

# Unannounced Medicines Management Inspection Report 21 September 2017



## Drumary House

Type of service: Residential Care Home  
Address: Knockmore Road, Derrygonnelly, BT93 6GA  
Tel No: 028 6864 1736  
Inspector: Catherine Glover

[www.rqia.org.uk](http://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 17 beds that provides care for residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Potensial Ltd  <b>Responsible Individual:</b> Miss Nicky Stadames	<b>Registered Manager:</b> Mr Deane McMorris
<b>Person in charge at the time of inspection:</b> Ms Rachel Jones, Team Leader	<b>Date manager registered:</b> 2 March 2016
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of registered places:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 21 September 2017 from 11.00 to 13.00.

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

No areas requiring improvement were identified.

Residents said that they loved the home and had good relationships with staff.

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 Rachel Jones, Team Leader, as part of the inspection process and can be found in the main body of the report.

## 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 20 June 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 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 staff member, and the team leader.

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 20 June 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 6 July 2015

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	It is a requirement that the registered person must ensure bisphosphonate medicines are administered 30 minutes clear of food and other medicines, in accordance with the prescriber's instructions, and records of the administration of these medicines are adequately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The records indicated that bisphosphonates were administered as prescribed and staff confirmed that they were given 30 minutes prior to food and other medicines.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	It is a requirement that the registered person must ensure personal medication records are adequately managed; records should be dated when brought into use, obsolete records should be cancelled, signed and dated and archived, and all prescribed medicines must be recorded on the record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of the personal medication records showed that they were well maintained and up to date.	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	It is a recommendation that the registered person should ensure there are robust arrangements in place for auditing and monitoring medicines and additional auditing arrangements for supplies of Movicol sachets and non-prescribed medicines should be implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Running stock balances were maintained for supplies of Movicol sachets and there was evidence of regular auditing of non-prescribed medicines.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	It is a recommendation that the registered person should review and revise the arrangements for filing and archiving medicine records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All medicine records were appropriately filed and easily retrievable.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	It is a recommendation that the registered person should review and revise the arrangements for the management of distressed reactions to ensure appropriate care plans are in place and records of the administration of medicines in the management of distressed reactions detail why the medicine was required to be administered and its effect	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of these medicines had been reviewed and revised to ensure the appropriate records were completed. In addition a protocol for the administration of these medicines was held on the medicines file.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	It is a recommendation that the registered person should review and revise the arrangements for pain management to ensure all residents have pain reviewed as part of their admission assessment, analgesic care plans are in place where analgesic medicines are prescribed regularly and pain tools/scales are in use where appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of pain had been reviewed and revised. None of the current residents were prescribed regular pain relief, however protocols for the administration of “when required” pain relief were held on file and staff were knowledgeable regarding the assessment of pain.	

**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. A sample of training and competency assessments was provided for inspection. Competency assessments were completed every six months. Refresher training in medicines management was provided in the last year. The most recent training was in relation to epilepsy management. The impact of training was monitored through team meetings, supervision and annual appraisal.

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. 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 and handwritten entries on medication administration 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. Training had been completed by staff.

There were procedures in place to ensure the safe management of medicines during a resident’s admission to 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 at the end of each shift.

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 assessment, the management of medicines on admission 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.

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 and the protocol held on file. 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. The reason for and the outcome of administration were recorded. A care plan was maintained.

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. Staff advised that most of the residents could verbalise any pain, and a pain assessment tool was used as needed. A care plan was 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. Areas of good practice were acknowledged which included running balances for some medicines that were not contained within the monitored dosage system.

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.

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 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
<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 to residents was not observed during this inspection, however staff were knowledgeable regarding the residents' needs and preferences.

Of the questionnaires that were issued, two were returned from residents, one from relatives and four from staff. The responses indicated that they were very satisfied or satisfied with all aspects of the care in relation to the management of medicines.

One resident said that she "loved it here" and that she enjoyed going to her course on a Tuesday.

One staff member stated "I feel very supported to voice any concerns I have about medication".

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.

It was evident that there were good relationships between staff and residents.

### 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.**

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 staff.

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. 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 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 team leader 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
<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 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews