

Unannounced Medicines Management Inspection Report 25 May 2018



Croft Lodge

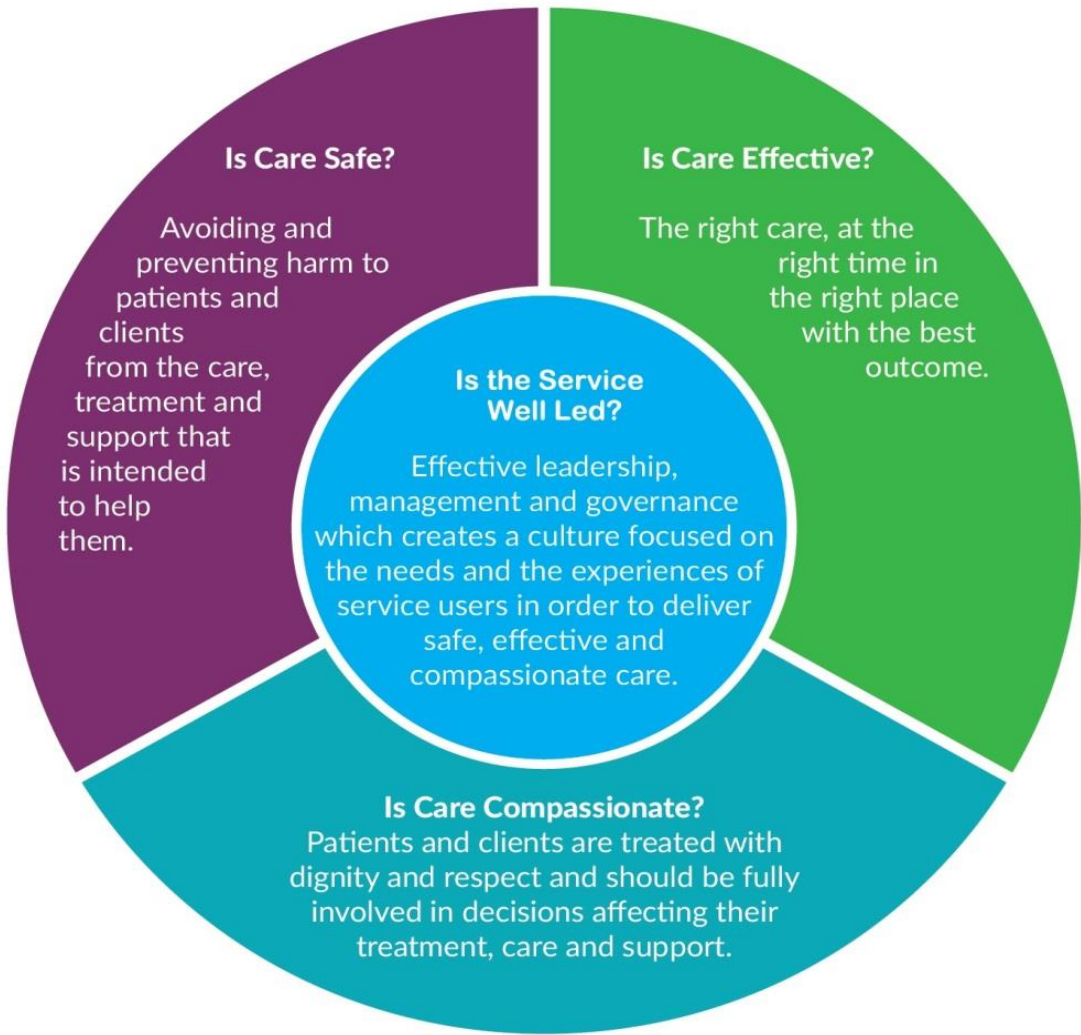
Type of service: Residential Care Home
Address: 6 Woodcroft Lane, Oldpark Road,
Ballymena, BT42 1FZ
Tel No: 028 2563 7799
Inspector: Judith Taylor

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 five beds that provides care for residents living with healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Croft Lodge Responsible Individual: Mrs Sharon Magee	Registered Manager: Mr Arthur John Magee
Person in charge at the time of inspection: Mrs Marie O'Neill (Care Assistant)	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC): I – Old age not falling within any other category DE – Dementia LD – Learning disability MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 5 including a maximum of two residents in RC-DE and two named individuals in RC-MP(E)

4.0 Inspection summary

An unannounced inspection took place on 25 May 2018 from 10.30 to 12.15.

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 medicines administration, the completion of most medicine records and medicines storage. The ongoing efforts to ensure that there were robust systems for medicines management were acknowledged.

No areas for improvement were identified.

The residents we met with spoke positively about their care, the food and the staff in the home. They were noted to be relaxed and comfortable 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	0

This inspection resulted in no areas for improvement being identified. As part of the inspection process, findings of the inspection were discussed with Mrs Marie O'Neill, Person in Charge, and Mr Arthur Magee, by telephone after the inspection, 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 12 October 2017. 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 three residents and one member of staff.

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
- 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 12 October 2017

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 30 September 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. The impact of training was monitored through meetings, supervision and appraisal. Competency assessments were completed following induction and as part of the appraisal process. Medicines management refresher training was provided every few years or more frequently as needed. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed in March 2018.

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. Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

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. The management of oxygen was discussed. The person-in-charge confirmed that all staff knew how to manage

oxygen. Signage was in place. The storage of one cylinder was not suitable as it was obscured by clothing; it was agreed that this would be reviewed. The registered manager confirmed by telephone after the inspection on 25 May 2018 that this was being addressed and it would be placed in an alternative location.

Areas of good practice

There were examples of good practice in relation to staff training, supervision and the management of medicines on admission.

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.

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

The management of pain was examined. This was referenced in the residents' care plans. The person-in charge advised that all of the residents could tell staff if they were in pain and would request pain relief; these medicines were infrequently required.

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.

Most of the medicine records were well maintained and facilitated the audit process. A few incomplete records were noted and discussed. Following a review of other medicine records and discussion, it was acknowledged that this had been an oversight.

Practices for the management of medicines were audited throughout the month by the registered manager. In addition, an audit was completed by the community pharmacist on a periodic basis.

Following discussion with the person in charge, it was evident that when applicable, other healthcare professionals were contacted in response to the healthcare needs of the residents.

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
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 to residents was completed in a caring manner, the resident was given time to take their medicine.

The residents were noted to be happy and content in the home. We met with three residents, who were complimentary regarding the staff and their care and the home environment. Comments included:

"I am well looked after."

"I am happy here."

"The food is tasty."

"I have no concerns at all."

We noted the positive interactions between the staff and the residents over lunchtime. It was evident that the residents were enjoying their lunch and there was a warm and friendly atmosphere.

Of the questionnaires that were issued, none were returned from residents or their representatives 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 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. We were informed that there were arrangements in place to implement the collection of equality data within Croft Lodge.

Written policies and procedures for the management of medicines were in place. The person-in-charge advised that any updates were highlighted to staff.

The person-in charge advised us of the systems in place to follow up on any identified incidents. She 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 satisfactory outcomes had been achieved.

Following discussion with the person-in-charge, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. She confirmed that any concerns in relation to medicines management were raised with the registered manager.

No online questionnaires were completed by staff with 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

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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