

Unannounced Medicines Management Inspection Report 16 April 2018



Belvedere

Type of service: Residential Care Home
Address: 63 Gilford Road, Lurgan, Craigavon, BT66 7EA
Tel No: 028 3832 5709
Inspector: Catherine Glover

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 21 beds that provides care for residents with a variety of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Belvedere Residential Care Ltd Responsible Individual: Ms Aisling McShane	Registered Manager: See Below
Person in charge at the time of inspection: Ms Catherine Hamilton	Date manager registered: Ms Catherine Hamilton – acting, no application required
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years LD(E) – Learning disability – over 65 years	Number of registered places: 21 Category RC-DE for the 5 residents currently residing at the home (mild to medium dementia). The home is also approved to provide care on a day basis to 6 persons.

4.0 Inspection summary

An unannounced inspection took place on 16 April 2018 from 10.15 to 13.00.

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

Areas requiring improvement were identified in relation to the management of warfarin and the administration of medicines to newly admitted residents.

Residents were relaxed and comfortable in the home. There was a warm and friendly atmosphere.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Catherine Hamilton, 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 premises inspection

The most recent inspection of the home was an announced premises inspection undertaken on 30 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

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 incidents.

During the inspection the inspector met with three residents, the manager and two care staff.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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
- care plans
- training records
- medicines storage temperatures

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 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 30 January 2018

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

6.2 Review of areas for improvement from the last medicines management inspection dated 12 May 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 10 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Care plans for the management of distressed reactions were in place and the reason for and outcome of the administration of these medicines was recorded.	

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 care staff and competency is assessed following this induction. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided through e-learning in the last year. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. Staff were reminded that any handwritten entries on medication administration records should also be signed and verified for accuracy by two members of staff.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home; the medicine regime had been verified by the resident's general practitioner. However audits completed on these medicines produced unsatisfactory outcomes (see Section 6.5).

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. 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.

The arrangements for the management of warfarin should be reviewed and revised. These medicines could not be audited during the inspection as the date of opening had not been recorded and on occasion an accurate record of administration had not been made. The home should have sufficient stock of both strengths of warfarin tablets for each resident so that the correct dose can be administered with the fewest tablets. A running stock balance of warfarin should be maintained to facilitate the audit process and clearly demonstrate that these medicines are being administered as prescribed. An area for improvement was identified.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. The medicine storage area was limited for space, however it was clean, tidy and 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 following induction, and controlled drugs.

Areas for improvement

The management of warfarin should be reviewed and revised to ensure robust procedures are implemented.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Most of the medicines examined had been administered in accordance with the prescriber’s instructions. As stated in Section 6.4, discrepancies were noted in medicines for a recently admitted resident, indicating that they had not been administered as prescribed. The manager should closely monitor medicines for recently admitted residents through the audit process. An area for improvement was identified.

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 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 all of the residents could verbalise any pain.

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 mostly well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for recording the administration of transdermal patches.

Practices for the management of medicines were audited by the staff and management. This included daily counts of analgesics. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the manager and staff and observation of care records, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

Areas of good practice

There were examples of good practice in relation to the standard of most of the record keeping and care planning.

Areas for improvement

The manager should closely monitor medicines for recently admitted residents through the audit process.

	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.

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.

Throughout the inspection, it was found that there were good relationships between the staff the residents and visitors were warmly greeted when they arrived. Staff were noted to be friendly and courteous. It was clear from discussion and observation of staff, that they were familiar with the residents’ likes and dislikes.

We met with three residents, who expressed their satisfaction with the care and the staff in the home. They advised that they were administered their medicines on time. Staff were observed discussing pain relief requirements with residents.

None of the questionnaires that were issued were returned prior to the issue of this report.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

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. The home has arrangements in place to collate equality data.

Written policies and procedures for the management of medicines were in place. They were not reviewed during this inspection. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of any 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 team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit arrangements were discussed with the manager following the discrepancies that were noted. She agreed that the audit arrangements would be reviewed.

Following discussion with the 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 management.

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

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Catherine Hamilton, 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 the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 16 May 2018	The registered person shall ensure that the management of warfarin is reviewed and revised to ensure robust procedures are implemented. Ref: 6.4 Response by registered person detailing the actions taken: A new recording document has been devised for administration and auditing purposes
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 16 May 2018	The registered person shall closely monitor medicines for recently admitted residents through the audit process. Ref: 6.5 Response by registered person detailing the actions taken: A new audit has commenced to monitor the medication for newly admitted residents to ensure all medication required is in stock and cross referenced with the GP confirmation. .

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



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