

Unannounced Medicines Management Inspection Report 6 April 2017



Limetree

Type of service: Residential Care Home
Address: 133 Comber Road, Dundonald, BT16 2BT
Tel No: 028 9048 0252
Inspector: Helen Daly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Limetree took place on 6 April 2017 from 10.10 to 13.20.

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. There were no areas for 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. There were no areas for improvement identified.

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 administered their medicines appropriately. There were no areas for 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 for 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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Myran Fulton, Assistant 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.

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 on 24 January 2017.

2.0 Service details

Registered organisation/registered person: Limetree Mrs Gertrude Alexandra Priscilla Nixon	Registered manager: Mrs Gertrude Alexandra Priscilla Nixon
Person in charge of the home at the time of inspection: Mrs Myran Fulton, Assistant Manager	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-PH, RC-DE	Number of registered places: 44

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.

We met with several residents, two care assistants, one senior carer and the assistant manager.

Fifteen questionnaires were issued to residents, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 January 2017

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations made and hence a QIP was not issued.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 25 July 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: First time	<p>The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded.</p> <p>Action taken as confirmed during the inspection: Satisfactory refrigerator temperature recordings were observed. Records to indicate that the thermometer was reset each day were maintained.</p>	Met
Requirement 2 Ref: Regulation 13 (4) Stated: First time	<p>The registered manager must review and revise the management of thickening agents as detailed in the report.</p> <p>Action taken as confirmed during the inspection: The assistant manager provided assurances that the areas identified for improvement at the last medicines management inspection had been addressed. Thickening agents were not prescribed for any residents at present.</p>	Met
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	<p>The date and time of opening should be recorded on all medicine containers in order to facilitate audit and disposal at expiry.</p> <p>Action taken as confirmed during the inspection: The date and time of opening was recorded on medicine containers in order to facilitate audit and disposal at expiry.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The management of warfarin should be reviewed and revised to ensure that:</p> <ul style="list-style-type: none"> dosage directions are received in writing from the prescriber staff are able to refer to the original dosage directions at each administration 	Met
<p>Action taken as confirmed during the inspection:</p> <p>The management of warfarin had been reviewed and revised. Dosage directions were received in writing from the prescriber. The current directions were available on the medicines file to enable staff to refer to the original dosage directions at each administration.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The temperature of the treatment room should be monitored and recorded each day; it should be maintained at or below 25°C.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The temperature of the treatment room was monitored and recorded each day; the temperatures were below 25°C.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered manager should review the recording systems in place for all residents who are prescribed “when required” antipsychotics, anxiolytics and analgesics as detailed in the report.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The recording systems had been updated. Care plans were in place. The reason for and outcome of administration of “when required” analgesics were being recorded. “When required” antipsychotics and anxiolytics were prescribed for a small number of residents but had not been used in recent months.</p>		

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The most recent training had been provided by the community pharmacist in November 2016. The impact of training was monitored through ongoing supervision. Competency assessments were completed in January 2017. There was annual appraisal.

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 safe systems in place for obtaining and storing prescriptions until they were dispensed.

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

There was evidence that newly prescribed medicines and antibiotics were obtained without delay.

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.

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. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

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. The medicine refrigerator was checked daily.

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 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. Care plans were in place. These medicines had not been required recently.

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 well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included verbal communication instruction forms and additional forms for recording the administration of transdermal patches.

Practices for the management of medicines were audited throughout the month by the assistant manager. This included stock balances for medicines which are not contained within the monitored dosage system.

Following discussion with the assistant manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

We spoke with one resident who advised that they wanted staff to manage their medicines. They were complimentary of staff using the following phrases:

“Staff are unbelievable, they spoil you.”

“Nothing is too much bother.”

“Couldn’t fault them, you have to be a certain type of person to be so kind.”

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process 15 questionnaires were issued to residents, relatives/ representatives and staff, with a request that they were returned within one week from the date of the inspection. Four residents and four members of staff completed and returned the questionnaires. The responses were positive and these were recorded as “very satisfied” with regard to the management of medicines in the home.

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 available in the treatment room. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

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. The assistant manager confirmed that staff had received training on adult safeguarding and were aware that medication incidents may need to be reported to the adult safeguarding lead.

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 the assistant manager and care staff, it was evident that staff 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. They advised that any resultant action was communicated with staff either individually or via team meetings.

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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