Unannounced Medicines Management Inspection Report
23 May 2017

Bridgeview

Type of service: Residential Care Home
Address: 135 Bridge Road, Dunloy, Ballymena, BT44 9EG
Tel No: 028 2765 7789
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Bridgeview took place on 23 May 2017 from 10.10 to 12.45.

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. There were no areas for 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 Ms Judith Purdy, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 February 2017.

2.0 Service details

Registered organisation/registered person: Bridgeview Residential Home Ltd Ms Patricia Casement	**Registered manager:** Ms Judith Purdy
Person in charge of the home at the time of inspection: Ms Judith Purdy	**Date manager registered:** Acting – No Application Required
Categories of care: RC-LD, RC-LD(E)	**Number of registered places:** 4

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 reported to RQIA since the last medicines management inspection

We met with the manager.

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 5 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

At that inspection requirements were made regarding the availability of suitably trained and competent staff, regarding the management of medicines, and the availability of records for inspection. At the time of this inspection staff on duty were trained and deemed competent to administer medicines and all relevant records were available for inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 30 September 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. This included training in the administration of buccal midazolam.

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

There were largely satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were usually updated by two members of staff. The manager was reminded that any new entries on personal medication records and printed medication administration records should be checked for accuracy and signed by two competent members of staff.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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 usually recorded, staff were reminded to record this detail on every occasion. 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. The manager advised that for those residents who could not verbalise any pain, staff knew how the residents would express pain and that a pain assessment tool was used if necessary.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record. It was advised that this record should include the prescribed fluid consistency. The manager agreed to ensure this was recorded for all relevant residents. A care plan and speech and language assessment report were in place.

The 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 manager. Running stock balances were maintained for nutritional supplements and inhaled medicines. An audit summary was produced and shared with staff each month, which is good practice. In addition, a regular audit was completed by the community pharmacist.

Following discussion with the 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

4.5 Is care compassionate?

The administration of medicines to residents was not observed, since morning medicines had already been administered and residents were going out for the day with staff.

It was not possible to ascertain the views and opinions of residents, however residents who could not verbalise their feelings in respect of their care 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. Three staff questionnaires were received within the specified timescale, indicating satisfaction with the management of medicines in the home.

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 been reviewed and revised in June 2016. The manager confirmed that any updates were highlighted to staff and all staff had signed to acknowledge this.

There were robust arrangements in place for the management of medicine related incidents. The manager confirmed that all relevant staff knew how to identify and report incidents. One medicine related incident reported since the last medicines management inspection was discussed.

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

Following discussion with the manager, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. The manager 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 manager confirmed that any concerns in relation to medicines management were raised with her 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

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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