Unannounced Medicines Management Inspection Report
30 June 2017

Innisfree

Type of Service: Residential Care Home
Address: 110 Buckna Road, Broughshane, BT42 4NR
Tel No: 028 2568 4497
Inspector: Judith Taylor

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 28 beds that provides care for adults who are living with a variety of care needs.

3.0 Service details

Organisation/Registered Provider: Innisfree **Responsible Individual:** Mrs Shauna Anne Stanford	**Registered Manager:** Mrs Shauna Anne Stanford
Person in charge at the time of inspection: Mrs Caroline Forsythe (Deputy Manager)	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE - Dementia LD - Learning Disability other than sensory impairment PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 28 comprising: - there shall be a maximum of 5 persons accommodated in care categories RC-LD, RC-PH and RC-PH(E) - there shall be a maximum of 11 persons accommodated in care category RC-DE (mild to moderate dementia)

4.0 Inspection summary

An unannounced inspection took place on 30 June 2017 from 10.50 to 14.35.

This inspection was underpinned by 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 administration of medicines, the standard of record keeping and the management of controlled drugs.

There were no areas for improvement identified.

Residents were complimentary regarding the management of their medicines and the care provided.

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 Mrs Caroline Forsythe, Deputy 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 was undertaken on 22 June 2017. The report is pending. 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 service 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 informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with two residents, one member of care staff and the deputy manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

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

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 June 2017

The most recent inspection of the home was an unannounced care inspection. The report is pending. Any areas for improvement will be validated by the care inspector at the next inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 2 July 2015

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 30 **Stated:** First time	It is recommended that the management of distressed reactions should be reviewed to ensure that a detailed care plan is developed for any resident prescribed anxiolytic/antipsychotic medicines on a "when required" basis. Staff should record the outcome of the administration of the medicine on each occasion.	**Met**
	Action taken as confirmed during the inspection: The management of distressed reactions had been reviewed. A care plan was maintained. Medicines to treat distressed reactions were infrequently administered. When administered, staff had recorded the reason for the administration and on some but not all occasions, the outcome of the administration. The deputy manager provided assurances that the staff would be reminded to record the outcome on each occasion. Given these assurances the area for improvement was assessed as met.	

Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	It is recommended that the registered person should review the management of pain, to ensure that a pain assessment is completed for all new residents; and a care plan is developed for those residents who are prescribed medicines on a "when required" basis to treat or prevent pain.	**Met**
	Action taken as confirmed during the inspection: Pain management was detailed in the sample of care plans examined. The information included if the resident could express pain and the medicine prescribed. When administered, staff had recorded the reason. This is best practice.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. A sample of records was provided at the inspection. 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 in November 2016.

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. Largely satisfactory arrangements were in place for the acquisition and storage of prescriptions. It was agreed that the prescription forms would be stored securely until the time of dispensing.

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; and for the management of medicine changes.

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. It was suggested that additional checks should be performed on other controlled drugs as part of the audit process.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored in locked medicine trolleys and medicine cupboards. The medicine trolleys were located in the dining room; they were not affixed to the wall. It was noted that the medicine trolley was left open during the administration of afternoon medicines. Whilst it was acknowledged that there were no residents in this room, the need to keep this locked was discussed. The deputy manager advised that these issues would be addressed with immediate effect.

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. Medicine refrigerators were checked at regular intervals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, the management of new medicines, controlled drugs and the storage of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

The management of distressed reactions and pain was reviewed. The relevant information was recorded in the residents' care plans. (See Section 6.2) The daily notes also indicated details of the resident's care following the identification of a distressed reaction and pain.

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. They stated that the residents were compliant with their medicine regimes.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included double signatures on personal medication records for new medicines/medicine changes; and the use of separate administration records for warfarin and transdermal patches. The benefit of marking out the administration records to alert staff of dates of medicines which are prescribed on alternate days, three times per week or weekly medicines was discussed.

Following discussion with the registered 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 for medicines, care planning, staff knowledge 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 given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, it was found that there were good relationships between the staff and the residents. They were relaxed and comfortable in their surroundings. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear that the staff were familiar with the residents' needs, their likes and dislikes.

The residents we spoke with advised that they were content with the management of their medicines and the care provided in the home. They were complimentary regarding staff and management. Comments included:

"They are very good here"
"I couldn't complain at all"
"The food is lovely"
"I don't have pain"

At the time of issuing this report, no questionnaires had been returned to RQIA.

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.

Written policies and procedures for the management of medicines were in place. These were not examined in detail. Some of these had been revised in the last year. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

There were systems in place to audit medicines management. Spot checks on the completion of medicine records occurred each month, however, this was not recorded. It was agreed that that this would be commenced. Audit trails on medicines focused on medicines which were not supplied in the 28 day packs, this is best practice; satisfactory outcomes had been achieved. The community pharmacist also visited the home on a periodic basis to complete a medicine management audit. The deputy manager advised of the action taken if a discrepancy was identified.

Following discussion with the deputy 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 management. They advised that management were open and approachable and willing to listen. They also stated that there were good working relationships within the home and with healthcare professionals involved in the resident's care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement. Staff roles and responsibilities were clearly defined.

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.

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