

Unannounced Medicines Management Inspection Report 18 May 2017



Edenmore

Type of service: Residential Care Home
Address: 41 Castlerock Road, Coleraine, BT51 3HR
Tel No: 028 7035 3330
Inspector: Rachel Lloyd

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Edenmore took place on 18 May 2017 from 10.50 to 14.00.

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. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas for improvement identified.

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. There were no areas for improvement identified.

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. There were no areas of improvement identified.

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. There were no areas for improvement identified.

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 Mrs Florence Dhand, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection dated 2 February 2017.

2.0 Service details

Registered organisation/registered person: Mrs Ella O'Reilly Mrs Florence Dhand	Registered manager: Mrs Florence Dhand
Person in charge of the home at the time of inspection: Mrs Florence Dhand	Date manager registered: 1 April 2005
Categories of care: RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of registered places: 15

3.0 Methods/processes

Prior to the inspection the following records were analysed:

- 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

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

The inspector met with the registered manager, the administrator (also the safeguarding champion), one senior care assistant and three residents.

Fifteen questionnaires were issued to residents, residents' relatives/representatives and staff, with a request that these were completed and returned to RQIA within one week of the inspection.

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 2 February 2017

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations made as a result of the inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 28 July 2015

There were no requirements or recommendations made as a result of the last medicines management inspection.

4.3 Is care safe?

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. Refresher training in medicines management was provided for all relevant care staff within the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The registered manager advised of the procedures to identify and report any potential shortfalls in medicines. There were safe systems in place for obtaining and storing any prescriptions until they were dispensed.

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.

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.

Largely satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged. Although a clear audit trail was possible, staff were advised to maintain a running stock balance for warfarin, to enable any discrepancy to be noted promptly.

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. Staff were reminded to reseal packets of lidocaine patches after use according to the manufacturer's instructions.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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. It was advised that details of the reasons the medicine may be used should be included in the care plan. This was addressed immediately.

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.

The registered manager 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.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the registered manager. In addition, a regular audit was completed by the community pharmacist.

Following discussion with the registered manager, it was evident that when applicable, other healthcare professionals were contacted in response to matters relating to medicines management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The administration of medicines to residents was observed briefly. This was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible. Good relationships were observed between staff and residents.

One resident spoken to briefly about the management of their medicines stated that they were content with their care in the home and had no concerns regarding the management of their medicines. The inspector met with two other residents. It was not possible to discuss the management of their medicines, but they and the other residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, questionnaires were issued to residents, relatives/residents' representatives and staff. No questionnaires were returned within the specified timescale.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These had been reviewed and revised in August 2016. The registered manager confirmed that any updates were highlighted to staff.

There were arrangements in place for the management of any medicine related incidents. The registered manager confirmed that all relevant staff knew how to identify and report incidents.

A review of the audit records indicated that good outcomes had been achieved. The registered manager advised of the procedures in place to ensure that appropriate action was taken should a discrepancy arise.

Following discussion with the registered manager, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. The registered manager and the safeguarding champion confirmed that staff had received training on adult safeguarding and were aware that medication incidents may need to be reported to the adult safeguarding lead.

The registered manager confirmed that any concerns in relation to medicines management were raised with management and that outcomes were shared with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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