

Unannounced Medicines Management Inspection Report 28 April 2017



Sunnymead

Type of service: Residential Care Home
Address: 12 Portadown Road, Armagh, BT61 9EE
Tel No: 028 3752 3866
Inspector: Cathy Wilkinson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Sunnymead took place on 28 April 2017 from 10.25 to 13.40.

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.

Is care safe?

There was evidence that the management of medicines generally supported the delivery of safe care and positive outcomes for residents. Staff administering medicines were trained and competent. One area for improvement was identified in relation to the updating of medicine records. A recommendation has been made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. There were no areas for improvement identified.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for residents. Residents consulted with raised no concerns regarding their medicines. There were no areas for improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and share learning from any medicine related incidents and medicine audit activity. There were no areas for improvement identified.

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 Quality Improvement Plan (QIP) within this report were discussed with Mrs Brenda Nesbitt, 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.

1.2 Actions/enforcement taken following the most recent premises inspection

There were no further actions required to be taken following the most recent inspection dated 20 February 2017.

2.0 Service details

Registered organisation/registered person: Sunnymead (Armagh) Ltd Mrs Linda Margaret Nesbitt	Registered manager: Mrs Brenda Nesbitt
Person in charge of the home at the time of inspection: Mrs Brenda Nesbitt	Date manager registered: 3 June 2015
Categories of care: RC-I, RC-MP(E), RC-DE, RC-LD, RC-PH, RC-LD(E)	Number of registered places: 39

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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 two residents, the registered manager, two senior care assistants and one care assistant.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Fifteen questionnaires were provided to residents, residents' relatives and staff with a request that they were returned within one week of the inspection.

A sample of the following records was 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 20 February 2017

The most recent inspection of the home was an announced premises inspection. A QIP was not required following this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 22 September 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: First time	A record of each administration of a thickening agent must be maintained. Action taken as confirmed during the inspection: Staff advised that none of the residents had required thickened fluids for quite a while. They were familiar with the records that would be completed if thickened fluids were prescribed. Given this assurance, this requirement was assessed as met.	Met
Requirement 2 Ref: Regulation 13 (4) Stated: First time	The registered person must review the arrangements for the recording of external medicines applied by care staff. Action taken as confirmed during the inspection: Care staff records the application of external creams in the daily progress notes.	Met
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	Prescriptions should be received and checked before dispensing. Action taken as confirmed during the inspection: Photocopies of the prescriptions are provided to the home by the community pharmacist for checking prior to the prescriptions being dispensed. This arrangement is satisfactory.	Met

<p>Recommendation 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person should ensure that the quality control checks performed on blood glucose meters are recommenced.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Control checks had been completed weekly. The meters are only used when the general practitioner requests that blood glucose is monitored which is quite rare. It was agreed with staff that the meters would be checked monthly going forward.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>Staff competencies in managing medicines should be assessed at least annually.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staff competencies had been completed annually and samples were provided for inspection.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The routes of application of eye-treatment medicines should be recorded on the personal medication records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The route of application had been recorded.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The temperature range of the medicine refrigerator should be monitored and recorded daily in order to ensure it is maintained within recommended limits.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The temperature range had been recorded daily and was within the recommended limits.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The temperature of the medicines storage room should be monitored and recorded daily in order to ensure it is maintained below 25°C.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The storage area for medicines had been moved to a room with more space and better ventilation. The registered manager confirmed by telephone on 12 May 2017 that the temperature of the treatment room was being monitored and recorded daily and was below 25°C.</p>		

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 for care staff who were being trained to manage medicines. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year.

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. The storage of prescriptions was satisfactory.

The arrangements in place to manage changes to prescribed medicines should be reviewed. Changes in prescribed medicines were not always recorded on the personal medication records in a timely manner. Handwritten entries on medication administration records were not always updated by two members of staff. A recommendation was made.

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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged. Staff were reminded that obsolete dosage regimens should be removed from the medicines file and archived.

Discontinued or expired medicines were disposed of appropriately.

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 for improvement

The registered person should ensure that the arrangements in place to manage changes to prescribed medicines are reviewed and all of the appropriate records are updated in a timely manner. A recommendation has been made.

Number of requirements	0	Number of recommendations	1
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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. 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, and a pain tool was used as needed. 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. They included a detailed plan for all residents outlining their individual requirements with regards to their medicines, weekly cross-referencing of the records, and additional records for “when required” medicines to document the reason and outcome of administering these medicines.

Practices for the management of medicines were audited throughout the month by the staff and management.

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were treated courteously, with dignity and respect. Good relationships were evident.

As part of the activities in the home, an art class and pampering sessions were taking place during the course of this inspection and residents were being encouraged to take part.

The administration of medicines was not observed during this inspection, however staff were very aware of the residents’ needs and preferences.

Questionnaires were completed and returned by five residents. All of the responses indicated that they were “satisfied” or “very satisfied” with the management of medicines in the home.

One resident commented:

“I marvel daily at the concern and expertise of the hardworking staff and am grateful, especially to the ladies who cope with us day in, day out.”

“These two dedicated and experienced carers are xx and xx and for their exceptional and unfailing devotion to my care, I am truly grateful.”

Three members of staff completed the questionnaires. No concerns were raised regarding the management of medicines.

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. Management advised that these were reviewed regularly. 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 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.

The registered manager and deputy manager were the adult safeguarding leads. Staff knew that medicine incidents should be considered under safeguarding procedures and how to report these.

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 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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Brenda Nesbitt, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for assessment 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 provider 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 provider 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 31</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2017</p>	<p>The registered person should ensure that the arrangements in place to manage changes to prescribed medicines are reviewed and all of the appropriate records are updated in a timely manner.</p>
	<p>Response by registered provider detailing the actions taken: Procedures now in place to ensure a weekly audit of prescribed drug sheets</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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