Unannounced Follow Up Medicines Management Inspection Report 30 August 2017

Haypark

Type of service: Residential Care Home
Address: 36 Whitehall Parade, Belfast, BT7 3GX
Tel No: 028 9064 1784
Inspector: Catherine Wilkinson

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 provider 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 30 beds that provides care for residents within the categories of care the home is registered for as described in the table in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Haypark Homes Ltd **Responsible Individual(s):** Mr J McWhirter	**Registered Manager:** Mrs Jennifer McClean
Person in charge at the time of inspection: Mrs Ann McConville (Deputy Manager)	**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 MP(E) - Mental disorder excluding learning disability or dementia – over 65 years	**Number of registered places:** 30

4.0 Inspection summary

An unannounced inspection took place on 30 August 2017 from 10.20 to 11.45.

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 on 15 March 2017 raised some concerns regarding medicines management within Haypark. Three areas for improvement had not been addressed and were stated for a second time following that inspection.

These issues were discussed with the registered manager by telephone on 16 March 2017. RQIA decided to allow a period of time to demonstrate improvement.

This inspection was to assess progress with the issues raised.

The following areas were examined during the inspection:

- Controlled drugs
- Audit and governance systems
- Medicine records
- Staff training and competency assessment

The outcome of this inspection showed that all of these concerns had been satisfactorily addressed. The need to maintain these standards was discussed. No areas for improvement were identified as a result of this inspection.

During the inspection we spoke to three residents. All were happy with the care provided in the home and good relationships with staff were evident.

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 Ann McConville, Deputy 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 medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 March 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 service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents.

During the inspection the inspector met with three patients, one senior carer and the deputy manager.

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
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records

Areas for improvements identified at the last medicines management inspection were reviewed and 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 15 March 2017

The most recent inspection of the home was an unannounced medicines management inspection.

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

6.2 Review of areas for improvement from the last medicines management inspection dated 15 March 2017

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 an appropriate care plan is in place for each resident that is prescribed thickened fluids, the thickener must be recorded on the personal medication record and the administration must be recorded.	**Met**
	Action taken as confirmed during the inspection: At the last inspection there were no residents that required thickened fluids so this area for improvement had been carried forward. At this inspection, there were still no residents requiring thickened fluids however staff were knowledgeable regarding this issue. Given this assurance this area for improvement is assessed as met.	

Area for improvement 2 **Ref**: Regulation 13(4) **Stated:** Second time	The management of controlled drugs must be reviewed and revised to ensure that: • The controlled drugs record book is fully and accurately completed • Controlled drugs are safely and securely stored in the controlled drugs cupboard • Reconciliation checks are completed at each shift change	**Met**
	Action taken as confirmed during the inspection: Examination of the controlled drugs showed that the controlled drugs record book had been fully and accurately completed, controlled drugs were safely stored and reconciliation checks are completed at each shift change.	
Area for improvement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must investigate the administration of controlled drugs patches to the specified resident to ensure that they were administered as prescribed. The outcome of this investigation must be sent to RQIA with the completed QIP.	**Met**
	Action taken as confirmed during the inspection: This investigation was received by RQIA.	
Area for improvement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider should review the auditing and governance arrangements within the home to ensure a robust auditing process is implemented which highlights any shortfalls in the management of medicines.	**Met**
	Action taken as confirmed during the inspection: The outcome of this inspection indicated that the auditing arrangements had been reviewed. A sample of medicine audits was provided for 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:** Second time	The registered manager should ensure that there are Standard Operating Procedures for the management of controlled drugs and that staff are adhering to these procedures.	**Met**
	Action taken as confirmed during the inspection: There were Standard Operating Procedures for the management of controlled drugs. The outcome of this inspection showed that staff were adhering to these procedures.	
Area for improvement 2 **Ref**: Standard 31 **Stated:** Second time	The registered manager should review the management of anxiolytic medicines for the management of distressed reactions to ensure that all appropriate records are maintained.	**Met**
	Action taken as confirmed during the inspection: The management of anxiolytic medicines had been reviewed. A small number of residents had been prescribed these medicines on a "when required" basis. Each resident had an additional monitoring sheet in place which recorded the running stock balance, the reason for administering the medicine and the outcome of administration. None of these medicines had been administered in recent months. The care plans in place did not have these medicines documented and it was agreed with the deputy manager that this would be rectified immediately after the inspection. Given this assurance this area for improvement is assessed as met.	
Area for improvement 3 **Ref**: Standard 30 **Stated:** First time	The registered provider should ensure that further training in the management of controlled drugs is provided for staff.	**Met**
	Action taken as confirmed during the inspection: Further training in the management of medicines which included the management of controlled drugs had been provided for staff in April and July 2017. The deputy manager advised that all staff that administer medicines had attended the training.	

Area for improvement 4 **Ref**: Standard 30 **Stated:** First time	The registered provider should ensure that a record of all training and competency assessment of staff is retained.	**Met**
	Action taken as confirmed during the inspection: Records of training and competency were provided for inspection.	
Area for improvement 5 **Ref**: Standard 30 **Stated:** First time	The registered provider should review and revise the management of warfarin.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin had been reviewed. A running stock balance is maintained and the current dosage regimen is held in file.	
Area for improvement 6 **Ref**: Standard 30 **Stated:** First time	The registered provider should ensure that the QIP is regularly reviewed as part of the quality improvement process.	**Met**
	Action taken as confirmed during the inspection: The outcome of this inspection indicated that the QIP had been reviewed to ensure that all areas for improvement had been addressed.	

6.3 Inspection findings

Controlled drugs

Improvement was noted in the management of controlled drugs. Standard Operating Procedures had been drafted and implemented. The controlled drugs key was safely held by a designated staff member. The controlled drugs record book had been fully and accurately completed. Controlled drugs were reconciled at each shift change.

Audit and Governance Systems

The improvement seen in this inspection indicated that the audit and governance systems within the home had been reviewed. All areas for improvement identified at the last inspection had been addressed satisfactorily. A sample of medicine audits was provided for inspection. These evidence that medicines had been administered as prescribed.

Medicine Records

Medicine records in relation of anxiolytic medicines and warfarin had been reviewed and revised. A new recording sheet has been implemented for those anxiolytics that were prescribed on a "when required" basis. This documents the date and time of administration and the reason and outcome of administration. These medicines are very rarely used within the home. It was agreed with the deputy manager that the use of these medicines would be outlined in the relevant residents' care plans.

The management of warfarin had been reviewed and revised. A separate sheet for recording the administration and a running stock balance had been implemented. The current dosage regimen was held on file for easy reference.

Staff Training and Competency Assessment

All staff involved in the management and administration of medicines had attended the training that was provided in April and July 2017. All staff had also completed a competency assessment with regards to medicines management. Samples of the training and competency assessments were provided for inspection.

Areas of good practice

Areas of good practice were identified throughout the inspection in relation of the management of medicines, medicine records 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

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.

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.

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