

Unannounced Medicines Management Inspection Report 21 August 2018



Oriel House

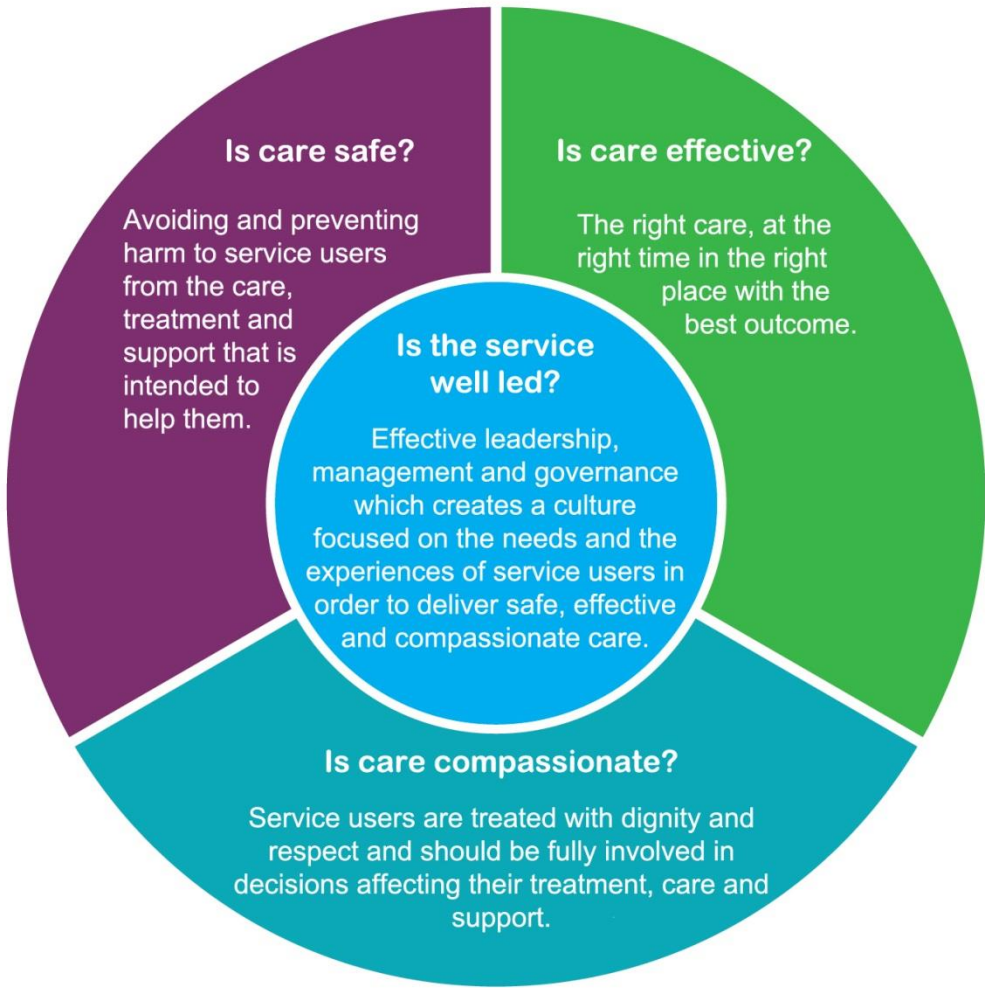
Type of service: Residential Care Home
Address: 30 Oriel Road, Antrim, BT41 4HP
Tel No: 028 9448 8161
Inspector: Paul Nixon

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 8 beds that provides care for residents with a variety of care needs, as detailed in section 3.0

3.0 Service details

Organisation/Registered Provider: Oriel House Responsible Individual: Mrs Margaret Teresa Thompson	Registered Manager: See box below
Person in charge at the time of inspection: Ms Julie Wallace (Senior Care Assistant)	Date manager registered: Ms Josephine Linton Acting – no application required
Categories of care: Residential Care (RC): I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: 8 Categories of care RC-DE for two identified individuals and RC-PH for one identified resident. That residents accommodated in the two upstairs bedrooms are suitably assessed in terms of mobility.

4.0 Inspection summary

An unannounced inspection took place on 21 August 2018 from 09.50 to 12.45.

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 and the management of controlled drugs.

Areas requiring improvement were identified in relation to medicine governance, the management of medicines during the admission process, medicine records and medicine storage.

There was a warm and welcoming atmosphere in the home. Residents were relaxed and good relationships with staff were evident. They spoke positively about the management of their medicines and the care provided in the home. They were complimentary about the staff and management.

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	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Teresa Thompson, Responsible Individual and Ms Julie Wallace, Person-in-Charge, 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 follow up care inspection completed on 26 July 2018. 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 related incidents that had been reported to RQIA since the last medicines management inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with two residents, three members of staff and the responsible individual.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. At the request of the inspector, the person-in-charge was asked to display a poster in the home which invited staff to share their views of the home by completing an online questionnaire.

