Unannounced Medicines Management Inspection Report
19 April 2018

Glens

Type of service: Residential Care Home
Address: 63 Middlepark Road, Cushendall, BT44 0SQ
Tel No: 028 2177 1588
Inspector: Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 16 beds that provides care for residents living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Glens **Responsible Individual:** Ms Paula Magee	**Registered Manager:** Ms Geraldine Magee
Person in charge at the time of inspection: Ms Geraldine Magee	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC): I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 16

4.0 Inspection summary

An unannounced inspection took place on 19 April 2018 from 10.45 to 14.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 medicines administration, medicine records, medicine storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to the management of medicines prescribed for distressed reactions.

Residents advised that they were happy in the home and with the staff and management. They were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We noted the warm and welcoming atmosphere in the home.

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

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Geraldine Magee, Registered Manager and Ms Siobhan McHugh, Deputy Manager, 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.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 23 January 2018. 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 home 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 was displayed to inform visitors to the home that an inspection was being conducted.

During the inspection the inspector met with two residents, the deputy manager and the registered manager.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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 23 January 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 11 April 2016

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	The management of warfarin should be reviewed to ensure that robust procedures are in place. **Action taken as confirmed during the inspection**: The management of warfarin had been reviewed. Dosage regimes were received by telephone by two staff and both staff had signed the record. Written confirmation of the dosage regime was obtained on some but not all occasions and this was discussed. A copy of the most recent regime was in place. A daily stock balance was maintained.	**Met**

Area for improvement 2 **Ref**: Standard 6 **Stated:** First time	Where medicines are prescribed for the management of distressed reactions on a 'when required' basis, a care plan should be in place and details of the reason for and the outcome of administration should be recorded on every occasion; any regular administration should be reported to the prescriber.	**Not met**
	Action taken as confirmed during the inspection: The registered manager provided details of the action taken following the last medicines management inspection. Although there had been some documentation, a care plan was not maintained and these medicines were being administered to some residents on a regular basis. This had not been referred to the prescribers. The reason and outcome was not recorded on every occasion. This was discussed and it was concluded that there had been a misunderstanding of what was required. Advice was given. This area for improvement has been stated for a second time.	
Area for improvement 3 **Ref**: Standard 6 **Stated:** First time	Where residents are prescribed medicines to manage pain, this should be recorded in the care plan.	**Met**
	Action taken as confirmed during the inspection: The sample of residents' files examined, indicated that a care plan regarding pain management was in place.	

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 care staff who had been delegated medicine related tasks. 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 earlier this year. This training has now been added to the list of annual training to be completed by the staff. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was completed annually.

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.

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 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.

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.

In the instances where medicines are required to be crushed to facilitate swallowing and administration, written consent had been obtained from the prescriber.

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 refrigerator temperatures were monitored and recorded on a daily basis.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of 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.

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A few audit trails could not be concluded as there were occasions when two containers of the same resident's medicine were in use. The registered manager advised that this had already been identified and discussed with staff.

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 twice weekly and weekly medicines were due.

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 all of the residents could verbalise any pain. A care plan was maintained.

In relation to the management of distressed reactions, see Section 6.2. An area for improvement has been stated for a second time.

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 provided an example of when the formulation of a medicine was changed to enable the resident to swallow the medicine.

Medicine records were well maintained and facilitated the audit process. In relation to medicines prescribed on 'when required' basis, on occasion the label and the personal medication record did not correlate. It was agreed that this would be addressed.

Practices for the management of medicines were audited every two months by the registered manager and included a variety of medicine formulations.

Following discussion with management and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to residents' healthcare needs.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and the administration of medicines. Staff were knowledgeable about the residents' medicines.

Areas for improvement

No new areas for improvement were identified during the inspection.

One area for improvement against the standards, regarding the management of distressed reactions has been stated for a second time.

	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.

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

The administration of medicines was not observed at the time of this inspection. Following discussion with management we were advised that medicines were given to residents in accordance with their wishes. Occasionally medicines were administered later in the morning, as the resident preferred to sleep late. The registered manager confirmed that the staff were aware to ensure that appropriate medicine intervals were adhered to.

Throughout the inspection, it was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from discussion and observation of staff, that they were familiar with the residents' likes and dislikes.

We met with two residents, who expressed their satisfaction with the care in the home. Comments included:

"It's wonderful here; you can ask for anything and it'll be here."
"I have never felt so looked after."
"I am getting on well."

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, six were returned within the timeframe (two weeks). With the exception of one questionnaire, all of the responses indicated that they were very satisfied with the care provided in the home. These responses were shared with management and the care inspector for the home. One comment was made:

"My xxx(the resident) is a resident in the 'Glens' and I am very happy with her care. She is so well looked after by staff and management and could not be any happier in her own home."

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

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.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered manager confirmed that arrangements were place to implement the collection of equality data within Glens.

Written policies and procedures for the management of medicines were in place and a sample was observed.

There were robust arrangements in place for the management of medicine related incidents. Management advised of the procedures in place to ensure that all staff 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 team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with management, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

There were no online questionnaires completed by staff within the specified time frame (two weeks).

Areas of good practice

There were examples of good practice in relation to governance arrangements, the 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 quality improvement plan (QIP). Details of the QIP were discussed with Ms Geraldine Magee, Registered Manager, and Ms Siobhan McHugh, Deputy Manager, 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 via the Web Portal for assessment by the inspector.

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 **Ref**: Standard 6 **Stated:** Second time **To be completed by:** 19 May 2018	Where medicines are prescribed for the management of distressed reactions on a 'when required' basis, a care plan should be in place and details of the reason for and the outcome of administration should be recorded on every occasion; any regular administration should be reported to the prescriber. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: Care plans are now in place for medicines that are prescribed for residents for the management of distressed reactions and the reason and outcome is now recorded on every occasion. Any regular admimistration has been reported to the prescriber and instructions have been changed on indivual boxes by the prescriber where necessary. '

Please ensure this document is completed in full and returned via the Web Portal

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