



Unannounced Medicines Management Inspection Report 8 May 2018



Rectory Field

Type of service: Residential Care Home
Address: 19b Limavady Road, Londonderry, BT47 6JU
Tel No: 028 7134 7741
Inspector: Rachel Lloyd

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 registered to provide care for up to 35 residents with a variety of care needs as detailed in section 3.0. The home has designated a number of beds for use within a scheme to enable early discharge from hospital, by providing a temporary period in the home, of care and rehabilitation, before residents return to their own homes.

3.0 Service details

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| Organisation/Registered Provider: Western HSC Trust Responsible Individuals: Dr Anne Kilgallen | Registered Manager: Ms Dolores Moran |
| Person in charge at the time of inspection: Ms Rachel Casey (Senior Care Assistant) | Date manager registered: 1 April 2005 |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category PH – Physical disability other than sensory impairment | Number of registered places: 35 including: RC-PH category for five residents only |

4.0 Inspection summary

An unannounced inspection took place on 8 May 2018 from 10.40 to 13.40.

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 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. Staff were commended for their ongoing efforts regarding quality improvement in the management of medicines.

No areas for improvement were identified.

Residents spoken to were complimentary about the management of their medicines, the care provided and the 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 |
|--|-------------|-----------|
| 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 Ms Rachel Casey, Senior Care Assistant, 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 26 April 2018. No areas for improvement were identified. 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 informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with three residents and two senior care assistants.

A total of ten 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 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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

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 26 April 2018

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

6.2 Review of areas for improvement from the last medicines management inspection dated 20 October 2016

There were no areas for improvement identified as a result of the last 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 completed an induction process and been trained and deemed competent to do so. The impact of training was monitored through team meetings, discussion and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management, the management of oxygen and the management of diabetes and insulin administration was provided within the last year. Records of training were maintained.

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 and update training was planned for June 2018.

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

Systems were in place to manage the ordering of prescribed medicines and the transfer of medicines from hospital to the home to ensure adequate supplies were available and to prevent wastage. Robust procedures were in place to identify and report any potential shortfalls in medicines and to ensure that medicines were received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

Arrangements were in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged.

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 was acknowledged. Staff were advised to include the management of warfarin in the resident's care plan, it was agreed that this would take place following the inspection.

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 and oxygen equipment were checked at regular intervals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and 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.

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 any pain was well controlled and the resident was comfortable. Staff advised that the residents could verbalise any pain, and a pain assessment tool was used as needed. Staff also advised that a pain assessment is completed as part of the admission process. Staff were advised to include the management of pain in residents' care plans where appropriate, it was agreed that this would be addressed.

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 would be reported to the prescriber.

Medicine records were well maintained and readily facilitated the audit process. The high standard of record keeping was acknowledged.

Practices for the management of medicines were audited throughout the month. In addition, audits were completed by the community pharmacist.

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

Areas of good practice

There were examples of good practice found throughout the inspection 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.

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

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, good relationships were observed between the staff and the residents. Staff were friendly and courteous; they treated the residents with dignity. Staff were knowledgeable about the residents and their needs.

There was a pleasant and welcoming atmosphere in the home. Children from a local primary school were visiting and chatting with and singing for the residents. Staff and residents advised that this takes place weekly during term-time and several of the residents commented that they enjoy this interaction.

The residents spoken to advised that they were satisfied with the management of their medicines and the care provided in the home. They were complimentary regarding staff and management. Comments made included:

“I’m very content; this is a home from home.”

“The staff are always happy and chatty; nothing is too much to ask.”

Ten questionnaires were left in the home to facilitate feedback from residents and relatives. None were returned within the specified timescale (two weeks).

Any comments from residents, their representatives or staff received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There was evidence that 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. Staff confirmed that arrangements were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place and had been reviewed in October 2017. There was evidence that these had been shared with staff.

There were arrangements in place for the management of any 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 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 and observation, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management. They stated that there were good working relationships in the home.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Areas of good practice

There were examples of good practice found throughout the inspection 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 |
|--|-------------|-----------|
| 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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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