



Unannounced Medicines Management Inspection Report 16 May 2018



Granard

Type of Service: Residential Care Home
Address: 12 Hospital Road, Omagh, BT79 0AN
Tel No: 028 8224 1143
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 26 beds that provides care for residents living with a variety of care needs, as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: East Eden Ltd Responsible Individual: Dr Brendan McDonald	Registered Manager: Mrs Carmel Rodgers
Person in charge at the time of inspection: Mrs Carmel Rodgers	Date manager registered: 11 March 2014
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 26 Including RC-I for one identified individual

4.0 Inspection summary

An unannounced inspection took place on 16 May 2018 from 09.45 to 13.05.

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, medicine storage and the management of controlled drugs.

No areas requiring improvement were identified.

There was a warm and welcoming atmosphere in the home. Residents were relaxed and good relationships with staff were evident. They spoke positively about the care provided in the home and were complimentary about the staff and management.

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 Carmel Rodgers, 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 19 December 2017. 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 and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with four residents, the registered manager and three care staff.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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
- 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 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 19 December 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 21 July 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: Second time	The registered person must develop and implement a robust medicines management audit tool.	Met
	Action taken as confirmed during the inspection: Practices for the management of medicines were audited throughout the month by the staff and management and any issues were followed up by management. In addition, a periodic audit was completed by the community pharmacist, who provided management with a report detailing the outcomes and any recommendations.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that the prescribers are routinely requested to confirm medication details for new admissions.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>From discussion with the registered manager and care staff and examination of the documentation relating to the admission of the most recent resident, it was evident that the prescribers were requested to confirm medication details for new admissions.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that the stock discrepancy in one medicine is investigated and RQIA informed of the outcome in the QIP response.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The stock discrepancy in one medicine was investigated and RQIA was informed of the outcome in the QIP response to the previous medicines management inspection.</p>		
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered provider should ensure that controlled drugs stock reconciliation checks are accurately completed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Controlled drugs stock reconciliation checks were accurately completed.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered provider should ensure that handwritten entries on the personal medication records and medicine administration records are signed by two members of staff.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Handwritten entries on the personal medication records and medicine administration records were signed by two members of staff.</p>		

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 had been trained and deemed competent to do so. 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.

In relation to safeguarding, staff advised that they had attended training and were aware of the regional procedures and who to report any safeguarding concerns to.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home.

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.

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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts for warfarin was acknowledged.

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.

Discontinued or expired medicines were disposed of appropriately.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission, the management of controlled drugs 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. 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, fortnightly, monthly or three monthly medicines were due.

Medicine records were well maintained and facilitated the audit process.

Appropriate arrangements were in place for the management of distressed reactions, pain and swallowing difficulty. The details of prescribed medicines were recorded on the personal medication records, administration was appropriately recorded and care plans were in place where necessary.

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.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals were contacted when required to meet the needs of residents. Staff advised that they had good working relationships with healthcare professionals involved in the residents’ care. The registered manager highlighted the valuable assistance provided by both the GP practice pharmacist and trust pharmacist.

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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were noted to be friendly, courteous and happy in their work; they treated the residents with dignity.

The residents we spoke with advised that they were satisfied with the care provided in the home. They were complimentary regarding staff and management. Comments made included:

“I am happy with my care.”

“I have no complaints; I get my medicines from the staff.”

“The staff are good.”

Of the questionnaires that were issued, five were returned from residents or relatives. The responses indicated that they were very satisfied with all aspects of care 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.

The inspector 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 were place to implement the collection of equality data.

Following discussion with staff it was evident that they were knowledgeable with the medicines management 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. 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 registered 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. They advised that management were open and approachable and willing to listen.

No members of staff shared their views by completing an online questionnaire.

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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