Unannounced Medicines Management Inspection Report
3 July 2017

Camlo Homes

Type of Service: Residential Care Home
Address: 3-5 North Parade, Belfast, BT7 2GF
Tel No: 028 9064 5127
Inspector: Paul Nixon

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 29 beds that provides care for residents living with a variety of care needs.

3.0 Service details

Organisation/Registered Provider: Camlo Homes **Responsible Individuals:** Mr Campbell Davis Emerson Mrs Lois Emerson Mr Stephen Emerson	**Registered Manager:** Mrs Joanne Smart
Person in charge at the time of inspection: Mrs Joanne Smart	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC) A – Past or present alcohol dependence. MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 29 including: - a maximum of 6 residents accommodated in RC-LD/LD(E) - 2 residents in RC-A - 1 resident in RC-PH/PH(E)

4.0 Inspection summary

An unannounced inspection took place on 3 July 2017 from 09.30 to 12.20.

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).

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, storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to the recording arrangements for medication prescribed to be administered on a “when required” basis for the management of distressed reactions, the completion of staff competency and capability reviews and the management of medicines on admission.

Residents said they were satisfied with the care received.

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	*2

*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 Mrs Joanne Smart, 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

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 9 May 2017. 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 service 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 the inspector met with four residents, the registered manager and one member of care staff.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

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 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 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP will be reviewed 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 18 November 2015

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 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that robust arrangements for the management of inhaled medicines are implemented to ensure that these medicines are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the management of inhaled medicines to ensure they were administered as prescribed. Audits performed on inhaled medicines produced satisfactory outcomes.	

Area for improvement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that personal medication records are fully maintained and contain all of the necessary detail.	**Met**
	Action taken as confirmed during the inspection: The personal medication records examined had been maintained in a satisfactory manner.	
Area for improvement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that medicine administration records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The medicine administration records examined had been maintained in a satisfactory manner.	
Area for improvement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must put robust systems in place to ensure medicines are being stored at the correct temperature.	**Met**
	Action taken as confirmed during the inspection: Medicines were stored at the correct temperature. The temperature range of the medicine refrigerator was monitored daily and recorded.	
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 8 **Stated:** First time	The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure that all appropriate records are maintained.	**Partially met**
	Action taken as confirmed during the inspection: Care plans were maintained for residents prescribed medication on a "when required" basis for the management of distressed reactions. However, the reason for and the outcome of administration were not recorded. **This area for improvement is 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. An induction process was in place for care staff who had been delegated medicine related tasks. 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 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. In most instances, personal medication records were updated by two members of staff; however, this had not been done for several residents. The registered manager gave an assurance that this matter would be rectified without delay.

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

The procedures for the management of medicines during a resident's admission to the home were reviewed. An area for improvement was identified as it was found that, for two new residents, the medication prescribed had not been confirmed with the prescriber and the medicines received had not been recorded.

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 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. The medicine refrigerator was checked at regular intervals.

Areas of good practice

There were examples of good practice in relation to staff training and controlled drugs.

Areas for improvement

An improvement should be made in the management of medicines during a resident's admission to the home.

	Regulations	Standards
Total number of areas for improvement	0	1

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 fortnightly 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. A care plan was maintained. However, the reason for and the outcome of administration were not recorded. The area for improvement identified at the last medicines management inspection was stated for a second time.

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 the residents could verbalise any pain. A care plan was maintained where a resident was administered analgesia on a regular basis. Staff also advised that a pain assessment is completed as part of the admission process.

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 mostly well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by management. In order to facilitate audit activity, the dates of opening were routinely recorded on the medicine containers. This good practice was acknowledged.

Following discussion with the registered manager and staff it was evident that, when applicable, other healthcare professionals are contacted in response to the healthcare needs of residents. Staff on duty advised that they had good working relationships with the community pharmacy, GP practices and the Health and Social Care Trust.

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

An improvement should be made in the recording arrangements for medication prescribed to be administered on a "when required" basis for the management of distressed reactions.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The administration of medicines to residents was completed in a caring manner; residents were given time to take their medicines and medicines were administered as discreetly as possible.

Residents spoken with advised that they were very satisfied with the care experienced. Staff were noted to be friendly and courteous, and happy in their work; they treated the residents with dignity.

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

One member of staff also completed a questionnaire. The response was positive and raised no concerns about the management of medicines in the home.

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.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

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 lead and safeguarding team.

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 and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

One area for improvement made at the last medicines management inspection had not been addressed effectively. To ensure that areas for improvement are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management.

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 QIP. Details of the QIP were discussed with Mrs Joanne Smart, 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 Pharmacists@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).	
Area for improvement 1 **Ref**: Standard 8 **Stated:** Second time **To be completed by:** 2 August 2017	The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure that all appropriate records are maintained. Ref: 6.2 and 6.5 **Response by registered person detailing the actions taken:** MANAGER REMINDED STAFF OF PRACTICE OF UPDATING RESIDENT FILES (ie DAILY NOTES) TO ENSURE THAT AN ACCOUNT IS GIVEN OF THE NEED TO USE SUCH MEDICINES. THIS IS TO INCLUDE THE REASON FOR AND THE OUTCOME OF SUCH ADMINISTRATION.
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 2 August 2017	The registered person shall ensure that the procedures for the management of medicines during a resident's admission to the home are reviewed. Ref: 6.4 **Response by registered person detailing the actions taken:** WHEN A RESIDENT IS ADMITTED STAFF WILL NOW REQUEST A WRITTEN LIST OF MEDICATION PRESCRIBED FOR THAT RESIDENT BY THEIR GP.

Please ensure this document is completed in full and returned to Pharmacists@rqia.org.uk

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