

Unannounced Medicines Management Inspection Report 5 June 2017



Barnlee

Type of service: Residential Care Home
Address: 37 Lisnaskea Road, Barnhill, Lisnaskea, BT92 0HD
Tel No: 028 6772 3233
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 23 beds that provides care for residents living with learning disability or physical disability.

3.0 Service details

Organisation/Registered Provider: FACT Responsible Individual: Mrs Ruth Hill	Registered Manager: Ms Geraldine O'Neill
Person in charge at the time of inspection: Mrs Pamela Weir, Deputy Manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD - Learning disability LD(E) - Learning disability – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 23 18 in Main House and 5 in Lee Cottage

4.0 Inspection summary

An unannounced inspection took place on 5 June 2017 from 09.25 to 13.00.

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).

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 medicine administration, medicine records, storage and the management of controlled drugs..

No areas requiring improvement were identified.

Residents said they were very satisfied with the care received.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Pamela Weir, Deputy 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 February 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 service 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 four residents, the deputy manager and two staff.

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

A sample of the following records were 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
- medicines storage temperatures

Areas for improvements 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 23 February 2017

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.

6.2 Review of areas for improvement from the last medicines management inspection dated 11 April 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person must review and revise the procedures in place for ordering medicines to ensure all service users have a continuous supply of their prescribed medicines.	Met
	Action taken as confirmed during the inspection: The deputy manager confirmed that the policy and procedure for ordering medicines had been reviewed and discussed with the relevant staff. Discussion regarding the ordering process had also taken place with the health centre practice manager. All medicines were in stock.	
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	The registered person should ensure that all designated staff are trained and deemed competent to manage medicines.	Met
	Action taken as confirmed during the inspection: Since the previous inspection all designated staff had received either induction or update medicines management training and their competencies had been reviewed by management.	

<p>Area for improvement 2</p> <p>Ref: Standard 34</p> <p>Stated: First time</p>	<p>The registered person should put systems in place to ensure all medicines are stored at the correct temperature.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Medicines were stored at the correct temperature. The temperatures of the medicines storage areas and medicines refrigerator were regularly monitored.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 10</p> <p>Stated: First time</p>	<p>The registered person should review the management of medicines prescribed on a “when required” basis for the management of distressed reactions to ensure comprehensive care plans are in place and staff record why and when a medicine is administered and details of the outcome of each administration.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The management of medicines prescribed on a “when required” basis for the management of distressed reactions had been reviewed to ensure comprehensive care plans are in place and staff record why and when a medicine is administered and details of the outcome of each administration. The dosage instructions were recorded on the personal medication record. A care plan was maintained. . Although there had been no administration of these medicines recently, staff knew how to record administrations. Given this assurance, this area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person should review and revise the procedures in place for the management of pain.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The procedures in place for the management of pain had been reviewed. The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. No residents were administered analgesia on a regular basis. A pain assessment tool was used when necessary.</p>		

Area for improvement 5 Ref: Standard 30 Stated: First time	The registered person should review and revise policies and procedures for auditing medicines to ensure they are robust.	Met
	Action taken as confirmed during the inspection: The policy and procedure on the auditing of medicines had been reviewed and revised. All medicines in use were being audited on a daily basis.	
Area for improvement 6 Ref: Standard 30 Stated: First time	The registered person should ensure that the outcome of medicine audits are reviewed and followed up to ensure any incidents or errors are analysed and any learning is embedded into practice	Met
	Action taken as confirmed during the inspection: The deputy manager confirmed that any issues arising from medicine audits were discussed with senior staff and learning outcomes formed part of monthly meetings and staff supervision. There had been no recent issues arising from this audit activity.	

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 for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management 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 had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

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.

Whilst no residents were prescribed controlled drugs which require safe custody, shift handover checks were performed on other controlled drugs.

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

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, competency assessments, the management of medicines on admission and controlled drugs..

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. There were arrangements in place to alert staff of when doses of weekly medicines were due.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and administrations were recorded. However, details of the fluid consistency were not included on the personal medication record or fluid intake charts. The deputy manager gave an assurance that this matter would be addressed without delay. Care plans and speech and language assessment reports were 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.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited daily by the staff and the outcomes were reported to management.

Following discussion with the deputy manager and staff it was evident that, when applicable, other healthcare professionals are contacted in response to the healthcare needs of residents. Staff on duty advised that they had good working relationships with the community pharmacy, GP practices and the Health and Social Care Trust.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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. One resident fully managed their medicines and several other residents self-administered some of their prescribed medicines. There were risk assessments and care plans in place. Staff monitored the self-administration arrangements on an ongoing basis.

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 spoken with advised that they were very satisfied with the care experienced. 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. Staff were noted to be friendly and courteous, and happy in their work; they treated the residents with dignity.

As part of the inspection process, we issued questionnaires to residents, residents’ representatives and staff. Five residents and three resident’s representatives completed and returned questionnaires within the specified timeframe. Comments received were positive; the responses were recorded as ‘satisfied’ or ‘very satisfied’ with the management of medicines in the home.

Two members of staff also completed a questionnaire. The responses were positive and raised no concerns about the management of medicines in the home.

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. 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. Any anomalies in the medicine administration procedures identified by the robust internal auditing system were reported to RQIA as incidents. 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 lead and 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 deputy 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.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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