

Unannounced Medicines Management Inspection Report 8 December 2018



Redford

Type of service: Residential Care Home
Address: 15 Redford Road, Cullybackey, BT43 5PR
Tel No: 028 2588 0671
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 that provides care for up to 22 residents living with care needs as detailed in Section 3.0.

3.0 Service details

Organisation / Registered Provider: Redford Residential Home/ Mr William James Wallace	Registered Manager: Mr Trevor Gillen
Person in charge at the time of inspection: Ms Emelie McNiece (Care Assistant)	Date manager registered: 21 November 2013
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 22 including: a maximum of six residents in RC-DE category of care

4.0 Inspection summary

An unannounced inspection took place on 8 December 2018 from 10.35 to 15.25.

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 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.

There were some examples of good practice in relation to training and competency assessment, medicines administration and the completion of medicine records.

Areas for improvement were identified in relation to care planning, the management of controlled drugs, medicines storage and the transcribing of medicines information.

The residents we met with were complimentary about their care and the staff. 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	1	*4

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Kim Robinson, Senior Care Assistant, and also with Mr Trevor Gillen, Registered Manager, by telephone on 11 December 2018, 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 care inspection completed on 22 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, one senior care assistant, three care assistants, and the registered provider.

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 provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA and we asked that a poster was displayed which invited staff to share their views and opinions by completing an online questionnaire.

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 22 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 23 August 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 for improvement 1 Ref: Standard 6 Stated: First time	The registered provider should develop a system to ensure that the information in care plans is up to date.	Partially met
	Action taken as confirmed during the inspection: Whilst it was acknowledged that the care planning had been revised and included reference to medicines management, there was limited information in relation to the management of distressed reactions and diabetes. This area for improvement has been stated for a second time.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered provider should ensure that where medicines are prescribed for the management of pain, this is referenced in a care plan.	Met
	Action taken as confirmed during the inspection: Pain management was referenced in the sample of care plans examined.	

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. A sample of staff training, supervision and competency and capability assessments were provided. The registered manager advised that senior care staff meetings were held every month and details cascaded to care assistants.

In relation to annual staff appraisal, there was evidence that this was overdue for some staff, and for one staff member, there was no record of staff appraisal. This was discussed with the registered manager who advised that this would be reviewed immediately; and was also shared with the care inspector.

There were largely satisfactory 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 two trained staff. This is safe practice and was acknowledged. However, this did not occur for handwritten updates on medication administration records. An area for improvement was identified.

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. Some overstock of eye preparations was observed and discussed. Stock should only be ordered as the need arises. The registered manager agreed to review this with staff.

In relation to safeguarding, staff advised that they were aware of the regional procedures and had received training. Although they confirmed there was a policy in place, this could not be located at the inspection and staff could not advise who they would report any safeguarding concerns to. These details were provided on 11 December 2018 and the registered manager provided assurances that this would be highlighted to all staff. This information was also shared with the care inspector.

The management of controlled drugs was examined. Those that were subject to the safe custody legislation were stored in a locked safe; however, this was not affixed securely and was easily removed from the treatment room. It was suggested that a specific controlled drug cabinet should be obtained and affixed to the wall. The receipt and administration of these controlled drugs was maintained in a controlled drug record book. The process for checking controlled drugs should be reviewed. These were not checked by two staff at each change of shift and this was discussed in relation to the minimum standards and advice was given. An area for improvement was identified. It was acknowledged that additional checks were also performed on other controlled drugs, which is good practice.

Community nurses were responsible for the management of insulin and blood monitoring. Staff advised that occasionally, they would be required to take blood sugar levels; however, there was no evidence that staff had received diabetes awareness training or were aware of how to recognise or manage changes in blood sugar levels. An area for improvement was identified. In relation to care planning, see also Section 6.2.

Discontinued or expired medicines were disposed of appropriately.

All of the medicines were stored in locked cupboards/medicine trolleys. A new medicines storage room had been brought into use. Temperatures of the medicine storage areas were monitored and recorded on daily basis. We observed a build-up of ice in the medicines refrigerator and it was agreed that this would be defrosted. Two expired medicines were removed from stock.

