

Unannounced Medicines Management Inspection Report 23 August 2016



Seafort House

Type of service: Residential Care Home
Address: 6 Queen Street, Warrenpoint, BT34 3HZ
Tel No: 028 4175 2200
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Seafort House took place on 23 August 2016 from 10.45 to 13.20.

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 supported the delivery of safe care and positive outcomes for residents. Staff were trained and had been deemed competent to manage medicines. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No areas for improvement were identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. No areas for improvement were 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 confirmed that they were administered their medicines appropriately. No areas for improvement were 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 cascade learning from any medicine related incidents and medicine audit activity. No areas for improvement were 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Eilish Magee, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the inspection on 27 April 2016.

2.0 Service details

Registered organisation/registered provider: Mrs Rhoda Elizabeth McDonald	Registered manager: Mrs Joanne McDonald
Person in charge of the home at the time of inspection: Mrs Eilish Magee, Deputy Manager	Date manager registered: 1 April 2015
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 13

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 one resident, one senior care assistant and the deputy manager.

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 27 April 2016

The most recent inspection of the home was an unannounced care inspection. The QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 16 August 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: First time	The registered manager must ensure that only the most recent personal medication record is available on the medicines file.	Met
	Action taken as confirmed during the inspection: Obsolete personal medication records had been cancelled and archived. Only the current personal medication records were available on the medicines file.	
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs specific to Seafort House are developed and implemented.	Met
	Action taken as confirmed during the inspection: Standard Operating Procedures for the management of controlled drugs specific to Seafort House were in place.	
Recommendation 2 Ref: Standard 31 Stated: First time	The registered manager should review and revise the system in place for communicating medication related issues to staff.	Met
	Action taken as confirmed during the inspection: Each resident had a sheet in place to record any medication related issues.	

Recommendation 3 Ref: Standard 31 Stated: First time	The registered manager should review and revise the layout of the medication administration recording sheets.	Met
	Action taken as confirmed during the inspection: The medication administration records readily facilitated staff to accurately record the administration of each medicine.	
Recommendation 4 Ref: Standard 32 Stated: First time	The temperature of the office should be monitored and recorded each day to ensure that it does not exceed 25°C.	Met
	Action taken as confirmed during the inspection: The temperature of the office was monitored and recorded each day; the recordings indicated that the temperature was maintained below 25°C.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. Update training on the management of medicines was provided in April 2015 and September 2015. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed annually.

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 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 and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to safe custody 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 controlled drugs in Schedule 4 (Part 1) which is good practice.

Discontinued or expired medicines were returned to the community pharmacy. Records of medicines returned to the pharmacy for disposal had been maintained in a satisfactory manner.

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. Medicines that required cold storage were stored securely in a container in the domestic refrigerator.

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.

A small number of residents were 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. Although specific care plans were not in place, 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. Staff contacted the registered manager or deputy manager prior to any administration. These medicines had not been administered since April 2016. The deputy manager advised that the reason and outcome of administration were recorded in the daily notes. The deputy manager advised that detailed care plans would be written following the inspection.

Regular analgesia was not in use for any residents. Staff advised that residents could verbalise any pain. Pain management protocols were in place.

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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for all medicines.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

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?

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

We spoke with one resident who advised that she looked after her own medicines as she liked to maintain her independence. She advised that she audits her medicines each week with staff to ensure that there have been no errors in administration. Most of the other residents were not available to discuss their medicines as they were away from the home on a day trip.

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 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. Staff advised that if a discrepancy is identified it is reported to the registered manager for investigation and that any action plans to prevent a recurrence are discussed with staff.

Following discussion with the deputy manager and senior care assistant, 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. They advised that any resultant action was communicated with staff either individually or at team meetings.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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