

Unannounced Medicines Management Inspection Report 19 November 2018



Balloo House

Type of Service: Residential Care Home
Address: 40 Donaghadee Road, Groomsport, BT19 6LH
Tel No: 028 9146 4430
Inspector: Paul Nixon

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 that provides care and support for up to 30 residents who are older in age or have a dementia or a sensory impairment.

3.0 Service details

Organisation/Registered Provider: Balloo House Responsible Individual: Mr Chris Vijendra Ramrachia	Registered Manager: Mrs Shirley Ann Ramrachia
Person in charge at the time of inspection: Mrs Shirley Ramrachia	Date manager registered: 17 July 2012
Categories of care: Residential Care I – Old age not falling within any other category DE – Dementia SI – Sensory impairment	Number of registered places: 30, including nine residents with dementia (mild) and two residents with sensory impairment

4.0 Inspection summary

An unannounced inspection took place on 19 November 2018 from 10.00 to 13.30.

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 medicine governance, medicine administration and the management of controlled drugs.

One area for improvement was identified in relation to medicines storage.

The residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents and one resident's representative spoken to were positive about the care provided in the home. They were complimentary about the staff and management.

The findings of this report will provide the home with the necessary information to assist them fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Shirley Ramrachia, Registered Manager, 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

No further actions were required to be taken following the most recent inspection on 20 February 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 and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

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

During the inspection we met with three residents, one resident's representative, the registered manager, the deputy manager and four care staff.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you' cards in the foyer of the home to inform residents and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of service provision. Flyers which gave information on raising a concern were also left in the home.

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 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

The area for improvement identified at the last medicines management inspection was 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 20 February 2018

The most recent inspection of the home was an unannounced 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 27 June 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
Recommendation 1 Ref: Standard 6 Stated: First time	The registered provider should ensure that, where pain relief medication is prescribed on a regular basis, it is referred to in a care plan.	Met
	Action taken as confirmed during the inspection: Care plans were in place for those residents who were prescribed regular pain relief.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for care staff who were responsible for 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 the last year.

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. 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 medicine administration records were normally updated by two members of staff. This safe practice was acknowledged.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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.

Discontinued or expired medicines were disposed of appropriately.

With the exception of medicines requiring cold storage, 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 temperature range was checked at regular intervals. However, the medicine refrigerator could not be locked; an area for improvement under the regulations was identified.

Areas of good practice

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

Areas for improvement

Medicines requiring cold storage must be securely stored.

	Regulations	Standards
Total number of areas for improvement	1	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. For two patients, several of the foil strips containing a medicine had been removed from their original boxes; this meant that the medicine could not be audited. The registered manager gave an assurance that this matter would be rectified without delay and the medicine would be closely monitored.

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 medicines prescribed to be administered at atypical intervals were due.

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. Areas of good practice were acknowledged. They included additional records for warfarin, acute antibiotic courses and transdermal patches.

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

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding the residents' needs, wishes and preferences. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents.

The residents we spoke with advised that they were satisfied with the care provided in the home, including the management of their medicines. They were complimentary regarding staff and management. Comments made included:

- "I find it very good here. Staff are very good."
- "It's fantastic here. Staff are superb, pleasant, and helpful. The food is lovely."
- "I am cared for very well. The staff are lovely. The food is excellent."

One resident's representative commented:

- "Excellent care. (It is a) very pleasant experience working with staff. Staff are responsive to special requests. I couldn't see anywhere that would be any better than here."

Of the questionnaires that were issued, ten were returned from residents or their representatives. The responses indicated that they were very satisfied with all aspects of the care. One resident stated that the home was "over and above what I expected." One resident's representative stated that their relative "was in very safe hands in Balloo" and that "staff are friendly and responsive to requests."

Areas of good practice

Staff listened to residents and relatives and took 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 the 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 Balloo House.

Written policies and procedures for the management of medicines were in place. These were not reviewed on this occasion. Following discussion with staff, it was evident that they were knowledgeable with the policies and procedures and that any updates were highlighted to them.

The governance arrangements for medicines management were reviewed. Management advised of the audits which take place and how areas for improvement were identified and followed up. This was usually through the development of action plans and staff supervision. A sample of the audit outcomes was provided. Expansion of the current audit arrangements, in order to ensure that all areas of medicines management are examined, was discussed with the registered manager and deputy manager. As part of the pharmacist support to the home, a quarterly audit was undertaken and a list of the findings was left in the home for management to address.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. They provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence. These usually included reflective practice and supervision. 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.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with the registered manager; and any resultant action was discussed at team meetings and/or supervision. They spoke positively about their work and advised that there were good working relationships in the home with staff, management and with other healthcare professionals. They stated they felt well supported in their work.

No members of staff shared their views by completing an online questionnaire.

Areas of good practice

There were examples of good practice in relation to 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 Shirley Ann Ramrachia, Registered Manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 19 December 2018	The registered person shall ensure that medicines requiring cold storage are securely stored. Ref: 6.4
	Response by registered person detailing the actions taken: I have ordered a key for the medicine fridge which is due to be delivered next week.

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



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