

Unannounced Medicines Management Inspection Report 27 September 2018



The Roddens

Type of service: Residential Care Home
Address: 22 Queen Street, Newal Road, Ballymoney,
BT53 6JB
Tel No: 028 2766 3520 / 028 9442 6273
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 that provides care for up to 29 residents.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens | Registered Manager: Mr Philip Dawson |
| Person in charge at the time of inspection: Mr Philip Dawson | Date manager registered: 27 November 2017 |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category | Number of registered places: 29 The home is approved to provide care on a day basis only to one person. |

4.0 Inspection summary

An unannounced inspection took place on 27 September 2018 from 10.25 to 14.00.

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, the completion of medicine records, the administration of medicines, the management of controlled drugs and the storage arrangements for medicines.

One area for improvement in relation to care planning regarding medicines management was identified.

Residents said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere 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 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Mr Philip Dawson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further action was required to be taken following the most recent inspection on 21 June 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 medicine related incidents reported to RQIA since the last medicines management inspection.

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with three residents, three members of senior care staff and the registered manager.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA and we asked the registered manager to display a poster which invited staff to share their views and opinions 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
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

We left 'Have we missed you?' cards in the home to inform residents and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided.

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 21 June 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 24 June 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. Staff completed a competency assessment following induction and at least annually. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of records was provided. Refresher training in the management of diabetes and dysphagia had been provided earlier this month.

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. Written confirmation of medicine regimes and any medicine changes was obtained. Personal medication records were updated by two trained staff. This is safe practice and was acknowledged.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify, report and follow up any potential shortfalls in medicines. Newly prescribed medicines had been received into the home without delay.

In relation to safeguarding, staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

Robust arrangements were in place for the management of controlled drugs. Additional stock checks were performed on controlled drugs which do not require storage in a controlled drug cabinet. This good practice was acknowledged.

Discontinued or expired medicines including controlled drugs were returned to the community pharmacy for disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and organised. There were robust systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened and to manage medicines which require cold storage.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and controlled drugs.

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.

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, it was noted that two bisphosphonate medicines had not been administered on time. This was discussed with the registered manager and staff for close monitoring.

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. Staff advised that most of the residents could verbalise any pain, and a pain assessment tool was used as needed.

The care planning in relation to medicines management was reviewed. We noted that care plans regarding self-administration and pain management were maintained. However, care plans were not observed for the management of oxygen, swallowing difficulty and distressed reactions. An area for improvement was identified.

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 facilitated the audit process. Areas of good practice were acknowledged. They included highlights on personal medication records to alert staff of specific doses.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to resident's needs.

Areas of good practice

There were examples of good practice in relation to the administration of medicines and the completion of medicine records.

Areas for improvement

The necessary arrangements should be made to ensure that resident's care plans are developed regarding specific areas of medicines management.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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.

There were arrangements in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to residents was observed during the inspection. The staff explained the medicines and gave the residents time to take their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from observation of staff, that they were familiar with the residents' likes and dislikes.

We met with three residents, who expressed satisfaction with the staff and the care provided. They advised they were administered their medicines on time and any requests for e.g. pain relief were met. They stated they had no concerns. Comments included:

"The staff are very good."

"I have no complaints at all."

"I have been well looked after."

"The food is good; I had a nice lunch."

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, none returned within the time frame (two weeks). Any comments in

questionnaires received after the return date will be shared with the registered manager as necessary.

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 advised that there were arrangements in place to implement the collection of equality data within The Roddens.

Written policies and procedures for the management of medicines were in place. These had been updated in September 2018.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents to the relevant persons, including the safeguarding team. There were systems in place to ensure that all staff were made aware of incidents, and to prevent recurrence.

The governance arrangements for medicines management were examined. We were advised of the auditing processes completed and how areas for improvement were shared with staff to address and systems to ensure sustained improvement.

Following discussion with the registered manager and care staff, 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 the manager.

The staff we met with spoke positively about their work and it was clear that there were good working relationships in the home with staff and the registered manager. We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date.

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

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr Philip Dawson, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|---|
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011) | |
| Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 27 October 2018 | The registered person shall ensure that care plans are updated as detailed in the report. Ref: 6.5 Response by registered person detailing the actions taken: The necessary Care Plans are in place to address specific areas to include, management of Oxygen, Swallowing difficulties and distressed reactions. |

Please ensure this document is completed in full and returned via the Web Portal



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