

# Unannounced Medicines Management Inspection Report 15 December 2016



## 80 Upper Movilla Street

Type of service: Residential Care Home  
Address: 80 Upper Movilla Street, Newtownards, BT23 8JP  
Tel No: 02891 818463  
Inspector: Paul Nixon

## 1.0 Summary

An unannounced inspection of 80 Upper Movilla Street took place on 15 December 2016 from 09:30 to 11:15.

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 patients. 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. There were no areas of improvement identified.

### Is care compassionate?

The management of medicines supported the delivery of compassionate care. Residents consulted with confirmed that they were administered their medicines appropriately. 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Gemma Megarry, Support Worker, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 2 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Praxis Care Group / Challenge Mr Andrew James Mayhew	<b>Registered manager:</b> See box below
<b>Person in charge of the home at the time of inspection:</b> Ms Gemma Megarry (Support Worker)	<b>Date manager registered:</b> Ms Joanne Black – application not yet submitted
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 3

## 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 one member of care staff.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicines storage temperatures
- medicine audits
- policies and procedures
- care plans
- training records

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 02 August 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned to RQIA on 6 September 2016 and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 24 November 2014

Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person should ensure that the resident's care plan includes details of the circumstances under which any medicine prescribed to be administered on a 'when required' basis for the management of distressed reactions is to be given.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The one resident who had medication prescribed to be administered on a 'when required' basis for the management of distressed reactions had a care plan in place which clearly detailed the circumstances under which the medicine was to be administered.	

### 4.3 Is care safe?

Medicines were managed by staff who have 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 were signed by the general medical practitioner.

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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. The medicine storage area was 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

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. A care plan was maintained. This type of medication was rarely used.

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 the residents could verbalise any pain.

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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines not contained in the monitored dosage system blister packs.

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

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

Diabetes and epilepsy care plans were in place.

It was not possible to ascertain the views and opinions of residents during the inspection because they were at their places of work. However, questionnaires were completed by two residents. The responses in the questionnaires indicated that they were “very satisfied” with the management of medicines.

Two members of staff also completed a questionnaire. The responses were positive and raised no concerns about the management of medicines in the home.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 the member of care 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. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the audit records indicated that 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 member of care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The recommendation made at the last medicines management inspection had been addressed.

The member of care 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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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