Unannounced Medicines Management Inspection Report
10 November 2016

Mulhern Close Residential Home

Type of service: Residential Care Home
Address: 58 Coolnagard Avenue, Omagh, BT78 1GA
Tel No: 028 8225 0382
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Mulhern Close Residential Home took place on 10 November 2016 from 10.55 to 14.15.

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. No requirements or recommendations were made.

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. No requirements or recommendations were made.

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. No requirements or recommendations were made.

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. No requirements or recommendations were made.

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 Kerri Lowry, 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 31 May 2016.

2.0 Service details

Registered organisation/registered person: Inspire Wellbeing Limited Mr Peter Arthur James McBride	**Registered manager:** Mrs Kerri Lowry
Person in charge of the home at the time of inspection: Mrs Kerri Lowry	**Date manager registered:** 3 August 2015
Categories of care: RC-LD, RC-LD(E)	**Number of registered places:** 12

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 three care staff, the deputy manager and the registered manager.

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 31 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 the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 4 September 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must increase the level of audit activity on all medicines which are not contained within the blister pack system.	**Met**
	Action taken as confirmed during the inspection: A revised auditing system has been introduced. Audit trails on non-blistered medicines were carried out every third day. In addition a weekly audit was also completed.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must submit the following policies to RQIA: • Policy for the management of covert administration • Policy on the management of thickening agents • Policy for the management of nutritional supplements • Policy for the management of external preparations.	**Met**
	Action taken as confirmed during the inspection: The policies were updated and a copy submitted to RQIA.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that records for the prescribing and administration of external medicines are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: Accurate records for the prescribing and administration of external medicines were observed.	
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that records for the prescribing and administration of bisphosphonate medicines accurately reflect practice.	**Met**
	Action taken as confirmed during the inspection: Records for the prescribing and administration of bisphosphonate medicines indicated that they were being administered at least 30 minutes before the first medicines or food of the day.	
Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that external medicines are stored securely.	**Met**
	Action taken as confirmed during the inspection: External medicines were observed to be stored securely.	
Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that prescribed medicines are available for administration on all occasions.	**Met**
	Action taken as confirmed during the inspection: All prescribed medicines were available on the day of the inspection. Staff advised of the procedures to ensure that residents had a continuous supply of their prescribed medicines.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 30, 31 **Stated:** First time	The registered person should ensure that the outcome of the administration of medicines for the management of distressed reactions is recorded on all occasions.	**Met**
	Action taken as confirmed during the inspection: The reason for and outcome of each administration were recorded on the reverse of the medication administration recording sheets.	
Recommendation 2 **Ref:** Standard 31 **Stated:** First time	The registered person should ensure that the consistency level for thickening agents is recorded on the records of administration.	**Met**
	Action taken as confirmed during the inspection: The consistency level for thickening agents was recorded on the records of administration.	
Recommendation 3 **Ref:** Standard 32 **Stated:** First time	The registered person should review the storage of oxygen to ensure that masks are covered and signage is in place.	**Met**
	Action taken as confirmed during the inspection: Oxygen masks were covered and signage was in place.	

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 for team leaders who had been delegated medicine related tasks. The impact of training was monitored through supervision and competency assessments. Competency assessments were completed following induction and annually thereafter. Epilepsy awareness training was completed in May 2016 and August 2016.

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.

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.

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 rectal diazepam. Up to date epilepsy management plans were readily assessable for staff.

Appropriate arrangements were in place for administering medicines in disguised form.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

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. Medicine refrigerators and oxygen equipment were checked at regular intervals.

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.

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. Detailed care plans were in place. 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.

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 only some residents could verbalise their pain. For other residents care plans detailing how they expressed their pain were in place.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were in place. Records of administration were maintained.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents' health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Staff were commended for their ongoing efforts.

Practices for the management of medicines were audited weekly by the team leaders and management. This included stock balance checks for several solid dosage medicines at three day intervals.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to medication related issues.

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.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. At the start of the inspection some residents were going out shopping with staff.

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. Management advised that these were reviewed regularly. 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.

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 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 any resultant action was communicated with staff either individually or at team meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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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