relevant residents; it was acknowledged that it was in place for some residents.

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. Areas of good practice were acknowledged.

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 there is significant input by other healthcare professionals. There is a weekly multidisciplinary team meeting to discuss the needs of the community rehabilitation residents.

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 administration of medicines was not observed during this inspection. Good relationships were observed between staff and residents.

The inspector met with two residents. The management of their medicines was not discussed, but they and the other residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, questionnaires were issued to residents, relatives/residents' representatives and staff. Four questionnaires were completed by residents. All of the responses indicated that they were "satisfied" or "very satisfied" with the management of medicines within the home.

Questionnaires were completed by five members of staff. Responses indicated that the member of staff had no concerns with the management of medicines in the home.

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. These had been reviewed and revised in August 2016. The registered manager confirmed that any updates were highlighted to staff.

There were arrangements in place for the management of any medicine related incidents. The registered manager confirmed that all relevant staff knew how to identify and report incidents.

A review of the audit records indicated that good outcomes had been achieved. The registered manager advised of the procedures in place to ensure that appropriate action was taken should a discrepancy arise.

Following discussion with the registered manager, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. The registered manager was the adult safeguarding lead and was aware that medication incidents may need to be considered under safeguarding protocols.

The registered manager confirmed that any concerns in relation to medicines management were raised with management and that outcomes were shared 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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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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