

# Unannounced Medicines Management Inspection Report 12 June 2018



## Hillview

**Type of service: Residential Care Home**  
**Address: 182a Moyarget Road, Ballycastle, BT54 6JQ**  
**Tel No: 028 2075 2058**  
**Inspector: Judith Taylor**

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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 three beds that provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hillview  <b>Responsible Individual:</b> Mrs Mary Elizabeth McAllister	<b>Registered Manager:</b> Mr Denis John McAllister
<b>Person in charge at the time of inspection:</b> Mrs Anne-Marie McTaggart (Senior Care Assistant)	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC): LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of registered places:</b> 3

### 4.0 Inspection summary

An unannounced inspection took place on 12 June 2018 from 10.25 to 12.00.

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 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 the governance arrangements, training, medicines administration, medicine records and medicines storage. The ongoing efforts to ensure robust arrangements for medicines management were acknowledged.

No areas for improvement were identified.

We were unable to obtain the views and opinions of residents; however, they were noted to be relaxed and comfortable in their environment.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Anne-Marie McTaggart, Senior Care Assistant, 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.

#### 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 6 February 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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with one resident, two staff and the registered manager.

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
- medicine audits
- policies and procedures
- care plans
- training records

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 6 February 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 5 October 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

## 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. A system was in place to ensure that all staff were kept up to date in medicines management and had completed refresher training. The most recent training was in relation to the management of epilepsy and epileptic seizures in April 2018. Other training included dementia care and skin care. Staff advised that they had also completed safeguarding training and were aware of the regional procedures and who to report any safeguarding concerns to.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and for the management of medicine changes. Personal medication records were signed by the resident's general practitioner.

Appropriate arrangements were in place to ensure that medicines were made available for the resident when on temporary leave from the home.

The ordering system for medicines was reviewed. The stock levels of all medicines were checked on a weekly basis; and ordered as needed. In addition, a separate checking process was in place to ensure that all stock had been received and was available for administration.

Care plans were in place for the management of chronic conditions e.g. epilepsy and skin care.

Discontinued or expired medicines were disposed of appropriately and returned to the community pharmacist.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and organised. Separate storage for controlled drugs and refrigerated medicines was available for use as needed. Staff confirmed that these were rarely required.

### Areas of good practice

There were examples of good practice in relation to staff training, the management of medicines changes and the storage of medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

The management of pain was reviewed. Staff advised that pain relief was rarely required to be administered. They advised that they had worked in the home for several years and were aware of how each resident would express pain and provided examples. Pain management was referenced in the residents' care plans; and pain assessment charts were available for use as needed.

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 readily facilitated the audit process. The good standard of record keeping was acknowledged.

Practices for the management of medicines were audited each week by the staff and any issues were reported to the registered manager. Other audits included 'end of box' audits which were completed when the medicine container had finished. In addition, an audit was completed by the community pharmacist on a periodic basis.

Following discussion with the staff, 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, care planning and the administration of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The administration of medicines had been completed prior to the inspection. From discussion with staff it was evident that the residents were administered their medicines in a caring manner and the resident was given time to take their medicine.

We noted that there were good relationships between the staff, the residents and a visitor. Staff were noted to be friendly and courteous. It was clear from discussion and observation of staff, that they were familiar with the residents' likes and dislikes.

We were unable to obtain the views and opinions of the residents regarding their care; however, they were noted to be relaxed and comfortable in their surroundings and in their interactions with staff.

Of the questionnaires that were issued to receive feedback from residents and their representatives, none had been returned within the specified time frame (two weeks). Any comments from residents and their representatives in questionnaires received after the return date will be shared with the registered manager for information and action as required.

**Areas of good practice**

Staff listened to residents and relatives and took account of their views.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 the 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. We were advised that there were arrangements in place to implement the collection of equality data within Hillview.

Written policies and procedures for the management of medicines were in place. These were not examined in detail. Staff advised there were systems in place to keep them up to date regarding any changes.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and were aware that these may need to be reported to the safeguarding team. They advised of the process to ensure that all staff were made aware of any incidents, to share the information and prevent recurrence.

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

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with registered manager. They advised that the registered manager was open and approachable and stated that there were good working relationships within the home and with healthcare professionals involved in resident care.

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
<b>Total number of areas for improvement</b>	0	0



## **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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