

# Unannounced Medicines Management Inspection Report 24 September 2018



## Trevenna Lodge

**Type of service: Residential Care Home**  
**Address: 1 Tully Road, Killadeas, Enniskillen, BT94 1RL**  
**Tel No: 028 6862 1500**  
**Inspector: Helen Daly**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Trevena Lodge/ Mr Tom Corr	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Ms Kathryn Ellis, Senior Carer	<b>Date manager registered:</b> Mr Tom Corr – Acting – no application required
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment	<b>Number of registered places:</b> 9

### 4.0 Inspection summary

An unannounced inspection took place on 24 September 2018 from 10.30 to 12.35.

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 and medicine storage.

No areas for improvement were identified.

We spoke with two residents and one relative who were complimentary regarding the care and staff 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 Kathryn Ellis, Senior Carer, 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 21 June 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, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection we met with two residents, one relative, one care assistant and the senior carer.

We provided the person in charge 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.

We asked the person in charge 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
- 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 21 June 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 19 April 2016

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
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time	The registered person should ensure that the reason for and the outcome of administration of medicines prescribed for administration on a “when required” basis for the management of distressed reactions are routinely recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the administration records indicated that the reason for and the outcome of administration of medicines prescribed for administration on a “when required” basis for the management of distressed reactions were recorded.	

## 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 a Trust Case Management Pharmacist in April 2018. Records were available for inspection. The senior carer advised that she completes supervised medicines round with all care assistants regularly. Competency assessments were completed annually.

In relation to safeguarding, the senior carer advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training was provided annually.

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 were verified and signed by two trained staff. This safe practice was acknowledged.

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.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin. Dosage directions were received in writing and separate records of administration were maintained. It was agreed that obsolete dosage directions would be cancelled and archived and that daily running stock balances would be maintained from the date of the inspection onwards. Due to the assurances provided an area for improvement was not specified.

Records of the receipt, administration and disposal of controlled drugs subject to safe custody were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody twice each day. It was agreed that these checks would be carried out at the end of each shift from the date of the inspection onwards.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines. A small number of out of date medicines which had been prescribed for administration "when required" were observed. These had not been administered and were removed from use at the inspection.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were well organised. A system was in place to ensure that eye preparations were replaced after 28 days. Satisfactory recordings were observed for the daily room and 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.

**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 majority of medicines examined had been administered in accordance with the prescriber's instructions. Two apparent discrepancies were discussed with the senior carer for ongoing monitoring.

There were arrangements in place to alert staff of when doses of weekly medicines were due.

The management of distressed reactions and pain was reviewed and found to be satisfactory.

The senior carer advised that 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.

Medicine records were well maintained and facilitated the audit process.

Following discussion with the senior carer, 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 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.**

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

We observed the administration of medicines to one resident. The senior carer engaged the resident 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.

We spoke with two residents and one relative. They were complimentary regarding the care provided and staff in the home. Comments included:

- "It is lovely here. It is very homely. Residents have a lot of choice."
- "I am well looked after. I can ask for pain-relief."

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 provider 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
<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 were in place to implement the collection of equality data within Trevenna Lodge.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

The senior carer advised that staff knew how to identify and would report any medication related incidents. In relation to the regional safeguarding procedures, the senior carer 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. Monthly audits were completed by the registered provider and the senior carer. In addition the senior carer monitored staff compliance with the home's systems as part of her daily activities. Any areas identified for improvement were discussed with staff to address and there were systems in place to monitor improvement.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns in relation to medicines management were raised with the senior carer or registered provider.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with the senior carer and registered provider. 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 examples of good practice in relation to governance arrangements 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.



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