

Unannounced Medicines Management Inspection Report 10 April 2018



611 Ormeau Road

Type of Service: Residential Care Home
Address: 611 Ormeau Road, Belfast, BT7 3JD
Tel No: 028 9504 0583
Inspector: Catherine Glover

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 13 beds that provides care for residents with a learning disability.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT) | Registered Manager: Mrs Josephine Grant |
| Responsible Individual: Mr Martin Joseph Dillon | |
| Person in charge at the time of inspection: Mrs Josephine Grant | Date manager registered: 4 September 2017 |
| Categories of care: Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years | Number of registered places: 13 |

4.0 Inspection summary

An unannounced inspection took place on 10 April 2018 from 11.00 to 13.00.

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 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, the majority of medicine records and the management of controlled drugs.

Areas requiring improvement were identified in relation to medicines storage and records relating to “when required” medicines.

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff.

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 | 0 | 2 |
|--|---|---|

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Josephine Grant, 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.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 18 December 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 incidents

During the inspection the inspector met with two residents, the registered manager and two members of staff.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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
- medicine audits
- policies and procedures
- care plans
- training records

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 December 2017

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

6.2 Review of areas for improvement from the last medicines management inspection dated 20 June 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

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 and a sample was provided for inspection. Refresher training in medicines management was provided every two 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. 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. The arrangements in place for managing medicines for respite care were discussed.

Reconciliation checks and additional records for the administration of Schedule 4 controlled drugs are completed. This good practice was acknowledged.

Some medicines are supplied to residents in pharmacy filled compliance aids. The majority of these aids were appropriately labelled to enable the identification of the medicines contained within them. Some aids however did not enable the positive identification of medicines. This was discussed with the registered manager who agreed to discuss this with the community pharmacists.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. It was noted that there was a significant quantity of discontinued or expired medicines. The registered person advised that staff had planned to dispose of them that

week. It was recommended that this is completed without delay. Several medicines were observed that had not been recorded on the personal medication records. The registered manager advised that on occasion, family members provided home remedies for their relative or that residents may purchase medicines independently while they were shopping. This was discussed and she agreed that this would be reviewed. An overstock of some medicines was also observed. An area for improvement was identified.

Areas of good practice

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

Areas for improvement

The registered manager should closely monitor stock control and discontinued medicines should be promptly disposed of.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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. Some medicines had not been marked with the date of opening and could not be audited. This was discussed with the registered manager who agreed to keep this under review through the audit process.

Medicines prescribed for administration on a “when required” basis for the management of distressed reactions were examined. 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 generally recorded. A care plan was maintained. However, the directions recorded on the personal medication records did not document minimum dosage intervals and a maximum daily dosage for these medicines. An area for improvement was identified.

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. Records of receipt and disposal of medicines were particularly well maintained.

Practices for the management of medicines were audited weekly by the staff and management. In addition, regular audits were completed by the community pharmacist.

Following discussion with the registered manager and staff and observation of care records, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

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

Minimum dosage intervals and maximum daily dosages should be recorded for medicines that are prescribed to be administered on a “when required” basis.

| | 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 had been completed prior to the commencement of this inspection and was therefore not observed.

Staff were knowledgeable regarding residents’ medicines and their needs and preferences. It was evident that there were good relationships between staff and residents.

Of the questionnaires that were issued, ten were returned from residents and relatives. The responses indicated that they were very satisfied with all aspects of the care.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

Staff listened to residents and took account of their views.

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. They were not examined in detail during this inspection. 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. 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.

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.

No online questionnaires were completed by staff within the specified time frame (two weeks).

Staff confirmed that any concerns in relation to medicines management were raised with management.

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 |
|--|-------------|-----------|
| 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 Mrs Josephine Grant, Registered 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 the Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|---|
| 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 32 Stated: First time To be completed by: 10 May 2018 | The registered person shall closely monitor stock control of medicines and discontinued medicines should be promptly disposed of. Ref: 6.4 Response by registered person detailing the actions taken: The Registered Manager will monitor and ensure stock control of all medicines held within 611 Ormeau Road. Discontinued medicines will be promptly disposed of. Auditing records will be maintained |
| Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: 10 May 2018 | The registered person shall ensure that minimum dosage intervals and maximum daily dosages are recorded for medicines that are prescribed to be administered on a "when required" basis. Ref: 6.5 Response by registered person detailing the actions taken: The Registered Manager has liaised with the community pharmacist and all "when required" medication has been reviewed and amended to include dosage intervals and maximum daily dosages on the dispensed medication. |

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



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