

Unannounced Medicines Management Inspection Report 7 November 2019



Thackeray Place

Type of service: Residential Care Home
Address: 12 Ballyclose Street, Limavady, BT49 0BN
Tel No: 028 7776 3011
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.

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).

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 32 residents as detailed in section 3.0

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Miss Jacqueline McCafferty
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Mrs Pamela Campbell (Senior Care Assistant)	Date manager registered: 14 March 2019
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 7 November 2019 from 10.15 to 15.15.

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 with regard to the management of medicines.

Evidence of good practice was found in relation to medicines administration, medicine records and the management of controlled drugs.

Areas for improvement were identified in relation to storage temperatures for medicines and the governance of medicines within audit procedures.

RQIA had been made aware of an incident involving medication. This inspection was conducted to ensure that appropriate procedures were in place. They were, however these had not always been followed and this had not been identified within audit procedures.

Residents described living in the home as being a good experience and praised the staff for their kindness and attentiveness. Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Pamela Campbell, Senior Care Assistant, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 2019. 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 and returned QIPs
- recent correspondence with the home
- the management of medication incidents

We met with three residents and two senior care assistants.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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
- medicine 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 10 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 2019 to follow up on areas for improvement identified during a care inspection on 21 June 2019. The report had not been issued at the time of this inspection.

During this care inspection RQIA was made aware of an incident involving medication which was being investigated by the management and representatives from the trust. This inspection was conducted to ensure that appropriate procedures were in place and being followed by staff responsible for the management of medicines in the home.

6.2 Review of areas for improvement from the last medicines management inspection dated 12 October 2018

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 for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall review the record keeping regarding insulin administration.	Met
	Action taken as confirmed during the inspection: The record keeping for insulin had been reviewed and a separate administration record had been implemented including the site of administration, the number of units administered and the signatures of the two staff involved.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that the management of distressed reactions is reviewed and revised as detailed in the report.	Met
	Action taken as confirmed during the inspection: The management of distressed reactions had been reviewed. A care plan was in place and the reason for and outcome of the administration of medicines prescribed for use on a 'when required' basis 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 the registered manager and the senior care assistants who had been trained and deemed competent to do so at training provided by the trust in either May or September 2019. Discussions had taken place between the manager and staff since the medication incident identified in October 2019, since it was acknowledged that the staff involved had not followed the procedures in place at all times. An induction process was in place for care staff who had been delegated medicine related tasks; however there had been no new staff recently responsible for the management of medicines. Competency assessments had been completed in the past year for three of the four senior care assistants listed as responsible for managing medicines. Staff had received training on the management of diabetes in September 2019.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. 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.

Personal medication records and handwritten entries on medication administration records were updated by two members of staff.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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. Copies of prescriptions were usually kept on file to verify the details of prescribed medicines. It was discussed and agreed that this should take place on every occasion since this procedure had not always been followed recently and may have prevented the recent medication incident. In the absence of a copy of the prescription, it was agreed that written confirmation of prescribed medicines would be obtained.

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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicine storage areas were clean, tidy and well organised and medicines were stored securely. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. However, the storage temperatures for medicines must be reviewed to ensure storage in accordance with the manufacturer's instructions. The maximum storage temperature for most medicines is 25°C and records showed that in recent months the temperature of the medicines storage room had frequently exceeded this. Staff were advised to turn off the radiator in this area. Medicine refrigerator temperatures must be maintained in the range 2°C to 8°C. Records indicated frequent fluctuations both above and below this range over the past four months. An area for improvement was identified.

Areas of good practice

There were some examples of good practice in relation to the management of medicines on admission, the management of most medicines and the management of controlled drugs.

Areas for improvement

An area for improvement was identified in relation to the storage of medicines at appropriate temperatures.

	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.

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions; a couple of minor discrepancies were identified and highlighted for attention. 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.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that on-going monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that the residents could verbalise any pain. A care plan 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 discussed with the resident and reported to the prescriber.

Medicine records were well maintained and facilitated the audit process.

Following discussion with the staff, it was evident that when applicable, other healthcare professionals are contacted when necessary e.g. the general practitioner and the diabetes specialist nurse.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and care planning in relation to the management 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.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Consultation with residents confirmed that living in the home was a positive experience. They provided mostly positive feedback on staff attentiveness and helpfulness.

Comments included:

"I'm very happy...I found the right place."

"They do everything for you."

"At times they can be short of staff though, they can be tired and exhausted."

Of the questionnaires that were issued none were returned in the specified timescale. Any comments from residents, their representatives or staff in 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 took account of their views. Staff understood the needs and preferences of residents.

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.

Written policies and procedures for the management of medicines were in place. These had been reviewed in November 2018.

Practices for the management of medicines were audited throughout the month and a matrix was in place whereby all medicines for one resident were audited each day. Some minor discrepancies had been identified and addressed; however not all audits had been checked and signed by management. The registered manager should also ensure that all medicines received are checked against the written confirmation of prescribing e.g. the copy of the prescription and the personal medication record. This should be reviewed within audit procedures and any discrepancies reported to the prescriber and/or pharmacist prior to administration. An area for improvement was identified.

Staff confirmed that any concerns in relation to medicines management and concerns of staff being under pressure at times due to the low numbers of senior care assistants to fill the rota were raised with management. Management and the trust were aware of this concern.

Areas of good practice

There were defined roles and responsibilities for staff and evidence of efforts to maintain good working relationships.

Areas for improvement

One area for improvement was identified in relation to the governance of audit procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Pamela Campbell, Senior Care Assistant, 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 32 Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that all medicines are stored at appropriate temperatures according to the manufacturer's requirements.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All medications are stored according to manufacturers' requirements, senior care staff and management have received information and training from the Trust's Pharmacy Consultant on correct storage. Medication fridge temperature is checked twice daily and recorded, any issues with temperature reported for action to estate services.</p>
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 7 December 2019	<p>The registered person shall ensure that audit procedures for the management of medicines are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Medication audit carried out daily by senior staff. Registered Manager checks audit carried out daily to ensure all areas checked are accurate and correct. Head of Service checks audit format during monthly monitoring visits. Any issues and learning are shared with all senior staff team during management meetings and daily communications. Any highlighted issues are recorded for action to improve practice and service delivery ensuring safe practice.</p>

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



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