

Unannounced Medicines Management Inspection Report 19 September 2016



Kensington

Type of service: Residential Care Home
Address: 2 Groomsport Road, Bangor, BT20 5LN
Tel no: 028 9145 9047
Inspector: Helen Daly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Kensington took place on 19 September 2016 from 10.10 to 12.30.

The findings of the last medicines management inspection on 16 June 2016 indicated that improvements were necessary in several areas of the management of medicines. A serious concerns meeting took place on 22 June 2016 with the registered person and registered manager. At that meeting the concerns raised by the inspection findings were discussed. A full account of the actions taken to ensure that robust systems for the management of medicines were in place was provided by the registered person.

Following the meeting RQIA decided to give the management of the home a period of time to address the concerns and drive the necessary improvements.

The inspection sought to assess progress with the concerns raised during the last medicines management inspection and to determine if the home was now 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. The areas identified for improvement at the last inspection: the standard of maintenance of the personal medication records and medication administration records; the management of dosage changes; the management of controlled drugs and the management of warfarin had been addressed in a satisfactory manner. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations were made.

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. The area identified for improvement at the last inspection was the management of thickening agents and this had been addressed in a satisfactory manner. No requirements or recommendations were 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. No requirements or recommendations were made.

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. Staff had received training and been deemed competent in the management of medicines. The registered manager had delegated medicine related tasks to the senior care assistants to ensure that medicines were managed appropriately when she was not available in the home. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. Robust auditing systems were in place. No requirements or recommendations were made.

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 Mrs Pauline Waring, Senior Care Assistant, as part of the inspection process. The details were also discussed with Ms Joanne Glendinning, Registered Manager, via a telephone call on 20 September 2016. The findings of the inspection can be found in Section 4.2.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent announced premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 31 August 2016.

2.0 Service details

Registered organisation/registered person: Kensington/Mr Sathrouhun Bogun	Registered manager: Ms Joanne Glendinning
Person in charge of the home at the time of inspection: Mrs Pauline Waring (Senior Care Assistant)	Date manager registered: 28 May 2010
Categories of care: RC-MP(E), RC-I	Number of registered places: 7

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the incidents register; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

We met with one resident and a senior care assistant.

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

A sample of the following records was examined during the inspection:

- medicines received
- personal medication records
- medicine administration records
- 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 31 August 2016

The most recent inspection of the home was an announced premises inspection. The QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 16 June 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: Third time	The standard of maintenance of the personal medication records and medication administration records must be included in the home's audit process.	Met
	Action taken as confirmed during the inspection: These records were audited each week by either the senior care staff or the registered manager. Records of the audits and any necessary improvements were maintained. Two senior care staff were completing the audit when we arrived in the home.	

<p>Requirement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that all aspects of medicines management, including out of stocks, are managed safely when the registered manager is absent from the home.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The senior care assistant confirmed that more tasks had been delegated and that although the registered manager was still responsible for carrying out the monthly orders trained staff were now accountable for ensuring that stock was available and carrying out the weekly audits.</p> <p>Competency assessments had been completed with staff to ensure that all aspects of medicines management would be managed safely when the registered manager was absent from the home.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that safe systems are in place for the management of dosage changes.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A communication book was in place. Staff recorded all correspondence regarding medication changes.</p> <p>Updates on the personal medication records and medication administration records were verified and signed by two senior care assistants.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that the management of thickening agents is reviewed and revised to ensure that complete records of prescribing and administration and care plans are in place.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The management of thickening agents had been reviewed and revised.</p> <p>Care plans and speech and language assessments were in place. Records of prescribing and administration had been maintained.</p>		

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered provider should ensure that controlled drugs are accurately recorded into the controlled drug book and stored in the controlled drug cupboard immediately upon receipt	Met
	Action taken as confirmed during the inspection: A review of the controlled drug record book and discussion with the senior care assistant indicated that this practice had been observed.	
Recommendation 2 Ref: Standard 30 Stated: First time	The registered provider should ensure that the management of warfarin is reviewed and revised. Obsolete dosage directions should be cancelled and archived. Any transcribing should be verified and signed by two members of staff.	Met
	Action taken as confirmed during the inspection: The management of warfarin had been reviewed and revised. The personal medication record referred staff to a separate recording system. The current dosage directions and records of administration were in place. Staff referred to the original dosage directions at each administration and running stock balances were maintained. Obsolete dosage directions had been cancelled and archived.	
Recommendation 3 Ref: Standard 30 Stated: First time	The registered provider should ensure that the Quality Improvement Plans is regularly reviewed as part of the quality improvement process and form part of the auditing process.	Met
	Action taken as confirmed during the inspection: Staff on duty were familiar with the Quality Improvement Plan. The registered manager confirmed that she regularly refers to the Quality Improvement Plan when completing her audits.	

Recommendation 4 Ref: Standard 30 Stated: First time	The registered provider should ensure that Standard Operating Procedures for the management of controlled drugs are in place.	Met
	Action taken as confirmed during the inspection: The home's policies and procedures had been updated. Standard Operating Procedures for the management of controlled drugs were in place.	

4.3 Inspection findings

See Sections 1.0 and 4.2.

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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