

# Unannounced Medicines Management Inspection Report 12 April 2018



## Seymour Gardens

Type of service: Residential Care Home  
Address: Nelson Drive, Waterside, Londonderry, BT47 6ND  
Tel No: 028 7134 4470  
Inspector: Judith Taylor

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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 25 beds that provides care for residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Mrs Kathleen Doherty (Senior Care Assistant) until 12.30pm and Miss Jacqueline McCafferty thereafter	<b>Date manager registered:</b> Miss Jacqueline McCafferty (application received - registration pending)
<b>Categories of care:</b> Residential Care (RC): DE – Dementia	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 12 April 2018 from 10.50 to 14.45.

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 training, medicines administration, medicine records, medicine storage and the management of controlled drugs.

No areas for improvement were identified at the inspection.

Residents spoke positively about the management of their medicines and the care provided in the home. They 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
<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 Miss Jacqueline McCafferty, 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

No further actions were required to be taken following the most recent inspection on 19 December 2017. 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 was being conducted.

During the inspection the inspector met with two residents, two senior care assistants, the administrator and the manager.

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     | • medicine audits                |
| • personal medication records          | • policies and procedures        |
| • medicine administration records      | • care plans                     |
| • medicines disposed of or transferred | • training records               |
| • controlled drug record book          | • 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. 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 3 October 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> Second time	Records of external preparations administered by designated care staff must be fully and accurately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that staff had received training in the management of external preparations, which included record keeping and care planning. Staff confirmed that records were reviewed on a daily basis to ensure they were completed accurately. A review of the records indicated that they had been maintained in the required manner.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered provider must ensure that confirmation of dosage regimes for warfarin is obtained in writing and transcribing of doses involves two members of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised she had requested written confirmation of warfarin dosage regimes on several occasions; but this had not occurred. However, she advised of the procedures implemented to ensure the safe management of this medicine. Currently two staff are involved in receiving the telephone dosage instructions and both staff sign the residents' records.	

	As written this area for improvement has not been met; however, as there was evidence that an alternative and safe system was in place, the area for improvement has been assessed as met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered provider must ensure that current medication regimes are confirmed with a health or social care professional each time a resident is admitted to the home on a permanent basis or for a period of respite care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that a copy of the resident's medicine regime was obtained at the time of admission to the home. There were arrangements in place to follow up with the prescriber, regarding any identified differences in the medicines supplied and listed on the medicine regime.	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered provider should ensure a copy of medicine orders is kept in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that records of the medicine orders were kept in the home.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered provider should review and revise the storage of medicines with regard to appropriate infection control measures as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This had been actioned by the manager. No further concerns were identified in relation to infection control regarding medicines management.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure care plans detailing the management of medicines prescribed for administration on a “when required” basis for the management of distressed reactions are maintained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that the management of distressed reactions was recorded in a care plan.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should review pain management to ensure pain is assessed on admission and reference is made to the management of pain in care plans where applicable.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that each new resident’s pain management was discussed at admission. She advised that all of the current residents could tell staff if they were in pain. In the sample of care files examined, there was evidence of care plans relating to pain.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure written policies and procedures for the management of medicines are subject to a regular review.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Medicines management policies and procedures were provided at the inspection. These had been updated since the last medicines management inspection, with the most recent review in August 2017. A copy of the Western HSC Trust medicines management policies (2017) was also available.</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 have been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of medicines, diabetes and dementia was provided in the last year.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. The manager advised of the detailed safeguarding information relating to medicines management which had been provided to staff.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home. See also Section 6.2.

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. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were satisfactory arrangements 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.

There were robust arrangements in place for the safe management of high risk medicines e.g. warfarin and insulin.

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 was checked at regular intervals.

### Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission, medicine storage and controlled drugs.



**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 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, monthly or three monthly medicines were due.

When a resident was prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Three residents’ records were examined. A care plan was maintained for each resident. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident’s behaviour and were aware that this change may be associated with pain. A separate chart was maintained to record a running stock balance of the medicine and also the reason for and the outcome of administration. It was noted that these medicines were being administered on a regular basis; there was evidence that this had been referred to the prescriber in relation to one resident only. The manager confirmed that this would be addressed for the other residents with immediate effect.

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 the pain was well controlled and the resident was comfortable. See also Section 6.2.

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. Staff provided an example of where a resident was unable to take their medicines due to swallowing difficulty and the medicine formulation had been changed to a liquid version, to aid swallowing and ensure ongoing medicines administration.

Medicine records were well maintained and facilitated the audit process.

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

Following discussion with the manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to the resident’s healthcare needs.

## 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. Staff were knowledgeable regarding the residents' 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.**

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.

There were systems in place to accommodate the residents' preferences in relation to having their medicines administered separately from other residents e.g. in their bedroom.

Throughout the inspection, it was found that there were good relationships between the staff the residents and the residents' representatives. Staff were noted to be friendly and courteous. It was clear from discussion and observation of staff, that they were familiar with the residents' likes and dislikes.

We met with two residents, who expressed their satisfaction with the care and the staff in the home. They advised that they were administered their medicines on time and any requests e.g. for pain relief, were adhered to. Comments included:

"I am getting on ok."

"They (staff) are lovely."

"The staff are good and look after us."

"I don't have any concerns."

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Of the questionnaires that were issued, five were returned from residents and their representatives. With the exception of one questionnaire, the responses indicated that they were very satisfied/satisfied with all aspects of the care in the home. One comment was made in relation to improving the décor of the home. The responses and comment were shared with the manager and care/estates inspectors for the home.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

### Areas of good practice

Staff listened to residents and relatives and took 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.**

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. The manager confirmed that there were arrangements in place to implement the collection of equality data within Seymour Gardens.

Written policies and procedures for the management of medicines were readily available for staff reference. See also Section 6.2.

The management of incidents was examined. Staff provided details of the procedures in place to identify and report incidents and how all staff were made aware. 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 manager and 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 any resultant action was communicated through team meetings, supervision or individually with staff. They advised that management were open and approachable and willing to listen; and stated that there were good working relationships within the home and with healthcare professionals involved in resident care.

Staff advised of the communication systems in the home to ensure that all staff were kept up to date. They advised that shift handover was a verbal and written process and provided an example of the handover sheet.

There were no online questionnaires completed by staff within 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
<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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