



Unannounced Medicines Management Inspection Report 14 September 2018



Barrhall

Type of service: Residential Care Home
Address: 15a Barrhall Road, Portaferry, BT22 1RQ
Tel No: 028 4272 8367
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 23 beds that provides care for residents with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Barrhall Responsible Individuals: Mr Bryan David Muskett & Mrs Sheena Anne Muskett	Registered Manager: Ms Kerry Muskett
Person in charge at the time of inspection: Ms Kerry Muskett	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia LD – learning disability PH – physical disability other than sensory impairment	Number of registered places: 23 This number includes a maximum of 17 persons in category RC-DE, one person in category RC-LD and three persons in RC-PH. The home is also approved to provide care on a day basis only for two persons (Monday to Sunday).

4.0 Inspection summary

An unannounced inspection took place on 14 September 2018 from 10.55 to 15:35.

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 the administration of the majority of medicines and the majority of medicine records.

Five areas for improvement were identified in relation to the governance arrangements, the management of distressed reactions, antibiotics, thickening agents and records of medicines received.

We spoke with one resident who was complimentary regarding the care and staff in the home.

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	*5

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Kerry Muskett, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care and premises inspection

The most recent inspections of the home were unannounced care and premises inspections undertaken on 29 May 2018. Other than those actions detailed in the QIPs no further actions were required to be taken. Enforcement action did not result from the findings of these inspections.

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; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection we met with several residents, one care assistant, the deputy manager and the registered manager.

We provided the registered manager with ten questionnaires to distribute to residents and their representatives, for completion and return to RQIA.

We gave the registered manager 'Have we missed you?' cards to display 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 with the registered manager.

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

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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspections dated 29 May 2018

The most recent inspections of the home were unannounced care and premises inspections. The completed QIPs were returned and approved by the care and estates inspectors. These QIPs will be validated by the care and premises inspectors at the next care and premises inspections.

6.2 Review of areas for improvement from the last medicines management inspection dated 17 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 30 Stated: First time	The registered providers should ensure that dates of opening are recorded on all medicines to facilitate audit and disposal at expiry.	Met
	Action taken as confirmed during the inspection: We observed that dates of opening had been recorded on the majority of medicine containers to facilitate audit and disposal at expiry.	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered providers should review and revise the management of inhaled medicines as detailed in the report.	Met
	Action taken as confirmed during the inspection: A small number of inhaled medicines were prescribed. They were being managed appropriately. Only one inhaler (of each type) was in use for each resident, the mouthpiece covers had been replaced after each use, the inhalers were replaced in their boxes after each use and dates of opening had been recorded.	
Area for improvement 3 Ref: Standard 6 Stated: First time	The registered providers should review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of each administration should be recorded.	Not met
	Action taken as confirmed during the inspection: The registered manager advised that this had been addressed following the last medicines management inspection. However, the evidence seen at this inspection indicated that the improvements had not been sustained. This area for improvement was stated for a second time.	

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 completed on-line annually. Competency assessments and supervised medication rounds were completed at approximately six monthly intervals. Records were available for inspection. The registered manager advised that she had completed training on the use of thickening agents with all staff. The community pharmacist had been requested to provide further training on the management of medicines in the coming months.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided.

There were procedures in place to ensure the safe management of medicines during a resident's admission/re-admission to the home and to manage medication changes. Personal medication records were updated and signed by two care assistants. However some hand-written entries on the medication administration records had not been verified and signed by two care assistants. It was agreed that this would be monitored as part of a more robust medicines management auditing system. Records of medicines received were not always in place for medicines which were received into the home on admission or outside the four week medicine cycle e.g. antibiotics. An area for improvement was identified under Section 6.5.

Systems were in place to manage the ordering of prescribed medicines to ensure that residents have a continuous supply of their prescribed medicines. All medicines were available for administration as prescribed on the day of the inspection. Antibiotics and newly prescribed medicines had been received into the home without delay. However, two audits on antibiotics were incorrect indicating that they may not have been administered as prescribed. This was discussed in detail with the registered manager and care assistants and an area for improvement was identified.

Mostly satisfactory arrangements were in place for administering medicines in disguised form. Written authorisation from the prescriber was in place. We spoke with two staff who provided details on how the medicines were administered safely. A care plan was in place. It was updated with further detail during the inspection.

