

# **Unannounced Medicines Management Inspection Report 3 July 2018**



## **Alpine House**

**Type of service: Residential Care Home**  
**Address: 20 Ballyholme Road, Bangor, BT20 5JN**  
**Tel No: 028 9145 4904**  
**Inspector: Catherine Glover**

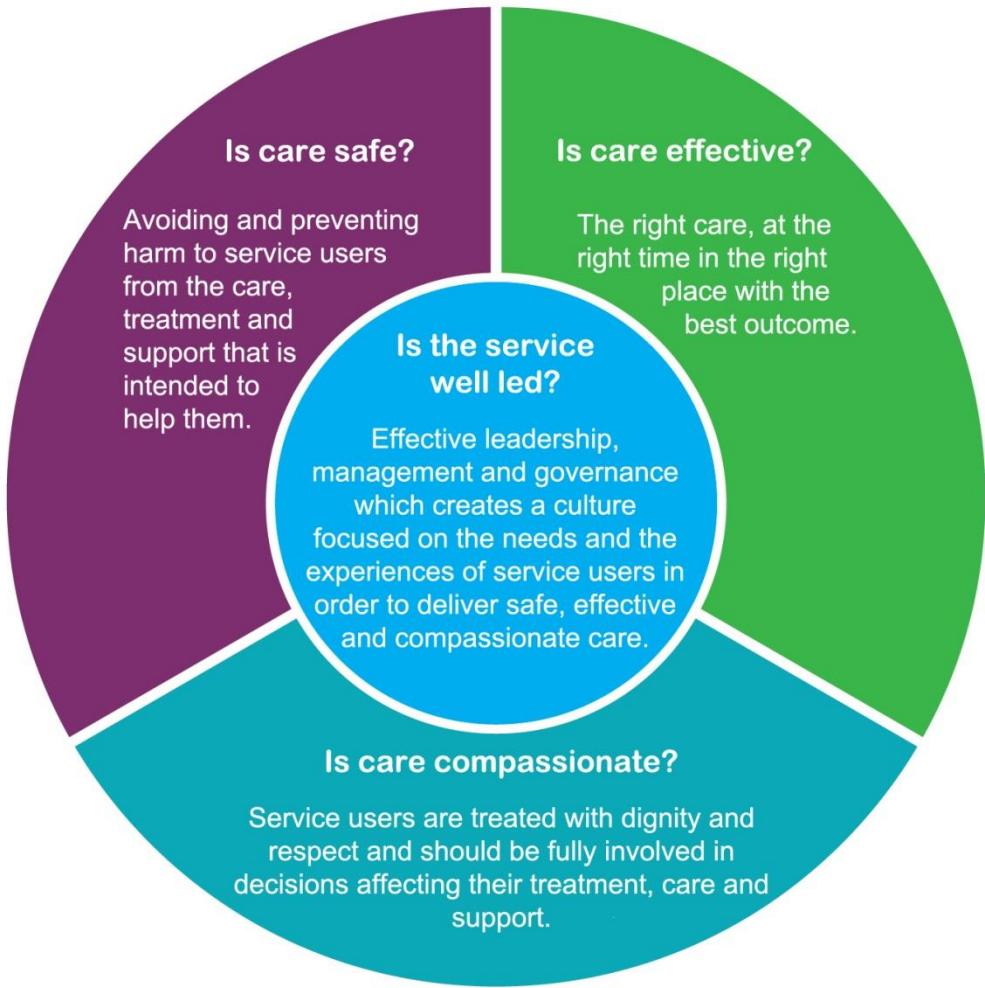
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Assurance, Challenge and Improvement in Health and Social Care

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 22 beds that provides care for older people.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Alpine House  <b>Responsible Individual(s):</b> Mr Sathrouhun Bogun	<b>Registered Manager:</b> Mrs Joanne Glendinning
<b>Person in charge at the time of inspection:</b> Mrs Joanne Glendinning	<b>Date manager registered:</b> 3 April 2009
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of registered places:</b> 22

### 4.0 Inspection summary

An unannounced inspection took place on 3 July 2018 from 10.45 to 13.05.

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 medicines administration, medicine records, storage and the management of controlled drugs.

No areas for improvement were identified.

Residents said that they were happy living in the home and with the care provided.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Joanne Glendinning, 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**

The most recent inspection of the home was an unannounced enforcement care inspection undertaken on 5 March 2018. No further actions were required to be taken following this inspection.

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 and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents which had occurred since the last medicines management inspection.

During the inspection the inspector met with three residents, the registered manager, the deputy manager and a senior care assistant.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

A sample of the following records was examined during the inspection:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| • medicines requested and received | • medicine audits                |
| • personal medication records      | • care plans                     |
| • medicine administration records  | • training records               |
| • controlled drug record book      | • medicines storage temperatures |

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 5 March 2018

The most recent inspection of the home was an unannounced enforcement care inspection. There were no new areas for improvement identified as a result of the inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 27 September 2016

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 staff who have been trained and deemed competent to do so. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed within the last year. The registered manager advised that staff were trained when new systems or processes were introduced and that she monitored compliance with these new processes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The registered manager takes responsibility for ordering and receiving the monthly medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration 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.

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. warfarin. The use of separate administration charts was acknowledged.

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. The medicine refrigerator was 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, controlled drugs and the storage of medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

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 clear arrangements in place to alert staff of when doses of medicines that were prescribed to be administered at atypical intervals were due. It was noted that two in-use inhaler devices were empty. This was brought to the attention of the registered manager who agreed that these would be replaced immediately and that they would be closely monitored through the audit process.

One resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. This medicine has never been required and staff were familiar with the arrangements in place should it be required. 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. The registered manager advised that the residents could verbalise any pain and a care plan was maintained.

The registered manager 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 additional notes detailing the administration of analgesia which was administered on a "when required" basis. The registered manager was reminded that a photograph should be attached to the personal medication records. She advised that the photographs had been taken and she would attach them following the inspection.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines. In addition, a quarterly audit was completed by the community pharmacist.

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

### 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
<b>Total number of areas for improvement</b>	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.**

The administration of medicines to residents was not observed during this inspection; however staff were knowledgeable regarding the residents' medicines.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were noted to be friendly, courteous and happy in their work; they treated the residents with dignity.

We spoke to three residents who said that they felt happy and safe in the home. They were sitting outside in the garden enjoying the sunshine. They advised that they enjoyed going out in the town and to the local shopping centre. They spoke about the staff respecting their choice of bedtime; one resident preferred going to bed early whilst the other liked to have a cup of tea with the staff before bed. Comments included:

"They (staff) are great."

"The food is good."

"I have no complaints."

One questionnaire was returned from a resident or their representative which indicated that they were very satisfied with the care provided.

Any comments from residents and their representatives in questionnaires received after the return date will be shared with the registered manager for their information and action as required.



### Areas of good practice

Staff listened to residents and took account of their views.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The inspector 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 are place to implement the collection of equality data within Alpine House.

The registered manager advised that written policies and procedures for the management of medicines were in place. They were not reviewed as part of this inspection.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that satisfactory outcomes had been achieved. This correlated with the findings from this inspection.

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.

There were no responses to the online staff questionnaire.

### 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
<b>Total number of areas for improvement</b>	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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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