

Unannounced Medicines Management Inspection Report 17 January 2018



Stewart Lodge

Type of service: Residential Care Home
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
Tel No: 028 9182 1263
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 eight beds that provides care for residents with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Stewart Lodge Responsible Individual: Mrs Janet Stewart	Registered Manager: Mrs Janet Stewart
Person in charge at the time of inspection: Mrs Janet Stewart	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places: 8 (maximum of two residents in RC-DE category of care)

4.0 Inspection summary

An unannounced inspection took place on 17 January 2018 from 12.40 to 14.30.

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.

Areas requiring improvement were identified in relation to the admission process, and the care records relating to distressed reactions and pain.

The resident we spoke to said that he was very happy and comfortable in the home.

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Janet Stewart, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 19 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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 one resident, the registered manager and the assistant manager.

Ten questionnaires were provided for distribution to patients 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
- medicine audits
- policies and procedures
- care plans
- training records

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 19 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 2 December 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 personal medication records contain all of the required information.	Met
	Action taken as confirmed during the inspection: Personal medication records were observed to be up to date and were generally signed by the general practitioner. The registered manager was reminded that they should also have the resident's photograph attached.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered manager must investigate the discrepancy noted in the controlled drugs record book. A written report of the findings must be submitted to RQIA with the completed QIP.	Met
	Action taken as confirmed during the inspection: This was completed following 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	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs are developed and implemented.	Met
	Action taken as confirmed during the inspection: Policies and procedures for the management of medicines including controlled drugs were observed during the inspection.	
Area for improvement 2 Ref: Standard 32 Stated: First time	The registered manager should review the management of controlled drugs to ensure that reconciliation checks are robust.	Met
	Action taken as confirmed during the inspection: Robust reconciliation checks were completed at each shift change.	

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 have responsibility for medicine related tasks. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. The registered manager advised that staff had completed safeguarding training.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines.

The procedures in place to ensure the safe management of medicines during a resident’s admission to the home were examined. Written confirmation of the medicine regime had not been obtained from the prescriber. This was discussed with the registered manager. An area for improvement was 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.

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.

Areas of good practice

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

Areas for improvement

The management of medicines on admission should be reviewed and revised to ensure that written confirmation of the medicine regime is obtained from the prescriber.

	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 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, monthly or three monthly medicines were due.

The management of pain and distressed reactions was examined. Personal medication records and administration records had been fully completed. However care plans were not in place. This was discussed with the registered manager and an area for improvement was identified.

Medicine records were well maintained and facilitated the audit process.

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

Following discussion with the registered manager it was evident that other healthcare professionals were contacted when required to meet the needs of residents.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and the administration of medicines.

Areas for improvement

Care plans for the management of distressed reactions and pain should be drafted and implemented for the relevant residents.

	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 had been completed prior to the commencement of the inspection. The registered manager was knowledgeable about all residents' needs and wishes with regards to medicines.

There were no responses to the questionnaires that were issued and no replies from the staff survey within the timeframe for inclusion in this report.

The resident that we met spoke highly of the staff and management in the home. He said that he was very happy there, the home was comfortable and that the food was excellent.

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 had been reviewed within the last few months.

There were robust arrangements in place for the management of medicine related incidents. There have been no medicine related incidents reported in the last year.

A review of the audit records indicated that satisfactory outcomes had been achieved.

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

The registered manager advised that there is a stable staff team that have worked in the home over several years. She advised that they work together very well as a team.

Areas of good practice

There were examples of good practice in relation to governance arrangements. 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 quality improvement plan (QIP). Details of the QIP were discussed with Mrs Janet Stewart, 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2018</p>	<p>The registered person shall ensure that written confirmation of the resident’s medicine regime is obtained from the prescriber on admission.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This is in place.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2018</p>	<p>The registered person shall ensure care plans for the management of distressed reactions and pain are in place for the relevant residents.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: In Care Plans.</p>

Please ensure this document is completed in full and returned via the Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care