Unannounced Medicines Management Inspection Report

22 August 2016

Greenfield

Type of service: Residential Care Home
Address: 2 Melmount Road, Strabane, BT82 9BT
Tel No: 028 7188 2381
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of Greenfield took place on 22 August 2016 from 11:40 to 14:40 hours.

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 patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations were made.

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. Two areas for improvement were identified in relation to the management of inhaled medicines and pain assessment. Two recommendations were made.

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 patients. 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	2

Details of the QIP within this report were discussed with Ms Mary Sharkey, Senior Care Assistant during the inspection and with Ms Donna Tracey, Registered Manager by telephone on 24 August 2016. 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 April 2016.

2.0 Service details

Registered organisation/registered provider: Western HSC Trust/Mrs Elaine Way CBE	**Registered manager:** Mrs Donna Tracey
Person in charge of the home at the time of inspection: Ms Mary Sharkey, Senior Care Assistant	**Date manager registered:** 01 April 2005
Categories of care: RC-I	**Number of registered places:** 34

3.0 Methods/processes

Prior to the inspection, the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

No incidents involving medicines have been reported to RQIA since the last medicines management inspection.

During the inspection, the inspector met with five residents and one member of staff.

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

The following records were 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
- 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 April 2016

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 specialist inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 22 July 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** Second time	Policies and procedures for the management of self-administered medicines must be reviewed and revised.	**Met**
	Action taken as confirmed during the inspection: Updated written policies and procedures for self-administered medicines were in place. Authorisation to self-administer medicines had been obtained from the prescriber. Protocols for self-administered medicines were in place and had been agreed and signed by the residents where applicable.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that the maximum and minimum temperature of the medicine refrigerator is monitored and recorded on a daily basis	**Met**
	Action taken as confirmed during the inspection: Records showed that the refrigerator temperatures had been monitored and recorded on a daily basis.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that the temperature of the medicines treatment room is monitored and recorded on a daily basis to ensure all medicines are stored at the correct temperature.	**Met**
	Action taken as confirmed during the inspection: Records showed that the temperature of the treatment room had been monitored on a daily basis and medicines were stored at the correct temperature.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	The registered manager should ensure that records of the administration of warfarin are verified and signed by two designated members of staff.	**Met**
	Action taken as confirmed during the inspection: Records of the administration of warfarin had been signed by two designated members of staff.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The registered manager should ensure that Standard Operating Procedures are in place for each area of the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures for the management of controlled drugs were in place.	
Recommendation 3 **Ref**: Standard 32 **Stated:** First time	The registered manager should ensure that quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: Records showed that quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements were reconciled on each occasion when responsibility for safe custody is transferred.	

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 had been delegated medicine related tasks. 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 November 2015.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. No out of stock medicines were noted during the inspection. However, it was noted that one supply of a prescribed medicine was out of stock for a period of three days in June 2016. Staff were reminded that RQIA should have been notified of this incident and that robust procedures should be in place for ensuring adequate supplies of prescribed medicines are available.

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 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. Staff were reminded that the stock balance in the controlled drug records book should be returned to zero when supplies are disposed of.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

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 and blood glucose testing equipment were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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 medicines were due. Some improvements were necessary in the management of inhaled medicines. All supplies of inhalers should be fully labelled, the dosage instructions should be correctly recorded on the personal medication records and records of administration should be accurately maintained. A recommendation was made.

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. A pain assessment should be completed as part of the admission process. A recommendation was made.

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 controlled drugs and supplies of warfarin.

Following discussion with the registered manager and staff, it was evident that, when applicable, other healthcare professionals are contacted in response to the medication needs of residents. On one occasion, staff noted that a resident had experienced difficulty swallowing a large tablet. The management of this medicine was discussed with the hospital pharmacist who provided guidance on modifying the tablet to aid administration.

Areas for improvement

The management of inhaled medicines should be reviewed and revised. A recommendation was made.

A pain assessment should be completed as part of the admission process. A recommendation was made.

Number of requirements	0	Number of recommendations	2

4.5 Is care compassionate?

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

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. Residents were offered pain relief during the medicine round.

Residents spoken to advised:

"There is nowhere better than here."
"I have no complaints. I'm well looked after."
"I am very happy."

Residents in the dining room appeared relaxed and happy and there was good interaction with the staff on duty.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These were updated in June 2016. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

Staff confirmed that they knew how to identify and report 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.

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.

The requirements and recommendations made at the last medicines management inspection had been addressed.

Staff confirmed that any concerns in relation to medicines management were raised with management and the prescriber. They advised that any resultant action was communicated with all designated members of staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Donna Tracey, 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 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	
Recommendation 1 **Ref**: Standard 33 **Stated:** First time **To be completed by:** 22 September 2016	The registered provider should review and revise the management of inhaled medicines.
	Response by registered provider detailing the actions taken: The management of inhaled medicines has been reviewed and a system in place to ensure residents receive their medicines as prescribed.
Recommendation 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 22 September 2016	The registered provider should ensure a pain assessment is completed as part of the admission process for new residents.
	Response by registered provider detailing the actions taken: On 29-08-2016 all Care Plans have been updated to include pain management assessment and completed for all new admissions, both recommendations discussed at management meeting and included in staff yearly development plans.

Please ensure this document is completed in full and returned to Pharmacists@rqia.org.uk from the authorised email address

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