

Unannounced Medicines Management Inspection Report 21 September 2017



Seven Oaks Housing with Care

Type of service: Residential Care Home
Address: Crescent Link, Londonderry, BT47 6DN
Tel No: 028 7131 1278
Inspector: Rachel Lloyd

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 16 beds that provides care for residents living with dementia. The home shares accommodation with a supported living service for service users with dementia.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Mrs Antoinette Margaret Strawbridge
Person in charge at the time of inspection: Mrs Antoinette Strawbridge	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 16

4.0 Inspection summary

An unannounced inspection took place on 21 September 2017 from 10.40 to 15.00.

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 staff training and competency assessment, the management of medicines on admission, controlled drugs, the storage of medicines, care planning and the management of pain and distressed reactions.

Areas requiring improvement were identified in relation to ensuring that all medicines are available for administration as prescribed, audit procedures, and the review of the action taken and the learning following medicine incidents.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Antoinette Strawbridge, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 29 June 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 two residents, one senior care assistant and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

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 | • medicine audits |
| • personal medication records | • policies and procedures |
| • medicine administration records | • care plans |
| • medicines disposed of or transferred | • training records |
| • controlled drug record book | • medicines storage temperatures |

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 29 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was approved 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 dated 17 February 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 improvement 1 Ref: Standard 6 Stated: First time	It is recommended that the procedures in place for the use of 'when required' medicines for pain relief and the management of distressed reactions, are reviewed, to ensure that care plans are in place.	Met
	Action taken as confirmed during the inspection: Examination of a sample of records indicated that care plans were in place for 'when required' pain relief and medication prescribed for distressed reactions. These had been regularly reviewed and updated. The content of these care plans and ensuring that the type of 'distressed reaction' that may be expressed by the individual resident, is included, was discussed and agreed.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. The most recent training was in relation to the completion and management of electronic medicine administration records (eMARs), which were introduced in February 2017.

Systems to manage the ordering of prescribed medicines to ensure that adequate supplies were available were reviewed. All prescribed medicines examined were available at the time of the inspection; although a few examples of medicines recently being omitted due to being out of stock were observed. Notifications of some prescribed medicines being omitted due to being out of stock had been reported to RQIA and these were discussed. Staff stated that although this problem had previously been addressed, some issues have occurred since the eMAR system was introduced. They included some issues with the introduction of the system e.g. obtaining monthly orders of repeat medicines in time, and duplicate entries and delays in the addition of new medicines to eMARs. Antibiotics and newly prescribed medicines had not always been received into the home and administered promptly. The registered manager confirmed that she has shared concerns with the relevant persons where appropriate. Staff were reminded of the guidance from the Health and Social care Board (HSCB) regarding the acquisition of prescriptions. Systems need to be reviewed to ensure that all medicines are available for administration as prescribed. An area for improvement was identified.

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.

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.

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 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. The medicine refrigerator was checked at regular intervals.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to reviewing procedures to ensure that all medicines are available for administration as prescribed.

	Regulations	Standards
Total number of areas for improvement	1	0

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 (see section 6.4). 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 medicines were due.

The management of distressed reactions and pain were reviewed. The relevant information was recorded in the resident’s care plan, personal medication record and records of administration.

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 largely well maintained. The register manager stated that she intended to audit the completion of the eMARs more frequently to ensure that the issues highlighted in section 6.4 are addressed.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist. Many of the medicines examined were not marked with the date of opening. The benefits of marking all medicines with the date of opening to facilitate audit was highlighted to staff and management. An area for improvement was identified.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

Areas of good practice

There were examples of good practice in relation to care planning, the administration of medicines and the management of pain and distressed reactions.

Areas for improvement

One area for improvement was identified in relation to recording the date of opening on all medicines to facilitate audit.

	Regulations	Standards
Total number of areas for improvement	0	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.

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

It was not possible to ascertain the views and opinions of residents specifically regarding the management of their medicines. However, they were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff demonstrated a good knowledge of the residents' wishes and preferences.

At the time of issuing this report, two questionnaires had been returned from residents, indicating satisfaction with all aspects of the care in relation to the management of medicines.

Areas of good practice

There was evidence that staff listened to residents and took account of their wishes and preferences.

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. These had been revised in March 2017. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

The management of medicine related incidents was examined. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. Whilst there were arrangements in place to manage medicine related incidents, these should be reviewed to ensure that the action taken is effective and that the learning is shared and sustained. An area for improvement was identified.

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 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 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.

Areas of good practice

There were examples of good practice in relation to policies and procedures and the identification and reporting of medicine incidents. There were clearly defined roles and responsibilities for staff.

Areas for improvement

One area was identified for improvement in relation to reviewing the action taken and the learning as a result of medicine incidents.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Antoinette Strawbridge, 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 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: 21 October 2017	<p>The registered person shall review procedures to ensure that all medicines are available for administration as prescribed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has been liaising with Practice Pharmacists and the Pharmacy provider to ensure medicines are available for administration as prescribed.</p>
Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 21 October 2017	<p>The registered person shall review procedures to ensure that the date of opening is recorded on all medicines to facilitate audit.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Procedures have been reviewed to ensure that the date a medication is opened is recorded on all medicines to facilitate audit.</p>
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 21 October 2017	<p>The registered person shall review the management of medicines incidents to ensure that the action taken is effective and that the learning is shared and sustained.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Links between Practice Pharmacists, the Pharmacy provider and Registered Manager will be maintained to ensure that any action taken is effective and learning is shared and sustained.</p>

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



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