

Unannounced Medicines Management Inspection Report 20 September 2018



Greenfield

Type of service: Residential Care Home
Address: 2 Melmount Road, Strabane, BT82 9BT
Tel No: 028 7188 2381
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 34 beds that provides care for residents aged over 65 years.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: See below
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Mrs Rosaleen McConnell, Acting Senior Carer	Date manager registered: Ms Jane Rush – acting no application required
Categories of care: Residential Care (RC): I – old age not falling within any other category	Number of registered places: 34

4.0 Inspection summary

An unannounced inspection took place on 20 September 2018 from 11.05 to 14.20.

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 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, medicines storage and the management of controlled drugs.

One area for improvement in relation to maintaining care plans for the management of distressed reactions was identified.

Residents were observed to be relaxed. They were enjoying socialising with each other and staff.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Rosaleen McConnell, Acting Senior Carer, 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 care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 24 April 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
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection we met with several residents, one care assistant and the acting senior care assistant.

We provided the person in charge 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 residents/their representatives how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the person in charge 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 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 24 April 2018

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

6.2 Review of areas for improvement from the last medicines management inspection dated 22 August 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 33 Stated: First time	The registered provider should review and revise the management of inhaled medicines.	Met
	Action taken as confirmed during the inspection: A small number of inhaled medicines were prescribed. They were fully labelled and records of prescribing and administration were maintained. One discrepancy was observed. The person in charge advised that this would be discussed with all trained staff and monitored. Due to the assurances provided this area for improvement was assessed as met.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered provider should ensure a pain assessment is completed as part of the admission process for new residents.	Met
	Action taken as confirmed during the inspection: There was evidence that pain assessments were completed as part of the admission process for new residents.	

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. Training on medicines management was provided by the Trust every two years. Supervisions and competency assessments were completed regularly. Records were available for inspection. Training on the management of diabetes was provided annually. In relation to safeguarding, the person in charge advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided in November 2017.

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. Personal medication records were verified and signed by two trained staff. This safe practice was acknowledged.

There were systems in place to ensure that residents had a continuous supply of their prescribed medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

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

Robust arrangements were observed for the management of high risk medicines e.g. insulin and warfarin. Staff were commended for their ongoing efforts.

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. Medicine refrigerators and blood glucose meters were checked at regular intervals.

Areas of good practice

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

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.

The majority of medicines examined had been administered in accordance with the prescriber's instructions. A small number of inhaled medicines were prescribed and a discrepancy in the administration of one inhaled medicine was observed. This was discussed in detail with the person in charge. The majority of inhaled medicines were either self-administered or administered by care assistants. It was agreed that inhaled medicines would be monitored at least monthly. Due to the assurances provided an area for improvement was not specified at this time.

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. However, detailed care plans directing the use of these medicines were not in place. An area for improvement was identified.

Satisfactory systems were in place for the management of pain.

Staff advised that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents' health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. These included alerts which were in place for newly prescribed medicines, anticoagulants and antibiotics.

Practices for the management of medicines were audited throughout the month by the staff and management. Each resident's medicines were audited at least monthly.

Following discussion with the person in charge, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in resident care.

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

Detailed care plans for the use of medicines in the management of distressed reactions should be in place.

	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.

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

We observed the administration of medicines to residents in the afternoon. The person in charge engaged the residents in conversation and explained that they were having their medicines.

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. They were enjoying lunch.

We spoke with several residents who were complimentary regarding the care provided and staff in the home. Comments included:

- "I am very happy here. It's a long day at home by yourself."
- "It's better than being home alone."
- "The staff are great."
- "The staff could not be better."
- "That was a lovely lunch."

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. Two were returned within the specified time frame. The responses indicated that the residents/representatives were very satisfied with the care provided.

Any comments from residents and their representatives in questionnaires received after the return date (two weeks) will be shared with the 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 within Greenfield.

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 person in charge advised that staff knew how to identify and report incidents. In relation to the regional safeguarding procedures, the person in charge advised that staff were aware that medication incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. The person in charge advised of the auditing processes completed by both staff and management. Areas identified for improvement were detailed in an action plan which was shared with staff to address and there were systems in place to monitor improvement.

Following discussion with the staff, it was evident that they 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 manager.

The staff we met with spoke extremely positively about their work and advised there were good working relationships in the home with staff and the manager. They stated they felt well supported in their work.

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, 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 Mrs Rosaleen McConnell, Acting Senior Carer, 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 with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Area for improvement 1 The registered person shall ensure that detailed care plans for the management of distressed reactions are in place.

Ref: Standard 6

Ref: 6.5

Stated: First time

To be completed by:
20 October 2018

Response by registered person detailing the actions taken:

Care plans are in place and have been detailed to include management of distressed reactions as per standard 6.

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



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