# Unannounced Medicines Management Inspection Report
# 30 July 2018

## Creamery House

**Type of service: Residential Care Home**
**Address: 38 Main Street, Kesh, BT93 1TE**
**Tel No: 028 6863 2176**
**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 with 11 beds that provides care for residents who are living with a learning disability. Care is provided on both a permanent and short break basis.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Western Health and Social Care Trust<br><br>**Responsible Individual:**<br>Dr Anne Kilgallen | **Registered Manager:**<br>See below |
| **Person in charge at the time of inspection:**<br>Ms Stefanie Broderick | **Date manager registered:**<br>Ms Stefanie Broderick – acting, no application required |
| **Categories of care:**<br>Residential Care (RC):<br>LD – learning disability<br>LD(E) – learning disability – over 65 years | **Number of registered places:**<br>11 |

## 4.0 Inspection summary

An unannounced inspection took place on 30 July 2018 from 11.20 to 13.30.

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 and storage.

No areas for improvement were identified at this inspection.

Residents were observed to be content. They were chatting to staff throughout the inspection.

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 Ms Stefanie Broderick, 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 16 January 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 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 we met with three residents, two care assistants and the manager.

We provided the manager with 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We also left 'Have we missed you' cards with the manager to inform residents/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided.

We asked the 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 manager at the conclusion of the inspection.

## 6.0 The inspection

## 6.1 Review of areas for improvement from the most recent inspection dated 16 January 2018

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 18 April 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 staff who have been trained and deemed competent to do so. Training had been provided by the community pharmacist in May 2018. Competency assessments were completed at approximately quarterly intervals. Records were available for inspection. Dysphagia awareness training had been provided in November 2016 and was also included in the induction process for new staff.

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

There were systems in place to ensure that medicines were available for administration on all occasions. Antibiotics and newly prescribed medicines had been received into the home without delay.

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. The manager advised that medicine dosage regimens were confirmed with the prescriber before each period of respite care.

Medicines were sometimes added to food to assist swallowing. Care plans were in place. Authorisation had been provided by the prescriber and staff were aware that the pharmacist should be consulted to ensure the suitability of adding medicines to food.

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. Satisfactory recordings were observed for the daily medicine refrigerator temperatures.

**Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment and the management of medicines on admission/for periods of respite care.

**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.**

With the exception of one liquid medicine, which was being refused, the sample of medicines examined had been administered in accordance with the prescriber's instructions. The manager advised that the prescriber would be contacted for guidance. Due to the assurances provided an area for improvement was not specified at this time.

The manager advised that all residents could verbalise their pain and that "when required" analgesia was administered when appropriate. The reason for administration was recorded in the progress notes. Regular pain relief was not required by any residents who were in the home on the day of the inspection.

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.

With the exception of the liquid medicine highlighted above, compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on a resident's health were reported to the prescriber.

Staff were commended for the standard of maintenance of the medicine records, which were well maintained and readily facilitated the audit process. The personal medication records were reprinted and checked by two trained staff at the end of each 28 day medication cycle.

Running stock balances were maintained for medicines which were not supplied in the 28 day monitored dosage system. This included inhalers, nasal sprays, food supplements and "when required" medicines. In addition the community pharmacist completed an audit at approximately quarterly intervals.

The manager advised that staff 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 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. The manager advised of the medicines administration process, where residents attended the treatment room individually and two staff were involved in the administration.

Throughout the inspection, it was found that there were 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.

Residents were observed to be relaxed and comfortable in their interactions with staff. The residents wanted to know who the visitor was and came to the office to chat and ask questions. Some residents advised how they had enjoyed an outing the previous evening.

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. Two residents completed and returned the questionnaires. The responses indicated that were very satisfied with the care provided in the home.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the manager for information and action as required.

**Areas of good practice**

Staff were observed to engage with residents and respond to their requests without delay.

**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 were in place to implement the collection of equality data within Creamery 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. The manager advised that staff knew how to identify and report incidents. In relation to the regional safeguarding procedures, the manager advised that staff were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by staff and management and how any areas for improvement would be addressed.

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

Staff advised that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all staff without delay.

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

**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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