

Unannounced Medicines Management Inspection Report 19 May 2017



Orchard Grove

Type of service: Residential Care Home
Address: 7 The Square, Clough, BT30 8RB
Tel No: 028 4481 1672
Inspector: Cathy Wilkinson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Orchard Grove took place on 19 May 2017 from 09.55 to 12.10.

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 for improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients 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 raised no concerns regarding their care. 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 share 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 Ms Deirdre Burns, Registered 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 March 2017

2.0 Service details

Registered organisation/registered person: Orchard Grove Mr Craig Cecil Emerson Mr Ian George Emerson	Registered manager: Ms Deirdre Burns
Person in charge of the home at the time of inspection: Ms Deirdre Burns	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E), RC-MP, RC-MP(E)	Number of registered places: 19

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home

It was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with two residents and the registered manager.

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.

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

A sample of the following records was examined:

- 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 9 March 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned 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 10 July 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	The registered manager must ensure that the appropriate action is taken should the refrigerator temperatures deviate from the acceptable range. Action taken as confirmed during the inspection: The refrigerator temperatures are monitored and recorded daily. The temperature is generally within the required range however it occasionally falls slightly below 2°C. This is closely monitored by the registered manager and appropriate action is taken.	Met
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs Action taken as confirmed during the inspection: A policy and procedure is available and covers all aspects of the management of controlled drugs.	Met

<p>Recommendation 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered manager should monitor the completion of the medicine administration records as part of the routine audit process.</p> <hr/> <p>Action taken as confirmed during the inspection: The medicine administration records had been fully and accurately completed and were monitored through the audit process.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered manager should ensure that controlled drugs are reconciled at each transfer of responsibility.</p> <hr/> <p>Action taken as confirmed during the inspection: There have been no controlled drugs in the home since September 2016, however the registered manager advised that reconciliation checks were completed at each transfer of responsibility.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained</p> <hr/> <p>Action taken as confirmed during the inspection: There were no medicines prescribed for the management of distressed reactions at the time of this inspection. Following discussion with the registered manager it was evident that she was aware of the records that should be completed. This recommendation has been assessed as met.</p>	<p>Met</p>

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management and diabetes 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. Appropriate arrangements were in place for the storage of prescriptions.

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 were procedures in place to ensure the safe management of medicines during a resident's admission to 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. The controlled drugs book was examined during this inspection, however there have been no controlled drugs in the home since September 2016.

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

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 medicines were due.

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. The registered manager was advised that medicines supplied in weekly compliance aids must be individually receipted into the home.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager, it was evident that when applicable, other healthcare professionals are contacted to meet the needs of residents.

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 has been completed before the commencement of this inspection and was therefore not observed.

Appropriate arrangements were in place to support residents to self-administer insulin.

We spoke to two residents about their care and no issues were raised. One resident said that they were looking forward to the disco that was to be held in the home later that evening.

As part of the inspection process, we issued questionnaires to residents, residents' representatives and staff. Three residents one resident's representative completed and returned questionnaires within the specified timeframe. The responses were recorded as 'satisfied' or 'very satisfied' with the management of medicines in the home.

One member 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.

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 and they had been reviewed in March 2017. It was evident that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. There had been no incidents since the last medicines management inspection.

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 registered manager, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The registered manager confirmed that any concerns in relation to medicines management were raised with her.

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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