

Unannounced Medicines Management Inspection Report 21 August 2018



Rowandale

Type of service: Residential Care Home
Address: 1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH
Tel No: 028 2888 5543
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 15 beds that provides care for residents living with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Lynn McKillop Ltd Responsible Individual: Mr Feargal Joseph Lynn	Registered Manager: Mr Feargal Joseph Lynn
Person in charge at the time of inspection: Ms Morag McHenry (Senior Carer) until 12.00 and Mr Feargal Lynn thereafter	Date manager registered: 9 May 2011
Categories of care: Residential Care (RC) DE - Dementia I - Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 15 including: RC-DE – no more than six residents on the ground floor in single bedrooms RC-MP(E) – no more than two male residents

4.0 Inspection summary

An unannounced inspection took place on 21 August 2018 from 10.10 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 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 the governance arrangements, training, the completion of medicine records, the administration of medicines, the management of controlled drugs and the storage of medicines.

No areas for improvement were identified.

The resident we met with was 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Feargal Lynn, Registered 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

The most recent inspection of the home was an unannounced care inspection undertaken on 9 May 2018. 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 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 one resident, two senior carers and the registered manager.

A sample of the following records was examined during the inspection:

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We asked the registered manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

We left 'Have we missed you' cards in the foyer of the home to inform patients 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 9 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 4 May 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	Where a resident is prescribed medicines for the management of pain, this should be detailed in a care plan.	Met
	Action taken as confirmed during the inspection: There was evidence that care plans regarding pain management were in place.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of records was provided. Refresher training in dysphagia is planned.

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 were 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 and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

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.

The management of high risk medicines was observed e.g. warfarin. New dosage regimes were transcribed onto specific warfarin administration records by two staff and two staff were involved in each administration. This is safe practice. A daily stock balance was maintained. Staff were reminded that obsolete warfarin regimes should be removed from the current folder.

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

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.

Areas of good practice

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

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 majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A small number of discrepancies were observed and discussed for close monitoring. There were arrangements in place to alert staff of when doses of weekly medicines were due.

The management of swallowing difficulty was examined for one resident. A care plan and speech and language assessment report for the resident was in place. The thickening agent was not recorded on the resident's personal medication record and a record of administration was not being maintained. The registered manager advised that this had been an oversight and he confirmed by email on 22 August 2018 that the personal medication record had been updated and fluid intake charts to record administration had been implemented immediately after the inspection. Due to the assurances provided an area for improvement has not been made on this occasion.

The management of distressed reactions was examined. The medicine was prescribed on the resident's personal medication record. A care plan for one resident required more detail and it was agreed that this would be updated. Staff advised that the administration of these medicines had not been required for several months. We were advised that if administered the reason for and the outcome of the administration were recorded.

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 confirmed that all residents could tell the staff if they had any pain (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.

The majority of medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month, with specific medicines audited per week. The date of opening was routinely recorded on medicine containers to facilitate the audit process. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the residents' 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.

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.

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

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 discussion and observation of staff, that they were familiar with the residents' likes and dislikes.

We met with one resident, who expressed their satisfaction with the staff and the care provided. We were advised that medicines were administered on time and any requests e.g. for pain relief, were adhered to. The resident stated they had no concerns. Comments included:

“The staff are very good, so kind and helpful.”
 “I am happy here and the staff get me what I need.”

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, two were returned within the time frame (two weeks). The responses indicated they were very satisfied with the care provided. Two comments were made:

“The management and staff of Rowandale are friendly, approachable and most of all caring. Patients are treated with compassion and dignity. I am very happy with my relative being in this home.”

“Rowandale is a very homely welcoming place which is a pleasure to visit. Manager and staff are extremely friendly.”

Any further 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 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 Rowandale.

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

There were satisfactory arrangements in place for the management of medicine related incidents. Staff 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 processes completed and how areas for improvement were shared with staff to address and systems to monitor improvement.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management.

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 registered 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

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