Unannounced Medicines Management Inspection Report
22 January 2018

Rigby Close

Type of service: Residential Care Home
Address: 8 Rigby Close, Belfast, BT15 5JF
Tel No: 028 9504 3200
Inspector: Paul Nixon

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 two beds that provides respite care for residents with a learning disability.

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: Mrs Andrea Lee	**Date manager registered:** Mrs Andrea Lee Acting - No application required
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	**Number of registered places:** 2

4.0 Inspection summary

An unannounced inspection took place on 22 January 2018 from 09.50 to 12.05.

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, records and care planning.

No areas requiring improvement were identified.

There were no residents present at the time of the inspection.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Andrea Lee, 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 finance inspection

The most recent inspection of the home was an unannounced finance inspection, undertaken on 20 November 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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection, the inspector met with the manager and one member of care staff.

A total of 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 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
- care plans
- training records
- medicines storage temperatures

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 20 November 2017

The most recent inspection of the home was an unannounced finance inspection. There were no areas for improvement identified as a result of the inspection. The completed QIP was returned and approved by the finance inspector.

This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 21 January 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. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management and epilepsy management, including the administration of rescue medication was provided in the last two years.

Persons with caring responsibility are responsible for ensuring that sufficient medicines are supplied for each period of respite care. Staff advised of the procedures to identify and report any potential shortfalls in medicines and what action would be taken if insufficient medicines were supplied.

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

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 respite resident's key worker liaises with the social worker and family in obtaining current medication details from the general medical practitioner.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There were no medicines being stored or used at the time of this inspection. Audits were completed using the quantities of medicines recorded in the receipt and discharge medicine records. This indicated that the medicines had been administered as prescribed during the period of respite.

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. A care plan was maintained. The medicine had not been administered.

The management of pain was discussed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Pain relief was only used occasionally.

The management of swallowing difficulty was examined. The thickening agent was recorded on their personal medication record. Administrations were recorded and a care plan and speech and language assessment report were in place.

Medicine records were well maintained and facilitated the audit process. Epilepsy management plans were in place for the relevant residents.

Practices for the management of medicines were audited throughout the month by the staff and management. The manager and staff advised that two staff members audit the resident's medication as an integral part of the discharge process.

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
Total number of areas for improvement	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.

There were no residents receiving respite care during the inspection and, therefore, their views could not be sought.

Staff spoke with warmth and familiarity of the residents who use the service. They were familiar with their needs and wishes. Staff advised that there were good relationships with relatives.

As part of the inspection process, we issued questionnaires to residents and their representatives. Four questionnaires were completed and returned within the specified timeframe. Comments received were positive; with responses recorded as 'very satisfied' or 'satisfied' with the care provided in the home.

Areas of good practice

There was evidence that staff listened to residents and relatives 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.

Following discussion with staff it was evident that they were familiar with the medicines management policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report 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 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 concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen.

No members of staff shared their views by completing an online questionnaire.

Areas of good practice

There were examples of good practice in relation to governance arrangements 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

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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