The inspector left "Have we missed you?" cards. The cards facilitate residents or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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

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 responsible person and 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 completed on 26 July 2018

The most recent inspection of the home was an unannounced follow up care inspection. The completed QIP will be reviewed by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection completed on 13 April 2016

Areas for improvement from the last medicines management inspection		
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 Improvement1 Ref: Standard 31 Stated: First time	The registered person should ensure the use of thickening agents is recorded.	Met
	Action taken as confirmed during the inspection: No residents were prescribed a thickening agent. However, staff explained the arrangements that had been put in place for recording the use of thickening agents using a weekly grid format. Given these assurances this area for improvement has been assessed as met.	

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.

An induction process was in place for care staff who had been delegated medicine related tasks and the community pharmacist had provided refresher training in medicines management to them within the last year. The responsible individual gave an assurance that further training would be arranged for staff, without delay, in relation to the areas for improvement identified during the inspection.

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

The management of medicines during a resident's admission to the home was examined. The prescriber had not been requested to provide written confirmation of the currently prescribed medicines. Also, personal medication records and handwritten entries on medicine administration records were not signed by two members of staff. This is needed to facilitate the safe administration of medicines. An area for improvement was identified.

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.

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.

Discontinued or expired medicines were disposed of appropriately.

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

A system was not in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened (in this instance, several eye treatment medicines). An area for improvement was identified.

Areas of good practice

There were examples of good practice in relation to the management of controlled drugs.

Areas for improvement

Review systems to ensure the safe management of new residents' medicines

A system should be in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, some boxed medicines could not be audited because the date and time of opening had not been recorded. The responsible individual gave an assurance that this matter would be rectified as part of a review of the medicines management audit arrangements.

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 maintained. However, the reason for and the outcome of administration were not routinely recorded. 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.

With the exception of the personal medication records, the medicine records were maintained in a satisfactory manner and facilitated the audit process. The following observations indicated the need to ensure residents' personal medication records are accurately maintained in order to facilitate the safe administration of medicines:

- two medicines were not recorded
- three eye treatment medicines did not have the route of application recorded
- one resident had four personal medication record sheets in current use; this was not highlighted on each record
- obsolete records were not always archived

An area for improvement was identified.

Following discussion with the staff, it was evident that other healthcare professionals are contacted when required to meet the needs of residents. Staff advised that they had good working relationships with healthcare professionals involved in resident care.

Areas of good practice

There were examples of good practice in relation to the standard of care planning and the administration of medicines.

Areas for improvement

Whenever a medicine prescribed on a “when required” basis for the management of distressed reactions is administered, the reason for and the outcome of administration should be routinely recorded.

Personal medication records need to be accurately maintained.

	Regulations	Standards
Total number of areas for improvement	1	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.

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.

The residents we spoke with advised that they were content with the management of their medicines and the care provided in the home. They were complimentary regarding staff and management. Comments made included:

- “Brilliant care; staff look after me well; the food is excellent; I get my medicines.”
- “It’s great here; staff look after me well; food is very good; I get my medicines.”

None of the questionnaires that were issued for residents and their representatives to complete were returned.

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.

We discussed the arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. Arrangements are in place to implement the collection of equality data within Oriel House.

Written policies and procedures for the management of medicines were in place. These were not examined.

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.

The governance arrangements for medicines management were reviewed. From the observations made during the inspection and the audit records examined, it was concluded that practices for the management of medicines were not systematically audited. The last evidence of any medicines audit activity was on 10 June 2018, when the records of only one resident had been examined. There was limited evidence of oversight of the audit activity by the responsible individual. As there were areas for improvement identified in the domains of safe and effective care, a robust auditing system must be developed and implemented. An area for improvement was identified.

Following discussion with the care staff, it was evident they knew 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 clearly defined roles and responsibilities for staff.

Areas for improvement

Practices for the management of medicines need to be systematically audited to ensure they are consistent with the home's policy and procedures.

	Regulations	Standards
Total number of areas for improvement	1	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 Teresa Thompson, Responsible Individual and Ms Julie Wallace, Person-in-Charge, 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 providers 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 with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: 20 September 2018	The registered person shall ensure the safe management of new residents' medicines. Ref: 6.4 Response by registered person detailing the actions taken: New policy and procedure implemented September 2018 in conjunction with Strategic Thinking Ltd.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 20 September 2018	The registered person shall ensure that personal medication records are accurately maintained. Ref: 6.5 Response by registered person detailing the actions taken: Commenced with Boots Pharmacy 20/09/18, observations and auditing ongoing.
Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: 20 September 2018	The registered person shall ensure that a robust auditing system which covers all aspects of medicines management is developed and implemented. Ref: 6.7 Response by registered person detailing the actions taken: New policy and procedure implemented September 2018 in conjunction with Strategic Thinking Ltd. Auditing forms developed using RQIA and Boots guidance.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 20 September 2018	The registered person shall ensure that a system is in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Ref: 6.4 Response by registered person detailing the actions taken: New policy and procedure implemented. Ongoing auditing and observations.

<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2018</p>	<p>The registered person shall ensure that whenever a medicine prescribed on a “when required” basis for the management of distressed reactions is administered, the reason for and the outcome of administration are routinely recorded.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All staff informed of same through handovers and staff communication book. Will be discussed at next staff meeting.</p>

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



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