

# Unannounced Medicines Management Inspection Report 30 July 2018



## Colorado

Type of service: Residential Care Home  
Address: 120 Lisnagole Road, Lisnaskea, BT92 OQF  
Tel No: 028 6772 1486  
Inspector: Catherine Glover

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 nine beds that provides care for residents with a variety of care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Colorado  <b>Responsible Individual:</b> Mrs Eileen Elizabeth Scott	<b>Registered Manager:</b> Mrs Eileen Elizabeth Scott
<b>Person in charge at the time of inspection:</b> Mrs Trudy Scott (Assistant Manager)	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 9  A maximum of four residents in DE category of care (mild to moderate dementia). No further persons, over and above the maximum of four in DE category of care, should be admitted into the home without authorisation from RQIA.

### 4.0 Inspection summary

An unannounced inspection took place on 30 July 2018 from 10.30 to 12.30.

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, storage and the management of controlled drugs. Staff were commended for their ongoing efforts.

No areas for improvement were identified.

The residents and relatives that we spoke to were very happy with the care provided 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Trudy Scott, Assistant 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

No further actions were required to be taken following the most recent inspection on 4 January 2018. 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, two relatives, the assistant manager and the registered provider.

A poster informing visitors to the home that an inspection was being conducted was displayed.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA.

At the request of the inspector, the assistant manager was asked to display a poster in the home which invited staff to share their views of the home by completing an online questionnaire.

The inspector left "Have we missed you?" cards. The cards facilitate residents or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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
- controlled drug record book

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 January 2018

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 6 October 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. An induction process was in place for care staff. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed at least annually. Refresher training in medicines management and safeguarding procedures was provided in the last year.

There have been no new admissions to the home for over a year, however the arrangements were discussed and robust processes are in place to ensure the transition is managed safely.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

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.

**Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment, and controlled drugs.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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 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. A care plan was maintained.

The assistant manager 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. Areas of good practice were acknowledged.

Practices for the management of medicines were audited throughout the month by the registered provider. In addition, audits were completed periodically by the community pharmacist.

Following discussion with the assistant 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 the standard of record keeping, care planning and the administration of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

The administration of medicines was not observed at the inspection. The assistant manager was knowledgeable about the administration of medicines and each resident’s needs.

During the inspection, residents were relaxing in the lounge and some were preparing to go out with relatives. It was found that there were good relationships between the staff and the residents and relatives. There was a warm and friendly atmosphere in the home. It was clear from discussion and observation of staff, that the staff were familiar with the patients’ likes and dislikes.

We spoke to two relatives during the inspection. They expressed their satisfaction with the home and the staff. They told us that the home was clean and warm and the food was good. They advised that should there be any concerns they would be happy to discuss it with the assistant manager. Comments included:

- “It’s great here.”
- “Like home from home.”
- “[Relative] is happy as Larry.”

We spoke to one resident during the inspection who spoke very warmly of the staff and the home in general. They told us that they “love it here”.

After the inspection, RQIA received emails from two relatives. Comments included:

“[Relative] is as happily settled as she can be, sometimes talking about going “home”, but more often saying that she is very well looked after. She has everything material that she needs and is in a comfortable “as near to home” environment as she can be. From my point of view, her care is meticulously managed by outstanding staff.”

“The small size means [relative] recognises staff, even if she couldn’t name them. [Relative] is known and treated as an individual, down to Kate making lemon drizzle cake on [their] birthday as [relative] doesn’t like buttercream icing!”

“I would wholeheartedly recommend Colorado to any one whose elderly relative needs care. The strap line, ‘At home, not in a home’ is lived out daily at Colorado.”

Six questionnaires were returned by residents who all stated that they were very satisfied with the care provided.

**Areas of good practice**

Staff listened to residents and relatives and took account of their views.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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 are place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not examined during this inspection.

There were robust arrangements in place for the management of medicine related incidents. The assistant manager confirmed that they knew how to identify and report incidents. There had been no medicine related incidents since the last medicines management inspection.

A review of the audit records indicated that satisfactory outcomes had been achieved.



Following discussion with the assistant manager it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The assistant manager said that there were good relationships between staff in the home and with other health care professionals involved in the residents' care.

Eight members of staff completed the online questionnaire. The responses were discussed with the assistant manager by telephone. Comments included:

"It's a great home."

"Our care home is one of the best homes. I am proud to say I work there."

"Both the residents and staff are very happy and well looked after. Management are always available and on hand to help."

"I love my work. Eileen and Trudie are so good to work for."

### 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
<b>Total number of areas for improvement</b>	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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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