Unannounced Medicines Management Inspection Report
21 June 2016

Ard Cluan

Type of Service: Residential Care Home
Address: 5 Limavady Road, Londonderry, BT47 6JU
Tel No: 028 7134 3297
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Ard Cluan took place on 21 June 2016 from 10.30 to 13.20.

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?

The management of medicines supported the delivery of safe care. 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. There were no areas of 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 of 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. Residents consulted with confirmed that they were administered their medicines appropriately. There were no areas of 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 cascade learning from any medicine related incidents and medicine audit activity. There were no areas of 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 Sandra Boyd, 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 3 May 2016.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness/ Mrs Linda May Wray	**Registered manager:** Mrs Sandra Elizabeth Boyd
Person in charge of the home at the time of inspection: Mrs Sandra Boyd	**Date manager registered:** 1 April 2005
Categories of care: RC-DE, RC-I, RC-PH, RC-PH(E)	**Number of registered places:** 15

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with the registered manager, one senior care assistant, one care assistant and four residents.

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 May 2016

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

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 31 **Stated:** Second time	Personal medication records and records of the administration of bisphosphonate medicines should indicate that doses of bisphosphonate medicines are administered at least 30 minutes clear of food and other medicines.	**Met**
	Action taken as confirmed during the inspection: One current and one recent example of records for these medicines were examined. The personal medication record accurately reflected the appropriate time of administration of these medicines. This was confirmed with staff. The registered manager agreed to request that medicine administration sheets printed by the community pharmacist were printed with the same time. These were amended immediately.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The registered manager should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic medicines in the management of distressed reactions is routinely recorded.	**Met**
	Action taken as confirmed during the inspection: It was acknowledged that these medicines had been used rarely since the last medicines management inspection; however the examples examined had been satisfactorily recorded. Procedures had been amended to facilitate the recording of this information and this was confirmed by staff.	

Recommendation 2 **Ref**: Standard 31 **Stated:** First time	The registered manager should ensure that handwritten additions to printed medication administration records are checked and signed by two staff to ensure accuracy in transcription.	**Met**
	Action taken as confirmed during the inspection: This was evidenced in records examined and staff confirmed that this was routine procedure.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually at appraisal. Refresher training in medicines management was provided annually by the community pharmacist and had last taken place in December 2015. The most recent training was in relation to the management of challenging behaviour in February 2016.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Procedures were in place to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged. For one resident some prescribed medicines were not recorded on the current personal medication record, this was amended immediately.

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.

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. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin.

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. Suitable arrangements were in place for the management of medicines which required cold storage.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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 and three monthly medicines were due.

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. The reason for and the outcome of administration were recorded. A care plan was maintained. The registered manager stated that strategies to reduce distressed reactions were in place and it was acknowledged that these medicines were rarely used.

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 pain is assessed as part of the admission process. A care plan was not maintained. It was discussed and agreed that when a resident requires analgesia on a regular basis that this should be recorded in the care plan.

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 regularly by staff and overseen by the registered manager. These audits included medicines not included in the monitored dosage system e.g. liquids, inhalers, transdermal patches and 'when required' medicines. These audits had resulted in positive outcomes. In addition, the community pharmacist completed audits and provided feedback.

It was evident that when applicable, other healthcare professionals were contacted regarding the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

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

During discussions with staff and residents it was identified that residents were listened to and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of individual residents.

We met with four residents in groups in the dining room following lunch. All indicated that they were satisfied with the way their medicines were managed and stated that they were content. They were complimentary about their care and the staff in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These were dated June 2013. There was evidence that these had been shared with staff and were used during staff induction and training.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents should they occur.

Following discussion with the staff on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management and any concerns in relation to medicines management would be raised with the registered manager.

The recommendations made at the last medicines management inspection had been addressed effectively.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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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