Unannounced Medicines Management Inspection Report
16 October 2018

Slieveleague

Type of service: Residential Care Home
Address: 34 Cullion Road, Edenmore, Tempo, BT94 3AR
Tel No: 028 8954 1327
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 eight beds that provides care for residents with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Slieveleague **Responsible Individual(s):** Mr John James Wesley Kerr	**Registered Manager:** Ms Patricia Grimes
Person in charge at the time of inspection: Ms Patricia Grimes	**Date manager registered:** 7 December 2015
Categories of care: Residential Care (RC): PH(E) - physical disability other than sensory impairment – over 65 years 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 PH - physical disability other than sensory impairment	**Number of registered places:** 8 The home is approved to provide care on a day basis only for two persons.

4.0 Inspection summary

An unannounced inspection took place on 16 October 2018 from 11.15 to 13.25.

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 and the majority of medicine records.

Despite the assurances given by the registered provider in the Quality Improvement Plan (QIP) returned after the last medicines management inspection it was disappointing to note the lack of sustained improvement in relation to the identified areas for improvement. Those being restated include verifying updates on the personal medication records and recording dates of opening on medicine containers. A further area for improvement was identified regarding the governance systems in place for medicines management.

Residents were observed to be relaxed and comfortable.

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	* 4

*The total number of areas for improvement with respect to the standards include one which has been stated for the third and final time, one which has stated for the second time and one which has been carried forward for review at the next medicines management inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Patricia Grimes, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. However, as one area for improvement with respect to the standards in relation to two staff verifying and signing updates on the personal medication records had not been addressed for the second time the outcome of the inspection was discussed with senior management in RQIA. It was agreed that as there was a stable staff group, this omission posed a low risk to the residents who were assessed as getting their medicines as prescribed. It was decided that the registered provider, Mr Kerr, would be contacted to discuss the inspection findings. During the telephone conversation (19 October 2018) Mr Kerr advised that he had met with the registered manager and that a team meeting to discuss the inspection findings and medicines management training had been arranged. Mr Kerr acknowledged that the improvements must be sustained and that the auditing system for medicines management was not robust; he agreed to implement a robust audit tool. Mr Kerr confirmed, via email, that medicines management would be included in his Regulation 29 reports. The management team of the home were made aware that if the necessary improvements are not implemented and sustained, enforcement action would be considered.

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection. 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; prior to the inspection, 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 several residents, one care assistant 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.

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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 September 2018

The most recent inspection of the home was an unannounced care inspection. The draft report has been issued and the completed QIP will be reviewed by the care inspector when it is returned. 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 16 January 2017

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		**Validation of compliance**
Area of Improvement 1 **Ref:** Standard 31 **Stated:** Second time	In the interests of safe practice two members of staff should verify and sign all updates on the personal medication records.	**Not met**
	Action taken as confirmed during the inspection: Two members of staff had verified and signed the personal medication records at the time of writing. However, two members of staff did not verify and sign updates on the personal medication records. This area for improvement was assessed as not met and is stated for the third and final time.	
Area of Improvement 2 **Ref:** Standard 30 **Stated:** First time	The registered provider should ensure that dates of opening are recorded on medicines which are not contained within the monitored dosage system.	**Partially met**
	Action taken as confirmed during the inspection: The date of opening had been recorded on eye preparations and some other medicines which were not contained within the blister pack system. However, dates of opening had not been recorded on several other medicines which meant that they could not be audited. This area for improvement was assessed as partially met and is stated for a second time.	

Area of Improvement 3 **Ref**: Standard 6 **Stated:** First time	The registered provider should ensure that detailed care plans for the management of distressed reactions are in place.	**Carried forward to the next medicines management inspection**
	Action taken as confirmed during the inspection: As no residents were prescribed medicines for the management of distressed reactions this area for improvement could not be assessed and is carried forward to the next 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 January 2017. Update training was planned for November 2018. Records were provided for inspection. Competency assessments were also completed following induction and if a need was identified.

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 had been provided.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. The registered manager advised that written confirmation of current medication regimens was received from the prescriber. For one recently admitted resident records of medicines received into the home had not been maintained and hence it could not be determined if the medicines had been administered as prescribed. This was discussed in detail with the registered manager and care assistant who provided assurances that records would be maintained from the date of the inspection onwards. Records of all other medicines received into the home had been recorded and hence an area for improvement was not specified at this time.

The management of medication changes was reviewed. There was evidence that personal medication records were updated, that new medicines were received without delay and that discontinued medicines were removed for disposal. However as detailed in Section 6.2 updates on the personal medication records were not verified and signed by two members of staff. An area for improvement was stated for the third and final time.

