Unannounced Medicines Management Inspection Report
27 January 2017

Mountview Retreat

Type of service: Residential Care Home
Address: 19 Rocktown Lane, Knockloghrim, Magherafelt, BT45 8QF
Tel No: 028 7964 2382
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Mountview Retreat took place on 27 January 2017 from 11.00 to 13.40.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. No requirements or recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. Residents consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations were made.

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).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Ciaran Maynes, Registered Provider, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 October 2016.

2.0 Service details

Registered organisation/registered person: Mr Ciaran Patrick Maynes	**Registered manager:** Mr Ciaran Patrick Maynes
Person in charge of the home at the time of inspection: Mr Ciaran Patrick Maynes	**Date manager registered:** 2 December 2014
Categories of care: RC-I, RC-LD, RC-LD(E), RC-MP, RC-MP(E), RC-PH, RC-PH(E)	**Number of registered places:** 9

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with three residents, one care assistant and the registered provider.

Fifteen questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

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

- medicines requested and received
- personal medication records
- medicine administration record
- policies and procedures
- care plans
- training records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 6 June 2013

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 30 **Stated:** First time	Standard Operating Procedures for controlled drugs should be developed.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures for controlled drugs had been developed and implemented. Controlled drugs were not currently prescribed for any residents.	
Recommendation 2 **Ref:** Standard 31 **Stated:** First time	The administration of bisphosphonate medicines should be closely monitored, to ensure that administration is in accordance with the manufacturer's instructions and that the record of administration accurately reflects the time of administration.	**Met**
	Action taken as confirmed during the inspection: The registered provider advised that this practice had been implemented following the last medicines management inspection. Bisphosphonate medicines were not currently prescribed for any residents.	
Recommendation 3 **Ref**: Standard 32 **Stated:** First time	A maximum/minimum thermometer should be in place to monitor refrigerator temperatures and appropriate records maintained, to ensure that medicines requiring cool storage remain in the necessary range of +2°C to +8°C.	**Met**
	Action taken as confirmed during the inspection: A maximum/minimum thermometer was in use and temperatures were being recorded daily.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. Copies of the training programme and staff workbooks were provided for inspection. The registered provider advised that plans were in place to complete competency assessments annually.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged.

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.

Appropriate arrangements were in place for administering medicines in food for designated residents. This practice had been authorised by the prescriber and guidance on the suitability of adding the medicines to food had been sought from a pharmacist.

Discontinued or expired medicines were returned to the community pharmacist 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. Dates of opening had been recorded on the majority of medicines to assist audit and disposal at expiry.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

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. Care plans were maintained. 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.

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. During the inspection two residents requested pain relief which was administered without delay.

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.

Staff were commended for the standard of maintenance of the medicine records which readily facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the registered provider. This included a running stock balance for medicines which were prescribed at different doses at each medicine round. In addition, a quarterly audit was completed by a representative of the community pharmacist. It was agreed that a record of the auditing activity would be maintained.

Following discussion with the registered provider and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

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.

We spoke with two residents briefly and with one resident in detail. This resident was happy with how their medicines were managed and commented that they "just loved it here because it was perfect and the staff were great".

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process 15 questionnaires were issued to residents, relatives/ representatives and staff, with a request that they were returned within one week from the date of the inspection; none were returned within this timescale.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place; they had been reviewed in June 2016. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

The registered provider advised that there were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

Following discussion with the registered provider 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 any resultant action was communicated with staff at the earliest opportunity.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.

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