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.

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

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. However, the refrigerator was observed to be broken. The registered manager had been made aware and a new refrigerator was on order. Three recently prescribed medicines were moved to a refrigerator in the pantry during the inspection. Assurances were provided that these medicines were stored safely and securely.

Areas of good practice

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

Areas for improvement

The registered persons shall ensure that antibiotics are administered as prescribed.

Total number of areas for improvement	0	1
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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. 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 and monthly medicines were due.

A number of residents were prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. The dosage directions were recorded on the personal medication records. 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. However care plans were not in place. The reason for and outcome of the administration had not been recorded. An area for improvement under standards was stated for a second time.

The management of pain was reviewed. The registered manager advised that a pain assessment is completed as part of the admission process. 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 assessment tool was used as needed.

The management of swallowing difficulty was examined. Detailed directions from the speech and language therapists were available on the medicines file. All staff spoken with confirmed that they knew the required consistency level necessary and had received training on the use of thickening agents. Care plans and records of prescribing were in place. However, records of administration were not in place. An area for improvement was identified.

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.

The majority of medicine records were well maintained and facilitated the audit process. However, as detailed in Section 6.4 records of medicines received from hospital, home and mid-cycle were not routinely being maintained. An area for improvement was identified.

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

Areas of good practice

There were examples of good practice in relation to the administration of the majority of medicines.

Areas for improvement

The registered persons shall ensure that accurate records for the administration of thickening agents are maintained.

The registered persons shall ensure that records of medicines received into the home are accurately maintained.

	Regulations	Standards
Total number of areas for improvement	0	2

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 a small number of residents. The care assistants 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.

We met with several residents and spoke with one in detail. The resident was complimentary regarding the care provided and staff in the home. Comments included:

“The staff are terrific. They cannot do enough for you. Nothing is any bother to staff. They are kind to everyone. I feel safe here and the company is good. There is always something to do. The arts and crafts person is great. We get the bus to the memory café and they come here. There is music. I couldn’t be happier. I look after my own medicines.”

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. Five relatives and one resident returned the questionnaires. All responses were positive and comments included:

- “All the staff team are great.”
- “Excellent care at all times.”

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

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

We discussed the management of medication related incidents. The registered manager and deputy manager advised that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, they advised that they were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. Practices for the management of medicines were audited throughout the month by the deputy manager. In addition, an audit was completed by the community pharmacist. The evidence seen at the inspection indicates that a more detailed auditing system which monitors all aspects of the management of medicines should be developed and implemented. The following areas should be included: care plans, records of medicines received and the management of thickening agents, antibiotics and distressed reactions. Not all of the areas for improvement identified at the last medicines management inspection had been addressed in a satisfactory manner. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process. An area for improvement was identified.

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 registered manager or deputy manager.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered 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 clearly defined roles and responsibilities for staff.

Areas for improvement

The registered persons should implement a robust auditing system. Action plans to address any shortfalls should be developed and implemented.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Ms Kerry Muskett, 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: 15 October 2018	The registered providers should review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of each administration should be recorded. Ref: 6.2 and 6.5 Response by registered person detailing the actions taken: This has been implemented.
Area for improvement 2 Ref: Standard 33 Stated: First time To be completed by: 15 October 2018	The registered persons shall ensure that antibiotics are administered as prescribed. Ref: 6.4 Response by registered person detailing the actions taken: This has been implemented.
Area for improvement 3 Ref: Standard 31 Stated: First time To be completed by: 15 October 2018	The registered persons shall ensure that accurate records for the administration of thickening agents are maintained. Ref: 6.5 Response by registered person detailing the actions taken: Records are being maintained.
Area for improvement 4 Ref: Standard 31 Stated: First time To be completed by: 15 October 2018	The registered persons shall ensure that records of medicines received into the home are accurately maintained. Ref: 6.5 Response by registered person detailing the actions taken: Records are maintained.

<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2018</p>	<p>The registered persons shall implement a robust auditing system. Action plans to address any shortfalls should be developed and implemented.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: This has been implemented.</p>
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Please ensure this document is completed in full and returned via the Web Portal



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