In relation to the stock in the medicines trolleys, one trolley was very overcrowded with limited segregation of residents’ medicines and included overstocks and current stocks of medicines. The potential risks were discussed. This should be reviewed to facilitate the safe administration of medicines. An area for improvement was identified.

Areas of good practice

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

Areas for improvement

Two staff should be involved in the transcribing of medicines details on medication administration records.

Robust arrangements must be developed for the management of controlled drugs.

The management of diabetes should be reviewed in relation to staff training.

The storage of current stock and overstocks of medicines should be reviewed.

	Regulations	Standards
Total number of areas for improvement	1	3

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 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. 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. The reason for and the outcome of administration were recorded. There was evidence that the medicine was referenced in the resident's care plan; however, details regarding the parameters for administration were not recorded. The area for improvement made at the last medicines management inspection was stated for a second time. See also Section 6.2.

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. Staff advised that all of the residents could communicate if they had 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 reported to the prescriber.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate administration records for transdermal medicines.

Practices for the management of medicines were audited throughout the month by the senior staff and management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with staff, it was evident that when applicable, other healthcare professionals were contacted in response to the resident's care 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 new areas for improvement were identified during the inspection.

One area for improvement under standards regarding care planning was stated for a second time.

	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.

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.

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; they treated the residents with dignity. It was clear from observation of staff, that they were familiar with the residents' likes and dislikes.

The residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Christmas decorations were displayed in the home.

We met with two residents who were complimentary regarding their care, the staff and the food supplied. They stated they had no concerns. Comments included:

- "They are very good to you."
- "I like it here and have settled here; it's better here."
- "There's lots of food, too much sometimes."
- "I don't have any pain, but if I do the staff will get me some medicine."
- "Staff are nice and helpful."

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 registered manager as necessary.

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
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 equality data.

Written policies and procedures for the management of medicines were in place. These were not examined in detail. Staff confirmed there were systems to ensure they were kept up to date of any changes.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents, and provided details of the procedures 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 and monitoring processes completed and how areas for improvement were shared with staff to address.

Following discussion with the staff, it was evident that they 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 senior staff or the registered manager.

The staff we met with advised there were generally good working relationships in the home and with other healthcare professionals. However, whilst they reiterated that they felt supported by their peers, they advised there were occasions when they did not feel support from management. This was discussed with the registered manager and also shared with the care inspector.

Three online questionnaires were completed by staff with the specified time frame (two weeks). Most of the responses regarding safe and compassionate care were positive. However, in relation to effective care and the service being well led, the majority of responses were recorded as unsatisfied. These responses were shared with the registered manager and also with the care inspector.

Areas of good practice

There were examples of good practice in relation to 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 Ms Kim Robinson, Senior Care Assistant and Mr Trevor Gillen, Registered 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: 8 January 2019	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs. Ref: 6.4 Response by registered person detailing the actions taken: The procedure for controlled drugs has been reissued and reinforced to all medication trained staff. Safe for controlled drugs now secured to the wall.
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 6 Stated: Second time To be completed by: 8 January 2019	The registered provider should develop a system to ensure that the information in care plans is up to date. Ref: 6.2, 6.4 and 6.5 Response by registered person detailing the actions taken: Senior staff responsible for files will ensure that all careplans are kept up to date. Files will be audited by management.
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 8 January 2019	The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record. Ref: 6.4 Response by registered person detailing the actions taken: The procedure for transcribing medicines has been reissued and reinforced to all medication trained staff
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: 8 January 2019	The registered person shall review staff training in relation to the management of diabetes. Ref: 6.4 Response by registered person detailing the actions taken: All staff have read and signed policys and information on diabetes.

<p>Area for improvement 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 8 January 2019</p>	<p>The registered person shall review the storage arrangements for medicines.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Medication trollies have been split evenly. Reserve medication has been removed from the trollies and stored in a locked cupboard in the medication store.</p>
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Please ensure this document is completed in full and returned via the Web Portal



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