# Unannounced Medicines Management Inspection Report
# 11 September 2018

# Breffni House

**Type of service: Residential Care Home**
**Address: 27-33 Wandsworth Gardens, Belfast BT4 3NL**
**Tel No: 02890656075**
**Inspector: Judith Taylor**

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 residents living with care needs as detailed in Section 3.0.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Breffni House Ltd<br><br>**Responsible Individual(s):**<br>Mr Mark John Uprichard | **Registered Manager:**<br>See box below |
| **Person in charge at the time of inspection:**<br>Ms Regina Brady | **Date manager registered:**<br>Ms Regina Brady<br>(Acting - no application required) |
| **Categories of care:**<br>Residential Care (RC)<br>DE – Dementia<br>I – Old age not falling within any other category<br>PH – Physical disability other than sensory impairment | **Number of registered places:**<br>22 |

## 4.0 Inspection summary

An unannounced inspection took place on 11 September 2018 from 10.25 to 15.00.

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 governance arrangements, training, the completion of medicine records, care planning and the administration of medicines.

One area for improvement in relation to record keeping for controlled drugs was identified.

Residents said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere 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 | *1 |

*This area for improvement has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Regina Brady, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the inspection on 12 June 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 was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection the inspector met with three residents, two members of care staff and the manager.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA and we asked the 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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

We left ‘Have we missed you?’ cards in 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 care provided. Flyers which gave information on raising a concern were also left in the home.

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 12 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

## 6.2 Review of areas for improvement from the last medicines management inspection dated 14 November 2016

| **Areas for improvement from the last medicines management inspection** | | |
|---|---|---|
| **Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** Second time | The registered manager must monitor the completion of the personal medication record sheets in order to ensure accuracy. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The necessary improvements had been made in the completion of personal medication records. These were printed and signed by two staff and were checked for accuracy at the beginning of each medicine cycle. | |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time | The registered provider must ensure that there are robust arrangements in place to manage medicines which require cold storage. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Robust arrangements were in place for medicines which required cold storage. | |

| 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**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time | The registered provider should ensure there are robust arrangements in place for the management of controlled drugs. | **Partially met** |
| | **Action taken as confirmed during the inspection**:<br>Controlled drugs were stored securely and stock balances were checked at each shift change. However, there were a number of incomplete entries in the controlled drug record book and some audit trails regarding disposal/transfer could not be concluded. The need to ensure correlation with the shift check records, the controlled drug record book and the disposal/transfer of controlled drugs records was discussed.<br><br>This area for improvement has been stated for a second time. | |
| **Area for improvement 2**<br><br>**Ref**: Standard 27<br><br>**Stated:** First time | The registered provider should review the storage location of medicine trolleys and the medicine refrigerator. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The storage of the medicines had been reviewed. Medicines trolleys were no longer in use as resident's medicines were stored in individual locked cupboards. The medicine refrigerator was located in the medicines room. | |
| **Area for improvement 3**<br><br>**Ref**: Standard 6<br><br>**Stated:** First time | The registered provider should review the management of distressed reactions as detailed in the report. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The management of distressed reactions had been reviewed. The relevant records were maintained. | |

| | | |
|---|---|---|
| **Area for improvement 4**<br><br>**Ref**: Standard 31<br><br>**Stated:** First time | The registered provider should develop a system which ensures that medicine entries on the resident's PMRs and MARs correspond. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Following the introduction of the new medicine system, these records were checked on a regular basis. | |
| **Area for improvement 5**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time | The registered provider should review the auditing procedures for medicines management to ensure that robust arrangements are in place and that these cover all aspects of medicines management. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that the auditing process had been further developed with the introduction of the new medicine system. Daily, monthly and quarterly audits were in place and we were advised of the systems to ensure identified improvements were addressed. | |

## 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.**

The manager advised of the changes made in the management of medicines since the last medicines management inspection. A new storage system where residents' current medicines were stored securely in their bedrooms and new recording systems had been implemented. She advised that this system was working well.

Medicines were managed by staff who have been trained and deemed competent to do so. Staff completed a competency assessment following induction, quarterly and annually. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of records was provided. Refresher training in the management of medicines, dementia and diabetes had been provided earlier this year.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records were updated by two trained staff. This is safe practice and was acknowledged.

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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

In relation to safeguarding, staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

The management of controlled drugs should be reviewed to ensure records are fully and accurately maintained. See Section 6.2. An area for improvement has been stated for a second time.

The management of high risk medicines was observed e.g. warfarin. New dosage regimes were transcribed onto specific warfarin administration records by two staff. This is safe practice. A daily stock balance was maintained. Staff were reminded that obsolete warfarin regimes should be removed from the current folder.

Community nurses were responsible for the administration of insulin and a care plan was maintained; this included details of the signs and symptoms of changes in blood sugar levels.

Discontinued or expired medicines including controlled drugs were returned to the community pharmacy for disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and organised. There were robust systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened and medicines which require cold storage.

**Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment, the management of new resident's medicines and medicines changes.

**Areas for improvement**

No new areas for improvement have been identified during this inspection.

One area for improvement in relation to controlled drugs has been stated for a second time.

| | 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 sample of medicines examined had been administered in accordance with the prescriber's instructions. There were arrangements in place to alert staff of when doses of weekly medicines were due.

The management of pain, distressed reactions and swallowing difficulty were reviewed. The relevant medicine records and care plans had been appropriately maintained.

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 e.g. the use of protocols for "when required" medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for the majority of medicines and recording the stock balance of medicines carried forward to the next medicine cycle. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the residents' needs.

**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.**

There were arrangements in place to facilitate residents responsible for the self-administration of medicines.

The administration of medicines to residents was not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the residents' 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 observation of staff, that they were familiar with the residents' likes and dislikes.

We met with three residents, who expressed satisfaction with the staff and the care provided. They advised they were administered their medicines on time and any requests for e.g. pain relief were met. They stated they had no concerns.

Comments included:

- "The staff are very good."
- "I like it here, it's not home, but am settled here."
- "The girls are very good to you, they work hard."
- "Everything is good; couldn't say anything bad at all."

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, none were returned within the time frame (two weeks). Any comments in questionnaires received after the return date will be shared with the registered manager as necessary.

**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 |
|---|---|---|
| **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.**

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. We were advised that there were arrangements in place to implement the collection of equality data within Breffni House.

Written policies and procedures for the management of medicines were in place. A small number of these were spot checked at the inspection.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, and there were systems in place to ensure that all staff were made aware of incidents to prevent recurrence.

The governance arrangements for medicines management were examined. We were advised of the auditing processes completed and how areas for improvement were shared with staff to address and systems to ensure sustained improvement. Six of the seven areas for improvement identified at the last medicines management inspection had been addressed. The progress made was acknowledged.

Following discussion with the 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 the manager.

The staff we met with spoke positively about their work and it was clear that there were good working relationships in the home with staff and the registered manager. 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 with the specified time frame (two weeks).

**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 |
|---|---|---|
| **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 Ms Regina Brady, 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**<br><br>**Ref**: Standard 30<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>11 October 2018 | The registered provider should ensure there are robust arrangements in place for the management of controlled drugs.<br><br>Ref: 6.2 & 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The Care Home Controlled Drug record and daily counts have been replaced by a single record. This record will be completed in accordance with legistation.<br>Provider has audited complaince as 25 October 2018. |

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

The Regulation and Quality Improvement Authority

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