Unannounced Medicines Management Inspection Report
26 February 2019

Mantlin Cottage

Type of service: Residential Care Home
Address: Mantlin Road, Kesh, BT93 1TU
Tel No: 028 6863 1248
Inspector: Helen Daly

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 which provides care for up to nine residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group / Challenge **Responsible Individual:** Mr Andrew James Mayhew	**Registered Manager:** Mr Derek Maxwell
Person in charge at the time of inspection: Mr Derek Maxwell	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	**Number of registered places:** 9

4.0 Inspection summary

An unannounced inspection took place on 26 February 2019 from 10.15 to 12.35.

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

No areas for improvement were identified at this inspection. The registered manager and staff are commended for their ongoing efforts.

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 Mr Derek Maxwell, 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.

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 4 September 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
- 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 we met with one resident, the administrator, the team leader and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform residents/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the registered manager to display a poster which invited staff to share their views and opinions 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
- care plans
- training records
- medicines storage temperatures

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 4 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP 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 7 June 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

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 team leaders who have been trained and deemed competent to do so. Training was provided annually by the community pharmacist and every three years by the registered provider. Competency assessments were completed annually. Records were available for inspection. Training on the management of thickening agents had been provided by the speech and language therapist as part of resident reviews.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training was provided annually.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and to manage medication changes. Personal medication records and hand-written entries on the medication administration records were verified and signed by two trained staff. This safe practice was acknowledged.

There were systems in place to ensure that residents had a continuous supply of their prescribed medicines. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay. Robust arrangements were in place for the management of medicines during periods of home leave.

Controlled drugs which are subject to record keeping requirements were not prescribed for any residents.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

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. Satisfactory recordings were observed for the daily room and refrigerator temperatures.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medication 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. Detailed care plans were in place. The reason for and the outcome of administration were recorded. These medicines were used infrequently.

Regular pain relief was not prescribed for any residents at the time of the inspection. Pain was managed using medicines included in the home remedy system, which was authorised by the prescriber. In relation to residents who could not tell staff when they were in pain, the team leader advised that staff were aware of how the residents would express pain. Where pain relieving medicine had been administered the reason for and outcome of administration had been recorded. This is good practice.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, care plans and speech and language assessment reports were in place.

Records of prescribing and administration, which included the recommended consistency levels, were appropriately maintained.

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. Staff were commended for their ongoing efforts.

Practices for the management of medicines were audited throughout the month by team leaders and the registered manager. Medicines which are not supplied in the monitored dosage system were audited each evening. These audits included inhaled medicines and nutritional supplements. The registered manager completed a monthly audit.

The team leader advised that when applicable, other healthcare professionals were contacted in response to medication related issues and that there were excellent working relationships with the community pharmacist and general practitioners.

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.

We did not observe the administration of medicines to any residents. The team leader advised that medicines were administered discreetly to each resident in a location of their choice. A record of how each resident liked to take their medicines was available on the medicines file.

Throughout the inspection, we observed good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the residents' likes and dislikes.

We spoke with one resident who was relaxing in the foyer. They seemed to be relaxed and comfortable. We were unable to obtain their views or opinions regarding the care in the home.

As part of the inspection process, we issued 10 questionnaires to residents and their representatives, none were returned within the specified time frame.

Any comments from residents and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

Areas of good practice

Staff were observed to listen to residents and to ask take 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 available in the treatment room.

The governance arrangements for medicines management were examined. The daily and monthly audits were available for inspection and these records showed that no discrepancies had been identified, indicating that medicines had been administered as prescribed and that staff were following the policies and procedures.

There were robust arrangements in place for the management of medicine related incidents. The registered manager advised that staff knew how to identify and report incidents and that they were aware that incidents may need to be reported to the safeguarding team.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns in relation to medicines management were raised with the registered manager.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date.

No online questionnaires were completed by staff within the specified time frame (two weeks).

Areas of good practice

There were examples of good practice in relation to governance arrangements 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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