# Unannounced Medicines Management Inspection Report
# 16 June 2017

# Clairville

**Type of Service: Residential Care Home**
**Address: 62 Bann Road, Rasharkin, BT44 8SZ**
**Tel No: 028 2954 1139**
**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 17 beds that provides care for adults living with old age, dementia, mental or physical disability.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Clairville / Mrs Veronica Reid | **Registered Manager:**<br>Mrs Veronica Reid |
| **Person in charge at the time of inspection:**<br>Ms Roisin McGowan (Senior Care Staff) | **Date manager registered:**<br>1 April 2005 |
| **Categories of care:**<br>Residential Care (RC)<br>I - Old age not falling within any other category<br>DE - Dementia<br>PH - Physical Disability other than sensory impairment<br>PH(E) -Physical Disability other than sensory impairment – over 65 years<br>MP(E) - Mental disorder excluding learning disability or dementia | **Number of registered places:**<br>17 comprising:<br>- Maximum 2 in RC-PH<br>- Maximum 6 in RC-DE |

## 4.0 Inspection summary

An unannounced inspection took place on 16 June 2017 from 10.25 to 13.50.

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 standard of record keeping for most medicine records, the administration and storage of medicines and the management of controlled drugs.

Areas requiring improvement were identified in relation to the completion of personal medication records.

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 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Ms Roisin McGowan, Person in Charge, as part of the inspection process. Some feedback was also discussed with Mrs Veronica Reid, Registered Manager, who was present during part of the inspection. 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 26 January 2017. 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 service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents: it was ascertained that no medicine related incidents had been 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, two members of senior care staff and the registered 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 26 January 2017

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 20 May 2015

| Areas for improvement from the last medicines management inspection | | |
|---|---|---|
| **Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time | The registered person must closely monitor the administration of Seretide Accuhaler and Risedronate tablets; any further discrepancies must be investigated and reported to RQIA. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>These medicines were included in the audit process. There were no discrepancies noted in the audit trails completed at the inspection. | |
| **Area for improvement 2**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time | The registered person must review the management of medicines which are crushed and administered covertly to ensure that written consent is in place and a care plan is developed. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The registered manager advised that this had been addressed at that time and the relevant detail had been recorded in a care plan, and consent had been obtained from the prescriber. Currently, there were no residents who required the administration of medicines in disguised form. | |

| 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**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time | It is recommended that the registered person should review the management of distressed reactions to ensure that a care plan is developed, the parameters for administration are detailed and the reason for and outcome of the administration are recorded on every occasion. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>This had been reviewed. Two residents' records were reviewed. A care plan was in place; however, one required some further detail. Staff advised that this would be addressed. The reason for and the outcome of administration were recorded in the resident's daily notes.<br><br>Due to the assurances provided and the progress made, this area for improvement was assessed as met. | |
| **Area for improvement 1**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time | It is recommended that the registered person should review the management of pain, to ensure that 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**:<br>One resident's records were examined. The management of pain was referenced in a care plan. | |

## 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. An induction process was in place for all staff responsible for medicines. The impact of training was monitored through team meetings, supervision and annual appraisal.

Competency assessments were reviewed each year and had been completed in August 2016. 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. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and the management of medicines 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.

Discontinued or expired medicines were disposed of appropriately.

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 found throughout the inspection in relation to staff, training, competency assessment, the management on medicines on admission 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 sample of medicines examined had been administered in accordance with the prescriber's instructions.

There was evidence that time critical medicines and weekly medicines had been administered at the correct time.

Largely satisfactory arrangements were in place for the management of medicines prescribed for distressed reactions. (See also Section 6.2)

Pain management was reviewed. Some residents were administered pain controlling medicines on a regular basis and others when needed. Staff advised that most residents could tell staff if they were in pain; and for those that couldn't, they stated they were familiar with the resident's needs. They stated they knew to check for pain, particularly, if there had been a change in a resident's behaviour.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents' health were reported to the prescriber. They advised that residents were compliant with medicine regimes.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice included recording the date of replacement of medicine containers. Some improvement is required in the completion of personal medication records. A new system had been recently implemented, where handwritten records had been replaced with typed/computerised records. An area for improvement was identified, as a number of spelling errors and a few other errors were noted. Whilst these had been verified by two staff, some incorrect dosages had been recorded or some dosages were missing. These discrepancies were brought to the attention of staff at the inspection. The need to ensure that updates to existing personal medication records are checked and initialled by two staff was discussed. Staff should also ensure that discontinued personal medication records are removed from the current folder and securely archived.

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping for most medicine and care records; and the administration of medicines.

**Areas for improvement**

The necessary arrangements should be made to ensure that personal medication record entries are fully and accurately maintained.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 1 |

**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.**

There were no medicines which required administration during the inspection.

Following discussion with staff if was clear that they were aware of the residents' medicines, they advised that the residents were encouraged and given time to take their medicines.

Throughout the inspection, it was evident that there was a good rapport between residents and staff. The staff treated the residents with respect and their approach was friendly and kind. They listened to the residents' requests.

We spoke with two residents at the inspection. Whilst we could not obtain their views or opinions about medicines management, they were relaxed and comfortable in their surroundings and interactions with staff.

Of the questionnaires issued, three were returned from residents, three from staff and two from relatives. The responses indicated they very satisfied/satisfied with all aspects of the care in relation to the management of medicines.

**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.**

Written policies and procedures for the management of medicines were in place. These had been updated in February 2017. Staff advised that they were made of aware of these updates.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report 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.

The governance arrangements for medicines were reviewed. Daily, weekly and monthly audits were completed. These included a variety of medicine formulations. A review of the internal audit records indicated that satisfactory outcomes had been achieved. Discrepancies rarely occurred; but if so, staff advised of the procedures that were followed to prevent reoccurrence.

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 the registered manager.

Staff advised that management were open and approachable and willing to listen. They stated that there were good working relationships within the home and with healthcare professionals involved in residents' care.

It was acknowledged that there was a low turnover in staff and many staff had been employed in the home for several years.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, 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 QIP. Details of the QIP were discussed with Ms Roisin McGowan, Person in Charge, 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 to RQIA office for assessment by the inspector.

Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

| Quality Improvement Plan | |
|---|---|
| **Action required to ensure compliance The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 31<br><br>**Stated:** First time<br><br>**To be completed by:**<br>16 July 2017 | The registered person shall review the standard of record keeping in relation to personal medication records.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br><br>All Received & Amendments Made. When necessary, |

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

**Tel** 028 9051 7500
**Fax** 028 9051 7501
**Email** info@rqia.org.uk
**Web** www.rqia.org.uk
@RQIANews