Unannounced Medicines Management Inspection Report
22 June 2017

Giboney House

Type of Service: Residential Care Home
Address: Hughes Court, Mount Merrion Avenue, Belfast, BT6 0LX
Tel No: 028 9049 2527
Inspector: Catherine Glover

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 15 beds that provides care for residents of old age who may have dementia or a mental health disorder.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association **Responsible Individual:** Ms Clare Imogen McCarty	**Registered Manager:** Mrs Maureen Corry
Person in charge at the time of inspection: Mrs Maureen Speers, Acting Senior Carer at commencement of inspection, then Mrs Maureen Corry	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia	**Number of registered places:** 15 RC-MP -1 RC-DE - 8

4.0 Inspection summary

An unannounced inspection took place on 22 June 2017 from 10.00 to 11.55.

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 medicines management, records of administration of medicines and controlled drugs.

Areas requiring improvement were identified in relation to the cold storage of medicines, the admission process, personal medication records and the management of warfarin.

Residents were relaxed and comfortable in the home and were complimentary of staff.

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	1*	3

*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 Maureen Corry, 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 4 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 incidents; prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

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

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

During the inspection the inspector met with five residents, two members of staff and the registered manager.

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 improvements 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 4 May 2017

The most recent inspection of the home was an unannounced care inspection.

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 8 July 2014

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 manager must ensure that the refrigerator temperatures are accurately monitored daily, the thermometer is reset and appropriate action is taken should the temperatures deviate from the acceptable range.	**Not met**
	Action taken as confirmed during the inspection: Medicines including insulin were stored in the main refrigerator in the kitchen. The current temperature of this refrigerator was monitored twice per day. The maximum and minimum temperatures should be recorded for refrigerators which store medicines to ensure that they have been stored within the required temperature range of 2^{o}C and 8^{o}C. Further advice was provided during the inspection. This area for improvement has not been met and is stated for a second time.	

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	The registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained	**Met**
	Action taken as confirmed during the inspection: None of the residents currently require these medicines, however staff were aware of the records that should be maintained.	

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.

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.

Examination of the records for one recently admitted resident indicated that the current medicine regime had not been obtained from the prescriber. The procedure for admissions to the home should be reviewed to ensure that, in the absence of a discharge letter from the hospital, a copy of the resident's currently prescribed medicines is obtained from the general practitioner. An area for improvement has been identified.

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.

Observation of the management of warfarin showed that the current regime was obtained verbally by telephone and a running stock balance was not maintained. The management of warfarin should be reviewed and revised to ensure that written confirmation of the regime is obtained from the general practitioner and that a running balance of warfarin tablets is maintained. An area for improvement has been identified.

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.

As stated in Section 6.2, the storage of medicines which require refrigeration should be reviewed and revised. These medicines were stored in the main kitchen refrigerator and the maximum and minimum temperatures of this refrigerator were not monitored. The registered provider must ensure that appropriate arrangements are in place for the storage of these medicines. This area for improvement has been stated for a second time.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in relation to the management of medicines on admission, warfarin and cold storage of medicines.

	Regulations	Standards
Total number of areas for improvement	1*	2

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.

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 most of the residents could verbalise any pain. A care plan was 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 generally well maintained and facilitated the audit process. However, it was noted that several personal medication records remained on file for most residents. Obsolete personal medication records should be cancelled and archived. These records should also be updated and verified by two members of staff when they are brought into use. Both staff should sign the record. An area for improvement has been identified.

Practices for the management of medicines were audited throughout the month by the staff and management.

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.

Areas of good practice

There were examples of good practice in relation to care planning and the administration of medicines.

Areas for improvement

One area for improvement was identified in relation to personal medication records.

	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.

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.

Of the questionnaires that were issued, one was returned from relatives and two from staff. The responses indicated that they were satisfied with all aspects of the care in relation to the management of medicines.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We spoke to five residents and no concerns were raised about the care in the home.

Areas of good practice

Staff listened to residents and relatives 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. They were not examined during this inspection.

There were 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.

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 governance arrangements 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 Maureen Corry, 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 Web Portal 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 with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 22 July 2017	The registered manager must ensure that the refrigerator temperatures are accurately monitored daily, the thermometer is reset and appropriate action is taken should the temperatures deviate from the acceptable range Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: A medication fridge and varied temperature recording thermometer was ordered at time of inspection and is now in place.
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 30 **Stated:** First time **To be completed by:** 22 July 2017	The registered person shall review the admission process to ensure that robust arrangements are in place for confirming the residents' current medicine regime. Ref: 6.4
	Response by registered person detailing the actions taken: Upon admission from hospital without a medication kardex/list confirmation will be sought in writing from G.P surgey as to medication to be administered
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 22 July 2017	The registered person shall ensure that robust arrangements for the management of warfarin are in place. Ref: 6.4
	Response by registered person detailing the actions taken: Warfarin will be recorded daily as it is now however a rolling balance will be recorded on the administration sheet for each strength l
Area for improvement 3 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 22 July 2017	The registered person shall ensure that personal medication records are verified and signed by two staff members and obsolete records are archived. Ref: 6.5
	Response by registered person detailing the actions taken: Staff have been advised to archive out of date kardex sheets as soon as new one is authorised.

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