

# Unannounced Medicines Management Inspection Report 7 December 2016



## FAIRHAVEN

**Type of service: Residential Care Home**  
**Address: 58 North Road, Belfast, BT5 5NH**  
**Tel No: 028 9065 0304**  
**Inspector: Paul Nixon**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Fairhaven took place on 7 December 2016 from 09:30 to 12:15.

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 patients. 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 of improvement identified.

### Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. There were no areas of 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 patients. Residents consulted with confirmed that they were administered their medicines appropriately. There were no areas of 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 cascade 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 6 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Fairhaven Residential Homes Ltd / Mr James McElroy	<b>Registered manager:</b> Mrs Elizabeth Sweetlove Orr
<b>Person in charge of the home at the time of inspection:</b> Mrs Elizabeth Sweetlove Orr	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-PH, RC-LD, RC-LD(E), RC-MP	<b>Number of registered places:</b> 36

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home

Prior to the inspection, 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 four residents, the registered manager and four care staff.

Twenty-five questionnaires were issued to residents, residents' representatives and staff with a request that they were returned within one week from the date of this inspection.

The following records were 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

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 6 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned to RQIA on 21 October 2016 and was approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 19 June 2013

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The arrangements for auditing the practices for the management of medicines must be reviewed and revised in order to ensure that a robust monitoring system is in place.  In order to facilitate audit activity, the date of opening of the medicine container must be routinely recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager had performed a quarterly medicines management audit and, in addition, she advised that she checked medicines remaining and the medicine administration records at the end of each four-week administration cycle.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered manager must ensure that all designated staff members are able to access the management of medicines policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicines management policies and procedures were available for staff to easily access.	

<b>Requirement 3</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered manager must submit written reports to RQIA detailing the outcomes of the audits that were performed on medicines not contained in the monitored dosage system blister packs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These written reports were submitted to RQIA.	

#### 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 staff who had been delegated medicine related tasks. 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 on 29 September 2016.

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 satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration records were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturers' 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 for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

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. There had been no use of medication in this way in recent months.

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.

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. They included additional records for clozapine, diazepam prescribed for administration on a “when required” basis and insulin.

Practices for the management of medicines were audited throughout the month by the management. In addition, a quarterly audit was completed by the registered manager.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to the residents’ healthcare needs.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate a resident responsible for the self-administration of medicines.

No medicines were administered to residents during the course of the inspection.

Residents advised that they that they were satisfied with the care they received.

Questionnaires were completed by nine residents and two resident’s representatives. The responses in the questionnaires indicated that they were “very satisfied” with the management of medicines.

Seven members of staff completed the questionnaire. All of the responses were positive and raised no concerns about the management of medicines in the home.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

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.

Following discussion with staff, it was evident that they 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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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