Unannounced Medicines Management Inspection Report
8 August 2018

Castle Lodge Care Home

Type of service: Residential Care Home
Address: 7-9 Fennel Road, Antrim, BT41 4PB
Tel No: 028 9442 8212
Inspector: Judith Taylor

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

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Mrs Una Brady
Person in charge at the time of inspection: Mrs Una Brady until 12.00 and Ms Thomasina Fitzsimmons (Senior Carer) thereafter	**Date manager registered:** 5 August 2010
Categories of care: Residential Care (RC): DE – Dementia I – Old age not falling within any other category	**Number of registered places:** 39 including: RC-DE – maximum of 12 residents in the ground floor dementia unit

4.0 Inspection summary

An unannounced inspection took place on 8 August 2018 from 10.15 to 14.05.

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 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 governance arrangements, medicines administration, medicine records and medicines storage.

No areas for improvement were identified.

Following discussion with three residents and observation of other residents we noted that the residents were 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 Jacqueline Craig, 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

No further actions were required to be taken following the most recent inspection undertaken on 29 May 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 the inspector met with three residents, two senior carers, the deputy manager and the registered manager.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA.

We asked the person-in-charge 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 received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training and competency records
- medicines storage temperatures

We left 'Have we missed you' cards in the foyer of 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. Flyers which gave information on raising a concern were also left in the home.

Areas for improvement 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 deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 May 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 9 August 2016

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 provider should closely monitor the administration of liquid medicines to ensure that these are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: Liquid medicines were audited on a regular basis. Satisfactory audit outcomes were achieved.	

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. An induction process was in place for staff. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed at least annually or more frequently as necessary. Refresher training in medicines management was provided in the last year. In addition, training in the management of dementia, dysphagia and diabetes awareness had been completed. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to; training was completed annually.

There were satisfactory arrangements in place for the safe management of new resident's medicines and medicines changes. Written confirmation of medicine regimes and medicine changes was obtained. Personal medication records and medication administration records were updated by two members of trained staff. This is safe practice.

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 and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Staff were reminded that the stock balances should be brought to zero when the supply has been disposed or transferred. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Some medicines were administered by the community nurses. We noted that two of these medicines had not been administered for some time. It could not be ascertained if these had been discontinued or the doses had been missed. The deputy manager advised that this would be followed up with the prescriber immediately after the inspection. We were advised by telephone on 10 August 2018 that one medicine was no longer prescribed and one medicine had been omitted in error. The registered manager advised that a system was now in place to ensure that staff recorded the due date of the next dose e.g. three monthly injections.

Discontinued or expired medicines 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, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators were checked at regular intervals.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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. We noted that two medicines (one eye preparation and one laxative) which were prescribed for regular use were not being administered. On discussion with staff, we were advised that these were for use as needed. It was agreed that this would be clarified with the prescriber after the inspection and the records updated.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to remind staff of when doses of weekly medicines were due.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. A care plan was maintained.

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. A care plan was maintained.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administration was recorded and care plans and speech and language assessment reports were in place.

Staff advised 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. There was evidence that when a resident had difficulty swallowing medicines, the formulation had been changed to liquids to ensure the resident could take their medicine.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the completion of separate administration records for transdermal patches and protocols for medicines prescribed on a "when required" basis.

Practices for the management of medicines were audited throughout the month by the staff and management. A daily stock balance was maintained for most medicines.

Following discussion with management and staff and a review of the care files, 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. Staff were knowledgeable about the residents' 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.

The residents were administered their medicines in a kind and caring manner and were given time to swallow their medicines.

There was a warm and welcoming atmosphere in the home. The residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We met with three residents who advised that they were happy in the home. Two residents discussed their care in relation to pain relief and physiotherapy. With the residents' consent these discussions and comments below were shared with the staff and management for their attention as necessary. Comments included:

"The staff are very good here."
"I feel safe."
"The food is ok and we get enough, but I would like more choice."
"This is my home now and I am happy enough."
"We are looked after."

We were informed about the good working relationships with the residents, their relatives and staff. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from discussion and observation of staff, that they were familiar with the residents' likes and dislikes.

Of the questionnaires which were left in the home to receive feedback from residents and their representatives, none were returned within the specified time frame (two weeks). Any comments from residents and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information, if 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 Castle Lodge Care Home.

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

There were robust arrangements in place for the management of medicine related incidents. Systems were in place to ensure that all staff were made aware of incidents to prevent recurrence. 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 team.

The governance arrangements for medicines management were examined. We were advised of the auditing processes completed by staff, management and the community pharmacist, and how areas for improvement were detailed in an action plan, shared with staff to address and systems to monitor improvement.

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 the registered manager; and any resultant action was discussed at team meetings and/or supervision.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work and that management were open and approachable and willing to listen.

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 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
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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