

Unannounced Medicines Management Inspection Report 23 November 2017



Action on Hearing Loss

Type of service: Residential Care Home
Address: 1-2 Harkness Gardens, Londonderry, BT47 6GG
Tel No: 028 7134 1005
Inspector: Judith Taylor

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 six beds registered to provide care for residents under the categories of care detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Royal National Institute for Deaf People t/a Action on Hearing Loss Responsible Individual: Mrs Sharon Ford	Registered Manager: Mrs Ann Patricia Kelly
Person in charge at the time of inspection: Mrs Ann Patricia Kelly	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) MP – Mental disorder excluding learning disability or dementia LD – Learning disability SI – Sensory impairment	Number of registered places: 6

4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 10.20 to 13.35.

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 the governance arrangements for medicines, medicines administration, care planning and the storage of medicines.

Areas requiring improvement were identified in relation to the completion of some medicine records.

We were unable to obtain the views of residents; however, they were noted to be relaxed and comfortable in the home.

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 Patricia Kelly, 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 21 September 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 medicine related incidents 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, two staff and the registered manager.

A total of ten questionnaires were provided for distribution to residents 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

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 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 21 September 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 12 May 2015

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 improvement 1 Ref: Standard 30 Stated: First time	It is recommended that the registered person should ensure comprehensive and current care plans detailing the management of anxiolytic medicines prescribed on an "as required" basis are maintained.	Met
	Action taken as confirmed during the inspection: Three residents' records were examined. The management of distressed reactions including the parameters for administration of anxiolytic medicines was recorded in the residents' person centred support plan and health action plan.	
Area for improvement 2 Ref: Standard 30 Stated: First time	It is recommended that the registered person should ensure any changes to prescribed analgesic and anxiolytic medicines are recorded on the resident's personal medication record and care plan.	Met
	Action taken as confirmed during the inspection: There was evidence that any changes to prescribed medicines were recorded on the resident's personal medication record, person centred support plan and health action plan.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed at least annually. Refresher training in medicines management and safeguarding was provided in the last year.

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 and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were robust arrangements in place to manage changes to prescribed medicines. Staff confirmed that they were made aware of any changes. The registered manager provided details of the supporting records which were developed to ensure that the administration of new medicine dosages was adhered to.

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 temporary absence from the home.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer’s instructions. The handover of medicine keys was recorded and signed in a log book which is good practice.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

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. These details were recorded in their care plans. The reason for the administration was recorded; however, the outcome of each administration was not recorded. An area for improvement was identified.

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 they were familiar with the residents and how they would express pain. Examples were provided. Information was also recorded in the resident's care plans. Reminder alerts and a specific flow chart regarding the administration of paracetamol were also in place.

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. They provided details of when a resident had experienced some swallowing difficulty and the medicine formulation was changed to liquid to assist swallowing.

Most of the medicine records were well maintained and facilitated the audit process. In relation to the personal medication records, a small number of entries on these records did not correlate with the printed medication administration records; this was discussed for corrective action. A few personal medication records required a second signature to denote accuracy of the record when updated or reprinted. An area for improvement was identified.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines prescribed to be administered on a "when required" basis. In addition a second member of staff checked the records after each medicine round to confirm that all medicines had been administered as prescribed; this good practice was acknowledged. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to residents' healthcare needs

Areas of good practice

There were examples of good practice in relation to the completion of most medicine records, care planning and the administration of medicines.

Areas for improvement

When staff administer medicines on a “when required” basis to manage distressed reactions, the outcome of the administration should be recorded on each occasion.

The necessary arrangements should be made to ensure that personal medication records and medication administration records are fully and accurately maintained.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to one resident was observed. This was completed in a caring manner and the medicine was administered as discreetly as possible.

Staff provided examples of when medicines were administered at a later or earlier time to facilitate the residents’ preferences/needs. It was clear from discussion with staff, that they were familiar with the residents’ likes and dislikes.

It was not possible to obtain the views of residents at the inspection; however, they were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

At the time of issuing this report, no questionnaires had been completed or returned by residents, their representatives or staff.

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. 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 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. 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.

A review of the audit records indicated that satisfactory outcomes had been achieved. The registered manager advised of the procedures followed if a discrepancy was identified and how this was raised with staff for corrective action.

Following discussion with the registered manager and 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. They also stated that there were good working relationships within the home and with healthcare professionals involved in the residents' care.

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 Ann Patricia Kelly, 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 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 24 December 2017</p>	<p>The registered person shall ensure that when medicines are administered for the management of distressed reactions, the outcome of the administration is recorded.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: At team meeting on 07.12.17 staff were reminded to complete the Results/Comments section of the PRN form. The procedure for administration of PRN medications has been changed to include removal of PRN form from folder after completion of rationale section to the daily records so the outcome section can be completed when an appropriate time has passed to allow assessment of effectiveness. all staff will be e-mailed the revised procedure (page 13 of Medication procedures document) and team meeting notes.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 24 December 2017</p>	<p>The registered person shall review the completion of personal medication records and medication records to ensure these are fully and accurately maintained.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All Medication records have been checked against copy prescriptions and amended to reflect only items currently prescribed, staff have liaised with the dispensing chemist to ensure MAR sheets also reflect only current medications.</p>

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



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