

Unannounced Medicines Management Inspection Report 16 October 2017



Orchardville House

Type of service: Residential Care Home
Address: 12 Orchardville Avenue, Belfast, BT10 0JH
Tel No: 028 9504 3150
Inspector: Paul Nixon

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 32 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Mr Martin Joseph Dillon	Registered Manager: See box below
Person in charge at the time of inspection: Ms Anne Doherty (Temporary Manager)	Date manager registered: Mr Mark Kelly Application received - "registration pending".
Categories of care: Residential Care (RC) DE – Dementia.	Number of registered places: 32

4.0 Inspection summary

An unannounced inspection took place on 16 October 2017 from 09.50 to 13.25.

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, medicines storage and the relationships between staff and their knowledge of the residents and their needs.

Areas requiring improvement were identified in relation to care planning and the management of controlled drugs.

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	*1

*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 Fionnuala McClelland, Assistant Service Manager, Belfast Health and Social Care Trust and Ms Anne Doherty, Temporary 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 9 March 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.

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 incidents since the last medicines management inspection

During the inspection, the inspector met with the assistant service manager, temporary manager and two senior care assistants.

A total of 10 questionnaires were provided for distribution to residents' 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 | • medicine audits |
| • personal medication records | • care plans |
| • medicine administration records | • training records |
| • medicines disposed of or transferred | • medicines storage temperatures |
| • controlled drug record book | |

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 9 March 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 25 January 2016

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 ensure that the applications of external medicines are always recorded.	Met
	Action taken as confirmed during the inspection: Examination of the medicine records and discussion with the care staff indicated that medicine records accurately reflected the applications of external medicines.	
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 6 Stated: First time	Where medication is prescribed on a “when required” basis for the management of distressed reactions, there should be a care plan which identifies the parameters for administration.	Not met
	Action taken as confirmed during the inspection: Records belonging to two residents were examined. Care plans were not in place that identified the parameters for administration of medication prescribed on a “when required” basis for the management of distressed reactions.	
	This area for improvement has been stated for a second time.	

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 had 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 supervision and annual appraisal. Refresher training in medicines management was provided to staff in the previous two years.

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 had been received into the home without delay.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. They confirmed that they had attended safeguarding training.

For newly admitted residents, the personal medication records had not been double checked by staff for accuracy (also see section 6.5). There were otherwise satisfactory procedures in place to ensure the safe management of medicines during a resident's admission to the home.

Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements were not reconciled on each occasion when responsibility for safe custody was transferred. An area for improvement was identified.

Although verbal confirmation of the dosage directions for the high risk medicine warfarin had been received by two staff, written confirmation had not followed from the General Practitioner (GP) practice. The assistant service manager and temporary manager agreed to contact the GP practice regarding this matter.

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 temperature range was monitored daily.

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to the management of controlled drugs.

	Regulations	Standards
Total number of areas for improvement	1	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.

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 not maintained; an area for improvement was stated for the second time. One resident was being administered this type of medicine on a regular basis; the assistant service manager and temporary manager agreed to refer this matter to the prescriber.

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 residents could verbalise any pain.

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 generally well maintained and facilitated the audit process. However, some personal medication records had not been double checked by staff for accuracy, including those for recently admitted residents and newly prescribed medicines. Also, some residents did not have their medicine allergy status declared on their personal medication record. The assistant service manager provided evidence that several issues with the maintenance of the personal medication records had already been identified and action was being taken to address them. Given this assurance, no areas for improvement relating to the maintenance of the personal medication records were specified in the Quality Improvement Plan.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with staff it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with the GP practices, community pharmacist and the Health and Social Care Trust.

Areas of good practice

There were examples of good practice in relation to the administration of medicines.

Areas for improvement

An area for improvement was identified in relation to care planning for residents prescribed medication for administration on a “when required” basis for the management of distressed reactions

	Regulations	Standards
Total number of areas for improvement	0	1

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 to residents was completed in a caring manner, residents were given time to take their medicines and they were administered as discreetly as possible.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were noted to be friendly, courteous and happy in their work; they treated the residents with dignity.

As part of the inspection process, we issued questionnaires to residents’ representatives and staff. No questionnaires were returned within the specified timeframe.

Areas of good practice

There was evidence that staff valued residents and took account of their views. Good relationships were observed between staff and 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. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

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. 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 registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management. Good working relationships were observed between the staff on duty throughout the inspection.

Not all of the recommendations 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 quality improvement plan (QIP) should be regularly reviewed as part of the quality improvement process.

Areas of good practice

There were examples of good practice in relation to the management of medicine incidents and maintaining good working relationships. 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 Fionnuala McClelland, Assistant Service Manager, Belfast Health and Social Care Trust and Ms Anne Doherty, Temporary 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 Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: 15 November 2017	The registered person shall ensure that quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred. Ref: 6.4
	Response by registered person detailing the actions taken: The process for administering, recording and management of controlled drugs has been reviewed and system put in place to ensure the reconciliation of controlled drugs at each handover by the senior team. Two members of the senior team will count all controlled drugs at each handover, record and sign the appropriate template to reflect that this reconciliation of this medication has taken place. The manager will audit compliance with the implementation of this process on a monthly basis
Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: 15 November 2017	Where medication is prescribed on a “when required” basis for the management of distressed reactions, there should be a care plan which identifies the parameters for administration. Ref: 6.2 and 6.5
	Response by registered person detailing the actions taken: A care plan has been designed to guide staff on the care interventions that should be considered for residents who display distressed behaviours associated with their dementia and includes guidance on when PRN medication should be used to support the management of such behaviours. This guidance template has been circulated to senior team responsible for developing care plans. In their role as key worker for individual residents, they will personalise the template to reflect the individual needs of each resident. The registered manager will review and sign all care plans.

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



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