

Unannounced Medicines Management Inspection Report 25 May 2016



Ard Na Grainde

Address: 15 Moneyrod Road, Randalstown, BT41 3JB

Tel No: 028 9447 3089

Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Ard Na Grainde took place on 25 May 2016 from 10.20 to 12.10.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern. A quality improvement plan (QIP) has not been included within this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been 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 the registered manager, Mr Justin McCann, 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 17 May 2016.

2.0 Service details

Registered organisation/registered person: Ard Na Grainde/ Mr Justin McCann	Registered manager: Mr Justin McCann
Person in charge of the home at the time of inspection: Mr Justin McCann	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-A, RC-MP(E), RC-DE	Number of registered places: 7

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with the registered manager, one senior care assistant and one resident.

A sample of the following records was examined:

- 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 17 May 2016

The most recent inspection of the home was an unannounced care inspection. There were no issues to be followed up. The report had not yet been issued. The completed QIP will be assessed by the care inspector upon return.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 30 September 2014

Last medicine management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered manager should ensure that a written confirmation of changes to a warfarin dose regime is obtained on every occasion.	Met
	Action taken as confirmed during the inspection: Written confirmation of warfarin doses were in place.	
Recommendation 2 Ref: Standard 30 Stated: First time	The registered manager should ensure that Standard Operating Procedures for controlled drugs are developed and implemented.	Partially Met
	Action taken as confirmed during the inspection: Procedures for the management of controlled drugs were referred to in the policy and procedure for the management of medicines. It was advised that this should be expanded to include all aspects of the management of controlled drugs. Due to the assurances received that this would be addressed following the inspection, and the safe management of controlled drugs observed, this recommendation was not stated for a second time.	

Recommendation 3 Ref: Standard 32 Stated: First time	The registered manager should ensure that the temperature of the medicines storage area is monitored and recorded on a daily basis to ensure it does not exceed 25°C.	Met
	Action taken as confirmed during the inspection: The temperature of the medicines storage area was monitored and recorded on a daily basis. Records were examined and found to be satisfactory.	

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. The impact of training was monitored through team meetings and annual appraisal. Competency assessments were completed annually at appraisal. Refresher training in medicines management had taken place for all staff in June 2015.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Procedures were in place 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.

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. Suitable arrangements were in place for the management of medicines which required cold storage.

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.

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 pain is assessed as part of the admission process. A care plan for the management of medicines was maintained. It was agreed that this would be expanded to detail the management of pain for the individual resident as appropriate.

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. Areas of good practice were acknowledged. They included maintaining a running balance for all medicines.

Practices for the management of medicines were audited weekly by the registered manager. These audits had resulted in positive outcomes.

It was evident that when applicable, other healthcare professionals were contacted regarding the management of medicines.

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 completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

One resident advised that they were satisfied with the manner in which their medicines were managed and administered and were complimentary about their care in the home.

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 in January 2015.

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

A review of the home's audit records indicated that satisfactory outcomes had been achieved.

Following discussion with the staff on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management and any concerns in relation to medicines management would be raised with the registered manager.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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