



Unannounced Medicines Management Inspection Report 22 October 2018



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

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 seven beds that provides care for residents with a range of care needs as detailed in Section 3.0.

3.0 Service details

Registered Provider: Mr Sathrouhun Bogun	Registered Manager: Mrs Joanne Glendinning
Person in charge at the time of inspection: Ms Emma Mitchell	Date manager registered: 28 May 2010
Categories of care: Residential Care (RC): I – old age not falling within any other category MP(E) - mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 7 RC-MP (E) for one identified person only

4.0 Inspection summary

An unannounced inspection took place on 22 October 2018 from 10.30 to 12.30.

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 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 were identified in relation to the management of medicines.

We spoke with one resident who was complimentary regarding the care and staff in the home.

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 Ms Emma Mitchell, Senior Carer, 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

No further actions were required to be taken following the most recent inspection on 25 September 2018. 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; 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 we met with one resident and the senior carer.

We provided the senior carer 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 senior carer 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
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

The findings of the inspection were provided to the senior carer at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 September 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection

There were no areas for improvement identified as a result of the last medicines management 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. The registered manager advised (via telephone call, 8 November 2018) that update training and competency assessment was completed twice each year or more frequently if a need was identified.

In relation to safeguarding, the senior carer advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided and further update training was planned in November 2018.

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 and hand-written entries on the medication administration records were verified and signed by two trained staff. 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 high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

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. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Satisfactory recordings were observed for medicine storage temperatures.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission, the management of controlled drugs and the storage of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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. There were arrangements in place to alert staff of when doses of weekly and three monthly medicines were due.

The management of pain and dysphagia was examined. Care plans and records of prescribing and administration were in place.

Medicine records were well maintained and facilitated the audit process. The senior carer advised that the personal medication records were due to be re-written.

Practices for the management of medicines were audited weekly by two members of the care team. The registered manager also completed a monthly audit. Records were available for inspection.

Following discussion with the senior carer, it was evident that when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good 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.

The medicine round had been completed before we arrived in the home. It was clear from discussion with the senior carer that she was knowledgeable about each resident’s medicines and was familiar with how each resident liked to take their medicines.

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.

Residents were observed to be relaxed and comfortable.

We spoke with one resident who was complimentary regarding the care provided and staff in the home. Comments included:

“I don’t think that I could be any happier. Everyone is great. The food is great. If I am out they keep some over for me.”

As part of the inspection process, we issued 10 questionnaires to residents and their representatives, none were returned within the specified time frame.

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 respond promptly to their requests.

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 the 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 within Kensington.

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

The senior carer advised of the arrangements in place for the management of medicine related incidents and was aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. The senior carer advised of the auditing processes completed by both staff and management. Areas identified for improvement were discussed with staff for immediate implementation.

Following discussion with the senior carer, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. She advised that any concerns in relation to medicines management were raised with the registered manager and that any resultant action was communicated with all staff without delay.

The senior carer spoke positively about her work and advised there were good working relationships in the home with staff and the registered manager. She stated that she felt well supported in her work.

No online questionnaires were completed by staff with the specified time frame (two weeks).

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

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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