Unannounced Medicines Management Inspection Report
25 August 2016

Benbradagh

Type of service: Residential Care Home
Address: 59 Tirgarvil Road, Upperlands, Maghera, BT46 5UW
Tel No: 028 7964 2238
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Benbradagh took place on 25 August 2016 from 11.00 to 14.40.

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 were trained and competent. There were processes for the management of medicines changes; however one recommendation was stated for a second time in relation to the method of obtaining and recording dose regimens for warfarin. One additional area of improvement was identified in relation to record keeping and a recommendation was made. No requirements 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. There were no areas of improvement identified. 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. Residents consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified. 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. There were robust systems in place to manage and share the learning from medication audits. There were no areas of improvement identified. 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	2

Details of the QIP within this report were discussed with Mr Chris Ramrachia, Registered Manager and Miss Lisa McGilligan, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 21 July 2016.

2.0 Service details

Registered organisation/registered providers: Mr Chris Vjendra Ramrachia Mrs Shirley Ann Ramrachia	**Registered manager:** Mr Chris Vjendra Ramrachia
Person in charge of the home at the time of inspection: Mr Chris Vjendra Ramrachia	**Date manager registered:** 1 April 2005
Categories of care: RC-MP, RC-MP(E), RC-SI, RC-DE, RC-I	**Number of registered places:** 22

3.0 Methods/processes

Prior to 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 medication related incidents had been reported to RQIA since the last medicines management inspection.

The inspector met with two residents, one care assistant, one senior care assistant and the registered manager.

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.

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 21 July 2016

The most recent inspection of the home was an unannounced care inspection. The report has been issued to the home. The completed QIP will be reviewed by the care inspector and will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 9 June 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	It is a requirement that the Registered Person must ensure that bisphosphonate medicines are administered 30 minutes clear of food and other medicines and that details are accurately recorded on the resident's personal medication and administration records.	**Met**
	Action taken as confirmed during the inspection: There was evidence that these medicines were being administered appropriately and personal medication records and medication administration records reflected this.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	Written confirmation of warfarin dosage regimes should be obtained.	**Partially Met**
	Action taken as confirmed during the inspection: Written confirmation of warfarin dosage regimes were in place in some of the examples examined, however others had been confirmed by telephone by one member of staff and were not always recorded satisfactorily. When written confirmation is not immediately available, a permanent record should be maintained of telephoned instructions, which should be confirmed by a second member of staff to ensure accuracy. This recommendation was stated for a second time.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	It is recommended that the Registered Person should ensure staff in the home receive training on the management of diabetes.	**Met**
	Action taken as confirmed during the inspection: Staff had received training on the management of diabetes from a Diabetes Specialist Nurse twice since the last inspection in August 2015 and June 2016.	
Recommendation 3 **Ref**: Standard 33 **Stated:** First time	It is recommended that the Registered Person should review and revise the management of self-administered medicines.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this had been addressed in care plans and the agreements documented for relevant residents.	
Recommendation 4 **Ref**: Standard 30 **Stated:** First time	It is recommended that the Registered Person should review and revise the management of medicines prescribed on an “as required” basis for the management of distressed reactions.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this had been addressed. Care plans were maintained along with a record of the reason for any administration and the outcome.	

Recommendation 5 **Ref**: Standard 30 **Stated:** First time	It is recommended that the Registered Person should ensure the assessment and management of pain is included in the home's admission procedures and that the management of pain is subject to regular review.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this had been addressed in care plans and staff confirmed that pain is discussed at the time of admission.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through supervision and annual appraisal. Competency and capability assessments were completed annually. Training had been provided in relation to the new monitored dosage system implemented for medicines earlier this year. Training in relation to the management of diabetes had also taken place.

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 processes for the management of medicines changes; however one recommendation was stated for a second time in relation to the method of obtaining and recording dose regimens for warfarin. Personal medication records were updated by two members of staff; however handwritten entries on medication administration records had not been checked by a second member of staff to ensure accuracy in transcription. A recommendation was made.

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. Additional checks were also performed on other controlled drugs which is good practice.

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. Medicine refrigerators were checked at regular intervals.

Areas for improvement

Written confirmation of warfarin dosage regimes should be obtained. A recommendation was stated for a second time.

Handwritten entries on medication administration records should be checked by a second member of staff to ensure accuracy in transcription. A recommendation was made.

Number of requirements	0	Number of recommendations	2

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. A care plan was maintained.

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 advised that the residents could verbalise any pain, and knew how the residents would express pain and provided examples. A care plan was maintained. Staff also advised that pain is discussed as part of the admission process.

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.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month. Audits on individual medicines focused on medicines which were not supplied in the 28 day blister packs. In addition, a regular audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are 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

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

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.

The residents spoken to at the inspection stated that they were content with their care in the home and had no concerns regarding the management of their medicines. They advised that staff responded in a timely manner to any requests for medicines e.g. pain relief.

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. These had recently been updated to reflect the change in the monitored dosage system for the supply of medicines. 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 arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

A review of audit records indicated that satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence that these had been reported to management. The registered manager advised of the procedures in place to ensure that the appropriate action was taken and how the learning would be shared with staff.

Following discussion with the registered 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 and outcomes shared with staff. They stated that they had received the relevant training and that they were supported by management.

The requirement and most of the recommendations made at the last medicines management inspection had been addressed. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Chris Ramrachia, Registered Manager and Miss Lisa McGilligan, Senior Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated**: Second time **To be completed by:** 25 September 2016	Written confirmation of warfarin dosage regimes should be obtained.
	Response by registered provider detailing the actions taken: Written confirmation of Warfarin dosage regimes are now obtain from the surgery.
Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 25 September 2016	The registered provider should ensure that handwritten entries on medication administration records are confirmed by a second member of staff to ensure accuracy in transcription.
	Response by registered provider detailing the actions taken: Two signature are obtain to confirm hand written entries on Medication administration records sheets.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

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