

Unannounced Medicines Management Inspection Report 26 May 2017



Blair Lodge

Type of service: Residential Care Home
Address: 32 Bryansburn Road, Bangor, BT20 3SB
Tel No: 028 9146 0733
Inspector: Cathy Wilkinson

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Blair Lodge took place on 25 May 2017 from 10.20 to 13.10.

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 residents. 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. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas for improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. There were no areas for improvement identified.

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 residents. There were no areas for improvement 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 share learning from any medicine related incidents and medicine audit activity. There were no areas of improvement 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Rosemary Clarke, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Blair Lodge/Ms Helen Armstrong	Registered manager: Mrs Rosemary Clarke
Person in charge of the home at the time of inspection: Mrs Rosemary Clarke	Date manager registered: 1 February 2016
Categories of care: RC-LD, RC-LD(E), RC-MP, RC-MP(E)	Number of registered places: 29

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- 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

We met with one resident, one care assistant and the registered manager.

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

A sample of the following records were examined:

- 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 12 April 2017

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made following the inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 15 April 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 31 Stated: First time	The acting manager must ensure that MARs sheets are fully and accurately completed.	Met
	Action taken as confirmed during the inspection: All of the MARs sheets that were examined had been fully and accurately completed.	
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The manager should undertake further monitoring of those medicines not contained within the monitored dosage system to ensure that they are being administered as prescribed.	Met
	Action taken as confirmed during the inspection: There was evidence that these medicines were monitored frequently by the registered manager to ensure that they were being administered as prescribed.	
Recommendation 2 Ref: Standard 31 Stated: First time	The manager should ensure that the records of administration of topical medicines are introduced in a timely manner and include a review of these records as a part of the homes routine audit process.	Met
	Action taken as confirmed during the inspection: The records of administration of topical medicines had been introduced and appropriately completed.	

<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The manager should monitor the refrigerator temperature to ensure that it is being correctly monitored and recorded daily.</p> <hr/> <p>Action taken as confirmed during the inspection: The refrigerator temperature was monitored daily and was within the required range.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The manager should ensure that controlled drugs reconciliation checks are completed at each transfer of responsibility.</p> <hr/> <p>Action taken as confirmed during the inspection: Reconciliation checks were completed at each shift change.</p>	Met

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management, application of topical medicines and the administration of thickeners 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. There were appropriate arrangements for the storage of prescriptions.

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.

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.

Appropriate arrangements were in place for administering medicines in disguised form.

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 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
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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, monthly or three monthly medicines were due.

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 residents could verbalise any pain, and staff were very familiar with residents and how they may express pain.

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.

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

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The administration of medicines to residents has been completed before the commencement of this inspection and was therefore not observed.

Staff were very knowledgeable about the needs and wishes of residents.

We met one resident during the inspection, however it was not possible to discuss medicines with any of the residents during the inspection. A proportion of residents were attending their day care placement.

As part of the inspection process, we issued questionnaires to residents, residents' representatives and staff. None of the questionnaires were returned within the timeframe for inclusion in this report.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly. It was evident that staff were familiar with the policies and procedures.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed.

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, 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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