

Unannounced Medicines Management Inspection Report 30 September 2016



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

1.0 Summary

An unannounced inspection of Croft Lodge took place on 30 September 2016 from 10.20 to 12.05

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. No requirements or recommendations were made.

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. No requirements or recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Residents consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

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 audit activity. No requirements or recommendations were 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 Mr Arthur Magee, Registered Manager and Mrs Sharon Magee, Registered Provider, 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 7 July 2016.

2.0 Service details

Registered organisation/registered person: Mrs Sharon Magee	Registered manager: Mr Arthur John Magee
Person in charge of the home at the time of inspection: Mr Arthur John Magee	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-MP, RC-LD, RC-MP(E), RC-DE	Number of registered places: 5

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the incidents register: no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with three residents, the registered manager and the registered provider.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during 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
- medicine audits
- policies and procedures
- care plans
- training records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 July 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 22 May 2014

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered manager should further develop the medicine management policy and procedures and include written standard operating procedures for controlled drugs.	Met
	Action taken as confirmed during the inspection: There was evidence that the policies and procedures for management of medicines had been reviewed since the last medicines management inspection. These included the management of controlled drugs.	
Recommendation 2 Ref: Standard 30 Stated: First time	The registered manager should ensure that a record of the date of opening of medicines and the quantity of any medicines which are being carried forward into the next medicine cycle are maintained.	Met
	Action taken as confirmed during the inspection: The date of opening was recorded on medicines which were not supplied in the monitored dosage system. The quantity of a medicine carried forward to the next medicine cycle was clearly recorded.	

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 following induction and as part of the appraisal process. Refresher training was provided by the community pharmacist.

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

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.

Controlled drugs were not prescribed for any residents accommodated in the home.

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.

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 and there were arrangements in place to alert staff of when doses of weekly medicines were due.

The management of pain was reviewed. The registered manager advised that all residents could tell staff if they were in pain and could request pain relief. He stated that pain controlling medicines were rarely required.

The registered manager confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents' health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process.

Following discussion with management, it was evident that when applicable, other healthcare professionals were contacted in response 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?

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 the inspection. Following discussion with management it was ascertained that 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.

The residents we spoke with advised that they had no concerns regarding the management of their medicines. They spoke positively of 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
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place.

There had been no medicine related incidents in the home. The management of incidents was discussed and management advised of the procedures that would be followed if any incidents were identified. It was agreed that a written procedure would be developed after the inspection. The registered manager confirmed by email on 3 October 2016 that this policy had been developed.

Practices for the management of medicines were audited by the registered manager every month. The audit records indicated that satisfactory outcomes had been achieved.

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

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews