Unannounced Medicines Management Inspection Report
16 June 2017

Greenvale

Type of Service: Residential Care Home
Address: 21 Rossmore Drive, Belfast, BT7 3LA
Tel No: 028 9049 1310
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 11 beds that provides care for residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services **Responsible Individual:** Mr Peter Arthur James McBride	**Registered Manager:** Mrs Lorraine Carr
Person in charge at the time of inspection: Ms Alex Molloy, Senior Care Assistant	**Date manager registered:** 21 December 2016
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 11

4.0 Inspection summary

An unannounced inspection took place on 16 June 2017 from 10.10 to 11.30.

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 and administration.

Areas requiring improvement were identified in relation to the cold storage of medicines and personal medication records.

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*	1*

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Alex Molloy, Senior Care Assistant, 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 28 February 2017.

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 medicine related incidents reported to RQIA since the last medicines management inspection

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 one resident and the senior care assistant

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.

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
- 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 28 February 2017

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last medicines management inspection dated 3 November 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 appropriate action is taken should the temperature of the medicines refrigerator deviate from the acceptable range.	**Not met**
	Action taken as confirmed during the inspection: During the inspection it was observed that the recorded refrigerator temperatures had deviated significantly from the acceptable range over a prolonged period of time. Staff were unaware of how to reset the refrigerator thermometer. This area of improvement has been 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 acting manager should ensure that transcribed dosage instructions are signed and verified by two members of staff.	**Not met**
	Action taken as confirmed during the inspection: This had not been done at the time of this inspection. Transcribed dosage instructions had not been signed by any staff. This area of improvement has been stated for a second time.	
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	A daily running balance of warfarin tablets should be maintained.	**Met**
	Action taken as confirmed during the inspection: Warfarin was not prescribed for any residents at the time of this inspection. Staff advised that they would obtain further advice and guidance if any resident was prescribed warfarin. Given this assurance, this area for improvement has been assessed as met.	

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. Antibiotics had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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.

Medicine refrigerator were checked at regular intervals, however the temperature recorded significantly deviated from the required range of 2^{o}C to 8^{o}C and it was evident due to the consistent nature of the readings that the thermometer was not being reset. Further advice and guidance was provided during the inspection. The area for improvement identified at the last inspection in relation to the cold storage of medicines 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 the general arrangements for the storage of medicines in the medicines trolley and overstock cupboards.

Areas for improvement

One area for improvement was identified in relation to the cold storage of medicines.

	Regulations	Standards
Total number of areas for improvement	1*	0

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. Two supplies of eye drops were removed from the medicine trolley as they had passed their 28 day expiry date. Staff were reminded to be vigilant regarding expiry dates of medicines that have a short shelf life once opened.

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 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. The area for improvement stated previously has been stated for a second time.

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

Following discussion with 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 had been completed prior to the inspection and was not observed. Staff were knowledgeable about the needs and wishes of residents.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 in detail.

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. 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 staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management.

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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 Ms Alex Molloy, Senior Care Assistant, 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 to Pharmacists@rqia.org.uk 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:** 16 July 2017	The registered manager must ensure that the appropriate action is taken should the temperature of the medicines refrigerator deviate from the acceptable range. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: Following the inspection all staff have been instructed in the process for resetting the medication fridge thermometer. Records show that the fridge temperature has not deviated from the acceptable range since the date of the inspection.
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:** Second time **To be completed by:** 16 July 2017	The registered manager should ensure that transcribed dosage instructions are signed and verified by two members of staff. Ref: 6.2 and. 6.5
	Response by registered person detailing the actions taken: Following the inspection two staff have been signing all transcribed doseage instructions. All obsolete personal medication records have now been cancelled and archived. This can be evidenced in the service.

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