



Announced Medicines Management Inspection Report 1 December 2018



Arbour House

Type of service: Residential Care Home
Address: 16 Great George's Street South,
Warrenpoint, BT34 3HR
Tel No: 028 4177 4181 or 028 4175 2200
Inspector: Helen Daly

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 with provides respite care for up to two residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Arbour House Management Committee Responsible Individual(s): Mrs Anne Woods	Registered Manager: Mrs Joanne McDonald
Person in charge at the time of inspection: Mrs Joanne McDonald	Date manager registered: 22 January 2014
Categories of care: Residential Care (RC): LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 2 The home is approved to provide care on a day basis only to one person.

4.0 Inspection summary

An announced inspection took place on 1 December 2018 from 10.20 to 11.20.

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 management of medicines on admission, medicines administration, medicine records and the governance and auditing arrangements.

No areas for improvement were identified. The registered manager and staff are commended for their ongoing efforts.

Residents were complimentary regarding the care, staff and activities provided during their stay.

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 Joanne McDonald, Registered 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 on 8 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
- recent correspondence with the home
- the management of medicine related incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection we met with one resident, one core worker and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform guests/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided.

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 received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicine audits
- care plans
- training records

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 8 June 2018

The most recent inspection of the home was an announced 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 18 February 2017

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 core workers who had been trained and deemed competent to do so. Training was provided annually. The most recent training had been provided in November 2018. Competency assessments were completed as part of supervision.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided in November 2018.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and to manage medication changes. Written confirmation of all medication changes was provided prior to each period of respite care. Personal medication records were verified and signed by two core workers. This safe practice was acknowledged.

Core workers checked the quantity of each medicine supplied on admission to ensure that residents had sufficient medication to cover their period of respite care.

Medicines were returned to family or care workers at the end of each period of respite care.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

Areas of good practice

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

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.

There were no medicines in the home on the day of the inspection. A review of previous medication administration records indicated that medicines had been administered as prescribed.

The management of pain was reviewed and found to be satisfactory. The registered manager advised that all residents could verbalise pain.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited regularly. In addition the medicines for each resident were audited at the end of each period of respite care.

The registered manager 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 would be reported to family and care workers.

Following discussion with the registered manager and core worker, it was evident that when applicable, other healthcare professionals would be contacted in response to any healthcare or medication issues.

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.

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.

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

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 discussion and observation of staff, that the staff were familiar with the residents' likes and dislikes.

Residents were observed to be relaxed and comfortable. One resident was enjoying a tea-break with the staff when we arrived. Staff had asked residents how they wanted to spend the weekend and had arranged activities accordingly.

We spoke with one resident who was complimentary regarding the care provided and staff in the home. The resident had enjoyed a good sleep and breakfast. He was looking forward to visiting a new distillery, going to see the Christmas market and the switching on of the Christmas lights.

As part of the inspection process, we issued 10 questionnaires to guests and their representatives, none were returned within the specified time frame.

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 and action as required.

Areas of good practice

Staff were observed to listen to residents and to take 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.

We 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. Arrangements were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

There were robust arrangements in place for the management of medicine related incidents.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by both staff and management.

Following discussion with the registered manager and core worker, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns in relation to medicines management were raised with the registered manager.

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.

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 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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