The Regulation and Quality Improvement Authority

Unannounced Medicines Management Inspection Report
29 January 2018

Carlisle House

Type of service: Residential Care Home
Address: 2 - 4 Henry Place, Clifton Street, Belfast, BT15 2BB
Tel No: 028 9032 8308
Inspector: Judith Taylor

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 registered with16 beds that provides up to six weeks care for residents living with past or present alcohol or drug dependence.

3.0 Service details

Organisation/Registered Provider: Board of Social Witness Responsible Individual: Mr Lindsay Conway	Registered Manager: Mr David Cuthbert
Person in charge at the time of inspection: Mr James Small (Deputy Manager)	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC) D – Past or present drug dependence A – Past or present alcohol dependence	**Number of registered places:** 16

4.0 Inspection summary

An unannounced inspection took place on 29 January 2018 from 11.00 to 13.40.

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 medicines administration, medicine records, medicine storage and the management of controlled drugs.

There were no areas identified for improvement.

Residents were very complimentary regarding the management of their medicines and the care provided.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr James Small, Deputy Manager and Ms Mary Clarke, Nurse, Therapeutic Team, 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.

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 most recent inspection on 28 September 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 home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents

During the inspection the inspector met with two residents, one member of staff and the deputy manager.

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
- controlled drug record book
- policies and procedures
- 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 28 September 2017

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 3 November 2015

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	It is recommended that written Standard Operating Procedures for the management of controlled drugs which are specific to this home should be implemented.	**Met**
	Action taken as confirmed during the inspection: Standard operating procedures for the management of medicines had been updated in the last year. They included the management of controlled drugs.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. A programme of training was in place and dates were displayed for 2018. Refresher training in medicines management was provided at least three times per year and following any incidents. A system was in place to

ensure that additional information regarding a resident's medicines was readily available for staff e.g. symptoms of hypoglycaemia, withdrawal. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was completed annually.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home, temporary leave from the home and discharge from the home. As part of the six week care provision, medicines were supplied to the home on a weekly basis. Specific arrangements were in place to ensure that up to date medicines information was in place and all medicines were available for administration as prescribed.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten medication administration records were written and signed by two members of staff. This safe practice was acknowledged. It was agreed that any new medicine information would be added to the written medication administration records by two staff.

There were no controlled drugs held in the home at the time of the inspection. New stock was due later on the day of the inspection. A review of the controlled drug record book indicated that records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained. Checks were performed on controlled drugs which require safe custody, twice per day. Additional checks were also performed on other controlled drugs and medicines which do not require safe custody. This good practice was acknowledged.

Robust arrangements were observed for the management of high risk medicines e.g. insulin.

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. A medicine refrigerator was in use. The current temperature was monitored on a daily basis. It was advised that maximum and minimum temperatures should be recorded. We were provided with assurances that this would be addressed after the inspection.

To assist with the safe administration of medicines, the residents photograph was attached to their medicine drawer in the cupboard. This good practice was acknowledged.

Areas of good practice

There were examples of good practice in relation to staff training, the management of medicines on admission and controlled drugs.

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 within the service were self-administered, with the exception of controlled drugs or medicines which may be misused. The sample of medicines examined had been administered in accordance with the prescriber's instructions.

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 advised that the residents would request these medicines as needed. They confirmed that this was recorded in the resident's care plan and the daily checks enabled staff to check for any changes in frequency of administration.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that the residents could tell staff if they were in pain and would request pain relief, as needed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. The good practice of highlighting medicines which contained paracetamol to prevent any misadministration was acknowledged. Pain management was referenced in the residents care files. Staff also advised that a resident's pain management was reviewed as part of the admission processes and body maps were used as needed.

Staff confirmed that compliance with prescribed medicine regimes was monitored every week and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber. They provided details of how the residents were encouraged and supported to take their medicines.

Medicine records were well maintained and facilitated the audit process. The good standard of record keeping was acknowledged.

Staff and residents were made aware of when a resident had an allergy e.g. peanut, to ensure that peanut containing products were not purchased or provided in meals.

Practices for the management of medicines were audited throughout the month by the staff and management. A new system was recently agreed where the resident's key worker would be responsible for checking the records. As medicines were supplied at seven day intervals, staff advised that any discrepancies would be immediately highlighted. In addition, this service was regularly visited by the community pharmacist.

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

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines. A risk assessment was in place and checked on a weekly basis. Locked storage was available for the residents' medicines.

The administration of medicines to residents was not observed at the time of this inspection. However, following discussion with staff and residents, it was evident that the residents were aware of when to come to the staff to get their medicines; and also to report to staff if they had missed any self-administered doses. The residents advised that the staff were very caring and supportive.

We were informed that as part of the care provision, the community pharmacist visits the residents to provide advice and guidance about their medicines, increase the residents' knowledge of their medicines and to encourage compliance during and after their stay in Carlisle House.

The residents we met with spoke very positively about their experience in the home and about the care delivered by the staff. They were complimentary regarding the activities in the home and advised of how this had benefited them e.g. colour therapy, spin class, meditation, film making and the use of essential oils. Comments included:

"I am happy here."
"I feel so safe."
"The staff are great, there is always someone to talk to."
"This place is working for me."

Of the questionnaires that were issued to receive feedback from residents and their representatives, none had been returned with the specified timescale (two weeks).

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. These had been updated in April 2017. Staff had signed to say that they had read and understood them. Staff confirmed that any updates were highlighted at team meetings as needed.

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. There was evidence of the action taken and learning implemented following 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.

A robust system to audit medicines management was in place. Staff advised of the procedures followed in the event of a discrepancy being identified and how this was addressed and shared with staff.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management.

There were effective communication systems in place. As part of the written and verbal handover, each resident's personal medication record was reviewed. Weekly and monthly team meetings also took place.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and very approachable and there were good relationships in the home; and with the other healthcare professionals involved in residents' care. Staff comments included:

"It's a great place to work."
"We have a good team here."
"The staff support is very good."
"We have team away days."

No staff had completed the online questionnaire within the specified timescale (two weeks).

Areas of good practice

There were examples of good practice in relation to the 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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