



Unannounced Medicines Management Inspection Report 13 December 2018



Glenowen Court

Type of service: Residential Care Home
Address: 177a Andersonstown Road,
Belfast BT11 9EA
Tel No: 028 9060 2898
Inspector: Helen Daly

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 that provides care for up to 44 residents with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Mrs Siobhan Savage
Person in charge at the time of inspection: Mrs Siobhan Savage	Date manager registered: 2 November 2015
Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years LD – learning disability LD(E) – learning disability – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years SI – sensory impairment	Number of registered places: 44 This number includes a maximum of: RC-DE - 10 RC-LD/LD(E) - 5 RC-SI - 2 RC-MP/MP(E) - 3

4.0 Inspection summary

An unannounced inspection took place on 13 December 2018 from 10.30 to 14.00.

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, medicine storage and the management of controlled drugs.

No areas for improvement in relation to the management of medicines were identified at this inspection. The registered manager and staff are commended for their ongoing efforts.

Residents said that they were happy in the home and that the staff and care provided were very good.

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 Mrs Siobhan Savage, 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.

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 18 October 2018. 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
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

During the inspection we met with two residents, one care assistant, three senior care assistants and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform residents/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the registered manager to display a poster which invited staff to share their views and opinions 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
- medicine audits
- care plans
- training records

- medicines disposed of or transferred
- medicines storage temperatures
- controlled drug record book

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 18 October 2018

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 4 July 2016

Areas for improvement from the last medicines management inspection		Validation of compliance
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered provider should review the management of distressed reactions to ensure that a care plan is maintained for the relevant residents.	Met
	Action taken as confirmed during the inspection: Senior care assistants were aware of how distressed reactions should be managed for each resident and when medication should be administered. The reason for and outcome of administration was being recorded. Care plans were in place for the majority of residents. The remaining two care plans were updated during the inspection.	

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. Refresher training was completed annually. Competency assessments were completed annually and following any medication related incidents.

In relation to safeguarding, staff were aware of the regional procedures and who to report any safeguarding concerns to. Training was provided annually.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and to manage medication changes. Personal medication records were verified and signed by two senior care assistants. This safe practice was acknowledged.

There were systems in place to ensure that residents had a continuous supply of their prescribed medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

Robust arrangements were observed for the management of insulin. Detailed care plans were in place for each resident. Clear records of prescribing and administration were maintained. Senior care assistants supported two residents to self-administer insulin. In-use insulin was stored securely and at room temperature. Staff were reminded that the date of opening should be recorded on insulin pens to facilitate audit and disposal at expiry. It was noted that due to the prescribed dose the insulin would be used before expiry.

Robust arrangements were observed for the management of warfarin. Dosage directions were received in writing. Separate administration charts and daily stock balances were maintained.

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.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The medicine refrigerator was checked daily and satisfactory recordings were observed.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission 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 majority of medicines examined had been administered in accordance with the prescriber's instructions. One discrepancy was highlighted for ongoing monitoring. There were arrangements in place to alert staff of when doses of weekly and twice weekly medicines were due.

The management of distressed reactions and pain was reviewed and found to be satisfactory. Care plans were in place. Clear records of prescribing and administration were maintained.

Senior care assistants advised 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 the separate records for the prescribing of antibiotics and short term courses of medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included an audit on the management of medicines for two residents each night. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and senior care assistants, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had excellent working relationships with healthcare professionals involved in resident 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.

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

We did not observe the administration of medicines during the inspection. It was clear from discussion with staff and observation of their interactions with residents, that they were familiar with the resident’ healthcare needs.

Throughout the inspection, it was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. A Christmas party was taking place later in the day. Several staff were arriving to take part and help out on their day off. This was creating a lovely atmosphere for residents. Residents had also enjoyed carol singing provided by pupils at a local school earlier in the day.

We spoke with two residents who were complimentary regarding the care provided and staff in the home.

Comments included:

- “It is great here.”
- “The staff are great. It is like a second home. I have no complaints.”
- “The food is too good.”

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. Four responses were received which indicated that relatives/their representatives were “very satisfied” with all aspects of the care provided.

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

Areas of good practice

Staff were observed to listen to residents and to take 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.

We 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 were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

Medicine related incidents reported since the last medicines management inspection were discussed and there was evidence of the action taken and learning implemented following these incidents. Senior care assistants advised that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff advised that they were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by both staff and management. Areas identified for improvement were discussed with staff and there were systems in place to monitor improvement.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns in relation to medicines management were raised with the registered manager.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work. One care assistant (from an agency) made the following comments: "It is a very good home. The staff are really lovely with the residents. They have a great duty of care."

No online questionnaires were completed by staff within the specified time frame (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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