



Unannounced Medicines Management Inspection Report 6 August 2018



Cedarhurst Lodge

Type of service: Residential Care Home
Address: Cedar Suite, Cedarhurst Road, Belfast, BT8 4RH
Tel No: 028 9049 2722
Inspector: Catherine Glover

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 with 24 places that provides care for residents living with dementia or mental ill-health. The residential care home is on the same site as a nursing home.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Ms Lavina Ann Harris
Person in charge at the time of inspection: Ms Lorraine Kirkpatrick	Date manager registered: 14 June 2007
Categories of care: Residential Care (RC) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 24 RC-DE for a maximum of four persons and RC-MP/RC-MP (E) for a maximum of 20 persons

4.0 Inspection summary

An unannounced inspection took place on 6 August 2018 from 10.40 to 13.35.

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, storage and the management of controlled drugs.

No areas for improvement were identified.

There was a calm and relaxed atmosphere in the home. There appeared to be good relationships between staff and residents.

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 Ms Lorraine Kirkpatrick, Regional 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.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 23 February 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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with two residents, the regional manager, the team leader and one senior care assistant.

A poster informing visitors to the home that an inspection was being conducted was displayed.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA.

At the request of the inspector, the team leader was asked to display a poster in the home which invited staff to share their views of the home by completing an online questionnaire.

We left "Have we missed you?" cards. The cards facilitate residents or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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 23 February 2018

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 14 December 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 Ref: Regulation 13 (4) Stated: First time	The registered provider must ensure that the management of controlled drugs is reviewed to ensure that the process is safe and robust.	Met
	Action taken as confirmed during the inspection: There was a robust process for 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. 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. Newly prescribed medicines had been

received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

The admission process was reviewed. Staff advised of a recent issue they had with regards to the admission of a resident. This was discussed in detail with the staff and the regional manager who had planned to further investigate. It was agreed that the regional manager would share the details of the investigation, the resultant action and the learning that had been shared with the staff with RQIA once it was completed. The details of this admission and planned management investigation were shared with the care inspector in RQIA after the inspection for follow-up.

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.

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

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.

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, competency assessment 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 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

medicines were due. One resident regularly missed their lunchtime medicines. This was discussed with the team leader who explained that this resident usually went out at this time and chose not to wait on staff giving the medicines to take with them. It was agreed that this would be closely monitored and reviewed with the general practitioner as necessary.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged.

The management of medicines prescribed to manage distressed reactions and pain were examined. Records of prescribing and administration were appropriately completed. Care plans were in place and reviewed regularly.

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.

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. Staff advised that there were good working relationships with those involved in the residents’ care.

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.

The administration of medicines to residents was not observed during this inspection, however staff were knowledgeable about the residents’ medicines and processes within the home.

We spoke to two residents one of whom was very happy with the care in the home. She said that the staff were “great” and that she enjoyed being there. A concern raised by the second resident was discussed with the regional manager and it was agreed that she would refer the matter to the safeguarding team.

There were no completed questionnaires received from residents or relatives within the timescale for inclusion in this report (two weeks).

Any comments from residents or their representatives in questionnaires received after the return date will be shared with the registered manager for their information and action as required.

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. Arrangements are place to implement the collection of equality data.

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 staff.

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.

A review of the audit records indicated that satisfactory outcomes had been achieved. This correlated with the findings of this inspection. 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 staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff advised that there was an open and honest relationship with management in the home. They said that they would feel confident in raising and discussing any issues with the registered manager.

There were no responses to the online staff survey received within the timescale for inclusion in this report (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

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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