

Unannounced Medicines Management Inspection Report 12 December 2016



Hollybank Manor

Type of service: Residential Care Home
Address: 186a Bangor Road, Newtownards, BT23 7PH
Tel No: 02891823573
Inspector: Paul Nixon

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hollybank Manor took place on 12 December 2016 from 09:45 to 12:05.

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. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas of 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. One area of improvement was identified in relation to record keeping and a requirement was made.

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. Residents consulted with confirmed that they were satisfied with the care received. There were no areas of 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 of 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	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Caron Jordan, Acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Ashdon Care Ltd James Edward Russel Cole	Registered manager: See below
Person in charge of the home at the time of inspection: Ms Caron Jordan	Date manager registered: Ms Caron Jordan Acting- No Application required
Categories of care: RC-MP, RC-DE	Number of registered places: 9

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.

During the inspection the inspector met with three residents, the acting manager and one care assistant.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Twelve questionnaires were issued to residents' representatives and staff with a request that they were returned within one week from the date of this inspection.

The following records were 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 June 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 23 January 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: Second time	Medicines requiring cold storage must be kept securely and the temperature range of the refrigerator in which they are stored must be monitored and recorded daily.	Met
	Action taken as confirmed during the inspection: The medicine refrigerator was locked and the temperature range was monitored and recorded on a daily basis.	
Requirement 2 Ref: Regulation 13(4) Stated: Second time	The registered person must ensure that the times of administration of bisphosphonates are accurately recorded on the medication administration record sheets.	Met
	Action taken as confirmed during the inspection: The times of administration of bisphosphonates were accurately recorded on the medication administration record sheets.	

<p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that, on each occasion a controlled drug is transferred out of the home, the stock balance is adjusted appropriately</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There were no controlled drugs subject to safe custody requirements; however, from discussion with staff, it was concluded that whenever a controlled drug was transferred out of the home, the stock balance was adjusted appropriately.</p>	<p>Met</p>
<p>Last medicines management inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person should review the procedure for the supply of medicines to ensure that prescriptions are received initially by the home for checking before being sent to the pharmacy</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The procedure for the supply of medicines had been reviewed to ensure that prescriptions were received initially by the home for checking before being sent to the pharmacy.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person should ensure that there are Standard Operating Procedures detailing the arrangements for the management of controlled drugs in Hollybank Manor.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There were Standard Operating Procedures detailing the arrangements for the management of controlled drugs in Hollybank Manor.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be Completed by: 22 September 2016</p>	<p>The registered person should develop a policy which clearly defines what time frame each meal time refers to with respect to the administration of medicines.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A policy had been developed which clearly defined what time frame each meal time refers to with respect to the administration of medicines.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 31 Stated: First time	The registered person should ensure that the loose leaf pages of the disposal of medicines record are sequentially numbered.	Met
	Action taken as confirmed during the inspection: The loose leaf pages of the disposal of medicines record were sequentially numbered.	
Recommendation 5 Ref: Standard 32 Stated: First time	The registered person should ensure that the temperature of the medicine storage room is recorded each day.	Met
	Action taken as confirmed during the inspection: The temperature of the medicine storage room had been recorded each day.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of medicines 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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration records were updated by two members of staff. This safe practice was acknowledged.

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.

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 refrigerators and oxygen equipment were checked at regular intervals.

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. 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 and monthly medicines were due.

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. 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 administration was recorded; however, the effect of administration was not consistently recorded. The acting manager gave an assurance that this matter would be addressed. A care plan was maintained.

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 advised that most of the residents could verbalise any pain, and a pain tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

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 mostly well maintained and facilitated the audit process. However, two patients' personal medication records were inaccurate; a requirement was made relating to the accurate maintenance of these records.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for solid dosage boxed medicines.

Following discussion with the acting manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to the residents' healthcare needs.

Areas for improvement

Personal medication records must be accurately maintained. A requirement was made.

Number of requirements	1	Number of recommendations	0
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4.5 Is care compassionate?

No medicines were administered to residents during the duration of the inspection.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents spoken to advised that they were satisfied with the care they received.

As part of the inspection process, we issued questionnaires to staff and residents' representatives. No questionnaires were returned within the specified timeframe.

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 them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

Following discussion with staff, it was evident that they 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.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Caron Jordan, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13(4)

Stated: First time

To be completed by:
11 January 2017

The registered provider must ensure that personal medication records are accurately maintained.

Response by registered provider detailing the actions taken:

I as the registered provider for Hollybank Manor have ensured that the requirement made on personal medication records has now been addressed. The manager Ms C Jordan has updated all of the resident's personal medication records. They are typed, clear in definition, accurate and legible. There is now evidence of consistency in the record keeping of "when needed" medication and the effect of same. The manager has also displayed a notice in the Medication Administration Record file dated 12.12.16 to remind Senior medication trained staff to ensure this measure continues to be maintained. The manager has displayed a satisfactory notice, which is situated at the front entrance to advertise questionnaires to staff and residents representatives regarding resident's medicines management.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address



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