

Unannounced Medicines Management Inspection Report 12 May 2016



Belvedere

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Tel No: 028 3832 5709
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Belvedere took place on 12 May 2016 from 09.45 to 12.30.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

One recommendation has been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been 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	1

Details of the QIP within this report were discussed with Ms Catherine Hamilton, Acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 15 December 2016.

2.0 Service details

Registered organisation/registered person: Belvedere Residential Care Ltd Mrs Aisling McShane	Registered manager: Ms Ashley Currie
Person in charge of the home at the time of inspection: Ms Catherine Hamilton, Acting Manager	Date manager registered: 18 July 2014
Categories of care: RC-LD(E), RC-MP, RC-MP(E), RC-DE, RC-I	Number of registered places: 21

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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

We met with three residents and the acting manager.

The following records were examined:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 December 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection on 23 May 2013

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered manager should ensure that analgesic medicines are included in the routine audit process.	Met
	Action taken as confirmed during the inspection: Analgesics medicines are routinely audited. Several of these medicines were audited during the inspection and the outcomes were satisfactory.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place and the impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration 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.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. There were no controlled drugs which required safe custody at the time of this inspection. Additional checks were performed on other controlled drugs which is good practice.

Discontinued or expired medicines were disposed of appropriately.

Medicines were generally stored safely and securely and in accordance with the manufacturer's instructions. Several supplies of an eye preparation were removed from the overstock as these drops require to be stored in the refrigerator prior to use. Staff were reminded of the storage requirements for this medicine. 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 and oxygen equipment were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly 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. However, a care plan to direct the care of residents who require these medicines was not in place. The reason for and the outcome of administration not were recorded. This was discussed with the acting manager. A recommendation was made.

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.

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.

Practices for the management of medicines were audited quarterly by the registered manager and the community pharmacist.

Following discussion with the acting manager and staff, it was evident that when applicable, other healthcare professionals are contacted when appropriate to meet the needs of the residents.

Areas for improvement

The management of distressed reactions should be reviewed to ensure that care plans are in place and the reason for and outcome of administration of “when required” medicines are recorded. A recommendation was made.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The administration of medicines to several residents was observed during the inspection. Medicines were administered to residents in the dining room with their breakfast. The staff administering the medicines spoke to the residents in a kind and caring manner. Staff checked with residents whether medicines that were prescribed on a “when required” basis were required.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their resident’s needs, wishes and preferences. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident.

Medicines management was discussed with a small number of residents. All responses were positive regarding the administration of medicines. Residents stated that they were given pain relief promptly when they requested them outside of the regular medicine rounds.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

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.

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.

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 acting manager, 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
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5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Catherine Hamilton, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 12 June 2016</p>	<p>The management of distressed reactions should be reviewed to ensure that care plans are in place and the reason for and outcome of administration of “when required” medicines are recorded.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care plans have been devised for all residents who display distressed reactions. All staff have been informed of the requirement to record the reason for and outcome of administration of PRN medication for distressed reactions and are adhering to this.</p> <p>Catherine Hamilton Deputy Manager</p>

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address



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