

Unannounced Medicines Management Inspection Report 23 February 2017



Camphill Community Glencraig

Type of service: Residential Care Home
Address: 4 Seahill Road, Craigavad, Holywood, BT18 0DB
Tel No: 028 9042 3396
Inspector: Helen Daly

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Camphill Community Glencraig took place on 23 February 2017 from 10.40 to 14.15.

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 residents. 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. There were no areas for improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. There were no areas for 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 residents. There were no areas for 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 for 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Dr Jolanda de Jong, Medical Officer, 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 19 January 2017.

2.0 Service details

Registered organisation/registered person: Caphill Community – Glenraig Mr Vincent Reynolds	Registered manager: See below
Person in charge of the home at the time of inspection: Dr Jolanda De Jong, Medical Officer	Date manager registered: Mr Tyrone Best- Acting- No application required
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 48

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with three support workers and the medical officer.

Fifteen questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

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
- medicine audits
- policies and procedures
- care plans

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 January 2017

The most recent inspection of the home was an unannounced care inspection. The draft report has been issued. 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 26 September 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: First time	Complete records of the administration of external preparations must be maintained.	Met
	Action taken as confirmed during the inspection: Support staff confirmed that these records were now maintained.	
Requirement 2 Ref: Regulation 13 (4) Stated: First time	The systems in place for the management of thickening agents must be reviewed and revised.	Met
	Action taken as confirmed during the inspection: Care plans and speech and language assessments were in place. Thickening agents were recorded on the personal medication records when prescribed. A small number of staff were involved in supporting the designated residents to eat and drink, they had been trained and deemed competent to do so. Records of administration were not being maintained; this was addressed during the inspection. Due to the assurances provided this requirement was assessed as met and was not stated for a second time.	
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered manager should develop and implement an audit tool on the management and administration of medicines.	Met
	The audit should be completed at specified intervals. Action taken as confirmed during the inspection: Weekly audits were completed in each house. There was evidence that these were being reviewed by management and action taken if necessary.	

Recommendation 2 Ref: Standard 30 Stated: First time	The registered manager should ensure that the date and time of opening are recorded on all medicine containers in order to facilitate audit and disposal at expiry.	Met
	Action taken as confirmed during the inspection: The date and time of opening was recorded on some but not all medicine containers. Audits could be completed using the balances recorded in the home's weekly audits. The medical officer advised that this would be reinforced with staff. Due to the assurances provided this recommendation was assessed as met and was not stated for a second time.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The medical officer advised that a comprehensive induction programme was in place and that staff were supervised throughout their induction. The impact of training was monitored through the home's audit process. Competency assessments were completed following induction and if a need was identified through the home's audit process. Designated staff in each house had received training on the use of buccal midazolam.

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 were updated by the medical officer. It was agreed that the date of writing would be recorded on the personal medication records and that obsolete personal medication records would be removed from the medicines files in each house.

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.

Controlled drugs subject to safe custody storage requirements, insulin or warfarin were not prescribed for any residents.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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. Care plans were in place. 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. The reason for and the outcome of administration were recorded.

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 residents were comfortable.

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 medical officer.

Medicine records were well maintained and facilitated the audit process.

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

Following discussion with the medical officer and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Appropriate arrangements were in place to support residents responsible for the self-administration of medicines.

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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were familiar with the resident's needs and preferences.

As part of the inspection process, 15 questionnaires were issued to residents, relatives/residents' representatives and staff, with a request that they were returned within one week from the date of the inspection. No questionnaires were returned within this timescale.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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 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. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the home's 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 medical officer 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. They advised that any resultant action was communicated with staff either individually or via team meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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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