

Unannounced Medicines Management Inspection Report 19 July 2017



Ellis Court Respite Unit

Type of Service: Residential Care Home
Address: Ellis Street, Carrickfergus, BT38 8AZ
Tel No: 028 9331 5113
Inspector: Helen Daly

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 provides respite care for up to six residents.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual(s): Mr Anthony Baxter Stevens	Registered Manager: Mrs Rosemary Alida Wray
Person in charge at the time of inspection: Mrs Keelin Marron, Deputy Manager	Date manager registered: 20 February 2013
Categories of care: Residential (RC) LD – learning disability LD(E) – learning disability – over 65 years	Number of registered places: Six

4.0 Inspection summary

An unannounced inspection took place on 19 July 2017 from 10.50 to 12.10.

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).

The inspection assessed progress with any areas for improvement identified during and 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 admission/discharge process, medicine records and storage.

No areas for improvement were identified.

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 Keelin Marron, Deputy 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 April 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 service was reviewed. This included the following:

- 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

During the inspection the inspector met with one senior support worker and the deputy manager. Residents had gone out to day centres or their jobs.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines transferred
- medicine audits
- care plans
- training records
- medicines storage temperatures

Areas for improvements identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met or not met.

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 13 April 2017

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.

6.2 Review of areas for improvement from the last medicines management inspection dated 15 January 2015

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered manager should further develop the care plans for the relevant residents as detailed in the report.	Met
	Action taken as confirmed during the inspection: This recommendation referred to care plans for crushing medicines and the management of distressed reactions. It was confirmed that this had been completed following the last medicines inspection. Staff advised that current service users were not prescribed medicines to manage their distressed reactions. Medicines were no longer being crushed to facilitate administration.	

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.

Staff who were responsible for administering medicines attended medicines management training provided by the Trust every three years. Competency assessments were completed annually. The impact of training was monitored through the robust audit process. Epilepsy awareness training was completed every two years.

Systems were in place to ensure that families provided enough medication to cover each period of respite care; any potential shortfalls would be identified during the admission process. Medicines were returned to family at the end of each period of respite care.

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. The personal medication records were checked against the medicines supplied at the start of each period of respite care. Families were aware that any medication changes had to be confirmed in writing. Any changes identified during the admission process were referred to the prescriber for written confirmation. Personal medication records were then updated by two members of staff. This safe practice was acknowledged.

During the inspection it was noted that a change in the strength of one medicine had not been identified. The prescriber was contacted and it was confirmed that the correct strength was being administered. The deputy manager advised that this would be discussed with all senior support workers for extra vigilance.

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 within the last year.

The community nursing team were responsible for the administration of insulin. A detailed care plan was in place.

Detailed epilepsy management plans were in place for identified residents.

Medicines were stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised. The medicine refrigerator and oxygen equipment were checked at regular intervals. Guidance on how to reset the refrigerator thermometer each day was provided for the deputy manager. There were no medicines which required cold storage on the day of the inspection.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment 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 deputy manager advised that medicines to be administered “when required” for the management of distressed reactions were not currently prescribed for any residents.

The management of pain was discussed. The deputy manager advised that pain was discussed at the start end of each period of respite care. Care plans were in place and the reason for and outcome of any administration of pain relief was recorded in the daily progress notes.

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 family and prescriber.

Medicine records were well maintained and facilitated the audit process. Staff were commended for their ongoing efforts.

Practices for the management of medicines were audited throughout the day; stock counts on all medicines were carried out at the end of each medicine round.

Following discussion with the deputy manager, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

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 not observed during this inspection. The deputy manager confirmed that medicines were administered in a caring and safe manner.

Of the questionnaires that were issued, one was returned from a relative. The responses indicated that they were satisfied with all aspects of the care in relation to the management of medicines.

Areas of good practice

Staff listened to patients and relatives 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.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the deputy manager and senior support worker, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all staff either individually or via staff meetings.

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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