

Unannounced Medicines Management Inspection Report 12 October 2018



Thackeray Place

Type of service: Residential Care Home
Address: 12 Ballyclose Street, Limavady, BT49 0BN
Tel No: 028 7776 3011
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 32 beds that provides care for residents living with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: See below
Person in charge at the time of inspection: Miss Jacqueline McCafferty	Date manager registered: Miss Jacqueline McCafferty (registration pending)
Categories of care: Residential Care (RC) I – Old age not falling within any other category A – Past or present alcohol dependence	Number of registered places: 32

4.0 Inspection summary

An unannounced inspection took place on 12 October 2018 from 10.15 to 14.25.

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 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 the governance arrangements, training, the completion of most medicine records, the administration of medicines, the management of controlled drugs and the storage arrangements for medicines.

Two areas for improvement in relation to insulin administration records and the management of distressed reactions were identified.

Residents said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere 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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Miss Jacqueline McCafferty, 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.

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 completed on 1 May 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 medicine related incidents 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 two residents, two members of care staff and the manager.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA and we asked the manager 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
- policies and procedures
- care plans
- training records
- 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.

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 1 May 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 22 February 2017

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 been trained and deemed competent to do so. Staff completed a competency assessment following induction and at least annually. A sample of records was provided. The manager advised that the impact of training was monitored through team meetings, supervision and annual appraisal.

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 was obtained. Personal medication records were updated by two trained staff. This is safe practice and was acknowledged.

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, report and follow up any potential shortfalls in medicines. Newly prescribed medicines had been received into the home without delay.

In relation to safeguarding, staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

Robust arrangements were in place for the management of controlled drugs. Additional stock checks were performed on controlled drugs which do not require storage in a controlled drug cabinet. This good practice was acknowledged.

Discontinued or expired medicines including controlled drugs were returned to the community pharmacy for disposal.

The management of high risk medicines was examined e.g. warfarin and insulin. In relation to warfarin, written confirmation of dosage regimes was in place and separate administration charts and running stock balances were maintained. In relation to insulin, staff were responsible for insulin administration and monitoring blood sugar levels. A separate administration record was not in use; this was discussed in relation to clear records of actual dosage/units administered per type of insulin and the staff signatures to check accuracy. An area for improvement was identified.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and organised. There were robust systems in place to alert staff of the expiry dates of medicines with a limited shelf life once opened and to manage medicines which required cold storage.

Areas of good practice

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

Areas for improvement

The manager should implement the use of separate records to detail the administration of insulin.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A few minor discrepancies were observed and discussed for close monitoring.

There were systems in place to remind staff to administer medicines prescribed on a weekly basis.

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. We were advised that all of the residents could tell staff if they were in pain.

The management of distressed reactions was reviewed. The medicine and dosage directions were clearly recorded on the resident's personal medication record. A care plan was not maintained. Some residents rarely required these medicines; however, a small number were administered these on a regular basis. A record of the reason for and outcome of the administration was not recorded. The need to ensure that any regular use is noted and referred to the prescriber was discussed. An area for improvement was identified.

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 generally 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 resident's needs.

Areas of good practice

There were examples of good practice in relation to the administration of medicines and the completion of medicine records.

Areas for improvement

The management of distressed reactions should be reviewed and revised.

	Regulations	Standards
Total number of areas for improvement	0	1

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 residents responsible for the self-administration of 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 observation of staff, that they were familiar with the residents' likes and dislikes.

We met with two residents, who expressed satisfaction with the staff and the care provided. They advised they were administered their medicines on time and any requests for e.g. pain relief were met. They stated they had no concerns. Comments included:

“I’m happy enough.”

“The staff are good.”

“I get on ok.”

“The food is fine.”

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 in questionnaires received after the return date will be shared with the manager as necessary.

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.

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. We were advised that there were arrangements in place to implement the collection of equality data within Thackeray Place.

Written policies and procedures for the management of medicines were in place. These were not examined in detail.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents to the relevant persons, including the safeguarding team. There were systems in place to ensure that all staff were made aware of incidents, and to prevent recurrence.

The governance arrangements for medicines management were examined. We were advised of the auditing processes completed and how areas for improvement were shared with staff to address and systems to ensure sustained improvement.

Following discussion with the manager and care 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 the manager.

The staff we met with spoke positively about their work and it was clear that there were good working relationships in the home with staff and the manager. 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, 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

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Miss Jacqueline McCaffrey, 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 31 Stated: First time To be completed by: 12 November 2018	The registered person shall review the record keeping regarding insulin administration. Ref: 6.4
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 12 November 2018	The registered person shall ensure that the management of distressed reactions is reviewed and revised as detailed in the report. Ref: 6.5
	Response by registered person detailing the actions taken:

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



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