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.

The management of warfarin was reviewed. Dosage regimens were received in writing and clear records of administration were maintained. However audits on the administration of warfarin could not be completed as dates of opening had not been recorded. It was agreed that balances of warfarin remaining following each administration would be recorded each day. Due to the assurances provided an area for improvement was not specified at this time.

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. Dates of opening had been recorded on limited shelf life medicines e.g. eye drops. The temperature of the medicine storage area was monitored each day. The registered manager advised that the temperature of the medicines refrigerator is monitored when it is in use.

Areas of good practice

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

Areas for improvement

No new areas for improvement were identified during the inspection. One area for improvement in relation to verifying personal medication records when new medicines are prescribed was stated for the third and final time.

	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 majority of medicines were supplied in the blister pack system and these had been administered as prescribed. Dates of opening had not been recorded on liquid medicines, laxatives, some inhaled medicines and warfarin and hence audits could not be completed. An area for improvement regarding recording dates of opening on all medicines which are not supplied in the blister pack system was stated for a second time.

The registered manager advised that analgesics were prescribed for "when required" administration only and that all residents could verbalise their pain.

Staff advised that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health would be reported to the prescriber.

The personal medication records and medication administration records were well maintained. However as identified at the last two medicine management inspections updates on the personal medication records had not been verified and signed by two members of staff (See Sections 6.2 and 6.4).

Following discussion with the registered manager, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they 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 administration of medicines.

Areas for improvement

No new areas for improvement were identified during the inspection. One area for improvement in relation to recording dates of opening on medicine containers was stated for the second time.

	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 observed the administration of medicines to a small number of residents at lunchtime. The care assistant engaged the residents in conversation and explained that they were having their medicines.

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. They were enjoying lunch.

We spoke with several residents who were complimentary regarding the care provided and staff in the home.

Comments included:

- "I am very happy here. I have no complaints or pain."
- "The food is very good."

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 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.

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 were in place to implement the collection of equality data within Slieveleague.

The registered manager advised that written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

The governance arrangements for medicines management were examined. The registered manager advised that the audits which had been completed had been filed away and could not be located during the inspection. The findings of this inspection indicate that a detailed audit tool should be developed and completed regularly. Audits should cover all aspects of the management of medicines including the admission process, the records of medicines received and the standard of maintenance of the personal medication records. Audit trails should be completed on medicines which are not supplied in the blister pack system. Areas identified for improvement during the audits should be detailed in an action plan and shared with staff to address. There should be systems in place to monitor improvement. As not all of the areas for improvement identified at the last medicines management inspection had been addressed effectively, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process. This was discussed in detail with the registered provider and registered manager (see Section 4.1). An area for improvement was identified.

The registered manager advised that there were robust systems in place for the identification and management of medication related incidents. Due to the limited auditing systems in place there is the possibility that medicine related incidents may not be identified and this was discussed.

Staff 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 with the specified time frame (two weeks).

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

The registered person should implement a robust audit tool which identifies and addresses shortfalls in the management and administration of medicines.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Patricia Grimes, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 16 February 2017	The registered provider should ensure that detailed care plans for the management of distressed reactions are in place. Ref: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection. Ref: 6.2
Area for improvement 2 **Ref**: Standard 31 **Stated:** Third and final time **To be completed by:** 16 November 2018	In the interests of safe practice two members of staff should verify and sign all updates on the personal medication records. Ref: 6.2, 6.4 and 6.5
	Response by registered person detailing the actions taken: Boots medication refresher training has been organised for all staff. Staff have been instructed that all updates on personal medication records must be verified and signed by two staff members. Compliance checks will form part of the newly revised audit system.
Area for improvement 3 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 16 November 2018	The registered provider should ensure that dates of opening are recorded on medicines which are not contained within the monitored dosage system. Ref: 6.2 and 6.5
	Response by registered person detailing the actions taken: It has been highlighted to staff that dates of opening must be recorded on medicines which are not contained within the monitored dosage system. Dates of opening are now recorded and medicine containers labeled accordingly.
Area for improvement 4 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 16 November 2018	The registered person shall implement a robust audit tool which identifies and addresses shortfalls in the management and administration of medicines. Ref: 6.7
	Response by registered person detailing the actions taken: A daily audit has been put in place for Warfarin. A comprehensive new monthly audit form for all medication has been put in place and the Deputy Manager is responsible for completion of this monthly audit.

Please ensure this document is completed in full and returned via the Web Portal

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