

Unannounced Medicines Management Inspection Report 6 February 2018



The Beeches Professional & Therapeutic Services

Type of service: Residential Care Home
Address: 41 Lisburn Road, Ballynahinch, BT24 8TT
Tel No: 028 9756 1800
Inspector: Helen Daly

www.rgia.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 living with a learning disability.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual: Mr James Brian Wilson	Registered Manager: Mrs Roisin McClenaghan
Person in charge at the time of inspection: Ms Leanne Montgomery (Deputy Manager)	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC): LD – learning disability LD(E) –learning disability – over 65 years	Number of registered places: 34

4.0 Inspection summary

An unannounced inspection took place on 6 February 2018 from 11.15 to 15.05.

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 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 administration, medicine records and medicine storage.

One area for improvement was identified in relation to the auditing systems.

The resident we spoke with was complimentary regarding the care provided and the 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 Ms Leanne Montgomery, Deputy 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 inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 August 2017. No areas for improvement were identified. 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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

The inspector met with several residents briefly, one care assistant and three deputy managers.

A total of 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 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
- medicine audits
- policies and procedures
- care plans
- 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 9 August 2017

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 7 October 2014

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 manager should ensure that two members of staff sign the transcriptions of warfarin dosage directions.	Met
	Action taken as confirmed during the inspection: The deputy manager provided evidence to indicate that two members of staff sign the transcriptions of warfarin dosage directions. Warfarin was not currently prescribed for any residents.	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered manager should ensure that the standard of maintenance of the records which are maintained by care staff for the administration of external preparations are included in the audit process.	Met
	Action taken as confirmed during the inspection: The deputy manager confirmed that when applicable the standard of maintenance of the records which are maintained by care staff for the administration of external preparations is included in the audit process. Care staff were not currently responsible for the application of external preparations.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered manager should ensure that the date and time of opening are recorded on all medicine containers.	Met
	Action taken as confirmed during the inspection: The date and time of opening had been recorded on the majority of medicine containers.	
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered manager should review the systems in place for the management of distressed reactions as detailed in the report.	Met
	Action taken as confirmed during the inspection: Detailed care plans were in place. The reason for and outcome of each administration were recorded and running stock balances for the relevant medicines were recorded after each administration.	

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. Update training was provided annually by the community pharmacist. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through supervision and annual competency assessment. Epilepsy awareness training was provided regularly.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed within the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff and signed by the prescriber. The majority of handwritten entries on medication administration records were updated by two members of staff. This safe practice was acknowledged. The deputy manager confirmed that there were robust systems in place to ensure the safe management of medicines during a resident's admission to the home. There had been no recent admissions/re-admissions to the home.

There were no controlled drugs subject to record keeping requirements in use at the time of the inspection.

Up to date epilepsy management plans were in place where appropriate.

Medicines were being crushed and added to food to assist swallow for one resident. A care plan was in place. Authorisation had been obtained from the prescriber and staff confirmed that the suitability of crushing and adding the medicines to food had been discussed with the community pharmacist.

Discontinued or expired medicines were returned to the community pharmacist for disposal.

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 and the room temperature was checked and recorded daily. Some refrigerator temperatures outside the accepted range were observed. The deputy manager advised that this would be discussed with staff for corrective action and closely monitored. Due to these assurances an area for improvement was not identified.

Areas of good practice

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

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. Two discrepancies were highlighted to the deputy manager and it was agreed that these medicines would be audited closely as part of the revised auditing system (See Section 6.7).

There was evidence that time critical medicines had been administered at the correct time.

The management of distressed reactions, pain and swallowing difficulty were reviewed. The relevant information was recorded in the residents' care plans, personal medication records and records of administration.

Staff confirmed 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. Staff were commended on the standard of maintenance of the personal medication records.

Following discussion with the deputy manager and staff, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in the care of residents. A general practitioner visits the home every Wednesday.

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
Total number of areas for improvement	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.

We observed the administration of medicines to residents at lunchtime in Cottage D. The administration was completed in a caring manner and residents were given time to take 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 who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We spoke with one resident and met several residents. The resident we spoke with advised that they were very happy in the home and enjoyed living there.

As part of the inspection process, we issued ten questionnaires to residents and their representatives. Seven residents/ residents' representatives completed and returned questionnaires within the specified timeframe. Comments received were positive; with responses recorded as 'very satisfied' or 'satisfied' with the management of medicines in the home.

Comments included:

- "In all the years that my sister has been at The Beeches, the care that she has received has been second to none. Thank you to all the great staff."
- "The staff at The Beeches are very good."

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.

Written policies and procedures for the management of medicines were in place. These were not examined.

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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines, weekly audits and four weekly audits. In addition, a quarterly audit was completed by the community pharmacist. A review of the audit records indicated that some medicines were being audited daily, then weekly and also monthly while other medicines, including those highlighted in Section 6.5, were being audited monthly. A more comprehensive auditing system was discussed. The auditing system should be reviewed to ensure that it is robust. An area for improvement was identified.

Following discussion with the deputy managers 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. They advised that management were open and approachable and willing to listen.

Areas of good practice

There were examples of good practice in relation to ongoing quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

A more streamline but robust auditing system 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 Leanne Montgomery, Deputy 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 the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 6 March 2018</p>	<p>The registered person shall ensure that a robust auditing system is developed and implemented.</p>
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Ref: 6.7

Response by registered person detailing the actions taken:

The following changes have been made to audit procedure:

1. Added all possible door medicines to our daily audit.
2. Removed these from our monthly audits as requested and implemented a spot check on these monthly.
3. Ceased our weekly audit of our Epilim so as not to double up.

All staff with medicine administration responsibilities informed of changes.

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



The **Regulation and
Quality Improvement
Authority**

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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