



Unannounced Medicines Management Inspection Report 5 November 2018



Northlands Addiction Treatment Centre

Type of service: Residential Care Home
Address: Shepherds Way, Dungiven Road, Waterside,
Londonderry, BT47 5GW
Tel No: 028 7131 3232
Inspector: Judith Taylor

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 eight beds that provides short break care and counselling support for residents living with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Northlands Addiction Treatment Centre Responsible Individual: Mr Declan Eugene Doherty	Registered Manager: See box below
Person in charge at the time of inspection: Mr Tommy Canning (Covering Manager)	Date manager registered: Ms Nuala Tracey (Acting - no application required)
Categories of care: Residential Care (RC) A – Past or present alcohol dependence D – Past or present drug dependence	Number of registered places: 8

4.0 Inspection summary

An unannounced inspection took place on 5 November 2018 from 10.25 to 13.35.

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 governance, training and competency assessment, medicines administration, the completion of medicine records, and medicines storage.

No areas for improvement were identified at the inspection.

There was a warm and welcoming atmosphere in the home and the residents were observed to be relaxed and comfortable in their environment.

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 Mr Tommy Canning, Person in charge, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 September 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.

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with one counsellor and the person in charge.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA and 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 received | • medicine audits |
| • personal medication records | • policies and procedures |
| • medicine administration records | • care plans |
| • medicines disposed of | • training records |
| • controlled drug record book | • medicines storage temperatures |

We left 'Have we missed you?' cards in the home to inform residents and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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 18 September 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 14 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
Area of Improvement 1 Ref: Standard 30 Stated: First time	The registered person should ensure that the pharmacist is requested to provide a description of each medicine supplied in a multi compartment compliance aid in order to assist staff in its identification.	Met
	Action taken as confirmed during the inspection: The medicines which were supplied in a compliance aid were readily identifiable and labelled with colour, shape and/or code.	

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. Staff competency assessments were completed following induction and annually. The impact of training was monitored through team meetings, supervision and appraisal. A sample of training and competency records was provided.

There were procedures in place to ensure the safe management of medicines during a resident’s admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records were updated by the consultant doctor.

The ordering process for medicines was reviewed. Staff were not responsible for ordering medicines, as this was the responsibility of the residents/resident’s families. However, they reviewed stock levels and advised of the procedures in place to ensure that each resident had a continuous supply of their medicines.

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.

Satisfactory arrangements were in place for the safe disposal/transfer of medicines at the end of the period of short break care.

Medicines were being stored safely and securely and in accordance with the manufacturer’s instructions. There were satisfactory arrangements in place to store controlled drugs and medicines which require cold storage, when prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments and medicines storage.

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.

The management of pain was examined. Staff advised that pain relief was prescribed on a “when required” basis and that all residents could tell staff if they were in pain. The records indicated that these medicines were rarely required. A separate administration record detailing the reason for administration and a running stock balance 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. The good standard of record keeping was acknowledged.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the staff, it was evident that when applicable, other healthcare professionals were contacted in response to residents' needs.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping 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.

There were arrangements in place to facilitate any residents who wished to self-administer their medicines.

The administration of medicines to residents was not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the residents' medicines.

We noted the warm and welcoming atmosphere in the home. Staff were observed to be kind and friendly to the residents.

It was not possible to meet with the residents to obtain their views or opinions at the time of the inspection.

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, none were returned within the time frame (two weeks). Any comments from residents/ representatives and staff in questionnaires received after the return date (two weeks) will be shared with the manager for information and action as required.

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.

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 some equality data. We suggested that management should contact the Equality Commission for Northern Ireland for guidance on best practice in relation to this.

Written policies and procedures for the management of medicines were in place. A small number of these were spot checked at the inspection.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents.

The governance arrangements for medicines management were examined. Audit outcomes were overseen by management. A review of a sample of audit records showed that satisfactory outcomes had been achieved.

We were advised that there were effective communication systems to ensure that all staff were kept up to date.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. Staff spoke positively about their work and the good working relationships in the home.

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, 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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