



The Regulation and  
Quality Improvement  
Authority

# Unannounced Medicines Management Inspection Report 17 April 2018



## Palmerston

**Type of service: Residential Care Home**  
**Address: 9-17 Palmerston Road, Belfast, BT4 1QA**  
**Tel No: 028 9065 6166**  
**Inspector: Rachel Lloyd**

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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 39 beds that provides care for residents with a variety of care needs as detailed in section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Abbeyfield and Wesley Housing Association Limited  <b>Responsible Individual:</b> Mrs Geraldine Gilpin	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Ms June Onyekwelu	<b>Date manager registered:</b> Ms June Onyekwelu - application received - registration pending
<b>Categories of care:</b> Residential Care (RC): I – Old age not falling within any other category DE – Dementia PH(E) - Physical disability other than sensory impairment – over 65 years SI – Sensory impairment	<b>Number of registered places:</b> 39 including:  RC-DE – maximum of 26 residents RC-SI – maximum of 2 residents

### 4.0 Inspection summary

An unannounced inspection took place on 17 April 2018 from 10.20 to 14.20.

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, most of the medicine records, medicine storage and the management of controlled drugs.

Areas for improvement were identified in relation to verifying additions to personal medication records and medication administration records and reviewing procedures to ensure that when a medicine is discontinued it is removed from stock.

There was a warm and welcoming atmosphere in the home. Residents were relaxed and good relationships with staff were evident.

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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms June Onyekwelu, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 7 September 2017. 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 and returned QIPs
- recent correspondence with the home
- the management of incidents.

During the inspection the inspector met with three residents, one relative, one senior care assistant, the deputy manager and the manager.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 September 2017

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 dated 31 May 2016

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. 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, discussion and annual appraisal. Competency assessments were completed annually. Training in medicines management and the new monitored dosage system was provided in June and July 2017. Training in the management of diabetes and blood glucose monitoring was provided in December 2017. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home.

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. All medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

The arrangements in place to manage changes to prescribed medicines were examined. Additions to personal medication records and medication administration records were not always verified and signed by two members of staff. This is necessary to ensure accuracy in transcription and the manager advised that this is the expected practice in the home. Additionally, one medicine that had recently been discontinued remained in the monitored dosage system. Although it was acknowledged that staff had put measures into place to advise that this medicine should not be administered, procedures should be reviewed to

ensure that when a medicine is discontinued it is removed from stock. Two areas for improvement were identified.

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.

Appropriate arrangements were in place for administering medicines in disguised form.

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. The temperatures of the medicine refrigerator and medicines storage areas were checked at regular intervals. There were occasions when the refrigerator temperature was above the accepted range of 2-8°C, however, it was concluded that the thermometer was not reset on a daily basis and it was agreed that this would take place.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, the management of medicines on admission, the management of controlled drugs and most of the storage arrangements for medicines.

**Areas for improvement**

Additions to personal medication records and medication administration records should be verified and signed by two members of staff on every occasion.

Procedures should be reviewed to ensure that when a medicine is discontinued it is removed from stock.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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 or three monthly 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. The reason for and the outcome of administration were mostly recorded

on a separate record sheet and a care plan was usually in place. The manager agreed to ensure that these records were in place for all residents, where appropriate.

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 any pain was well controlled and the resident was comfortable. Staff advised that most of the residents could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. For residents prescribed a thickening agent, this was recorded on their personal medication record. Care plans and speech and language assessment (SALT) reports were in place. For one resident the personal medication record did not reflect the fluid consistency prescribed. Staff agreed to address this following the inspection to ensure the record reflected the current care plan and SALT report. This was addressed immediately.

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 would be reported to the prescriber.

Medicine records were well maintained and readily facilitated the audit process. Areas of good practice were acknowledged. They included a separate personal medication record for short-term medicines including antibiotics and a separate record for recording the administration and removal of transdermal patches. Balances of medicines not supplied in the monitored dosage system were also usually carried forward at the end of each month. A few minor discrepancies were observed between personal medication records and medication administration records, these were highlighted for attention.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, audits were completed by the community pharmacist. To facilitate audit staff were advised to record the date of opening on all medicines not supplied in the monitored dosage system. The manager advised that this is the expected practice.

Following discussion with the manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the needs of the residents. Examples of this were observed in records throughout the inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection 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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 administration of medicines to residents was not observed during this inspection. Following discussion with staff it was confirmed that residents were given time to take their medicines and medicines were given in accordance with the residents' preferences.

Throughout the inspection, good relationships were observed between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear, from discussion and observation of staff, that they were familiar with the residents' backgrounds and their likes and dislikes. 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.

The residents and relative spoken to advised that they were content with the management of medicines and the care provided in the home. One resident confirmed that any request for analgesia or other medical attention was dealt with promptly. They were complimentary regarding staff and management. Comments made included:

"I'm very happy here, the girls are great and they look after and give me all of my medicines."  
"My Mum has settled well and staff respond well to any issues."

The relative had a query regarding the appointment of a new activity therapist, it was confirmed with the manager that this was imminent.

Ten questionnaires were left in the home to facilitate feedback from residents and relatives. One was returned within the specified timescale (two weeks). The responses indicated that they were satisfied with all aspects of the care in relation to the management of medicines. However, they did comment on the lack of activities in the home since November 2017, since there has been no activity therapist in the home during this period. They also commented:

"The garden could be used better. The residents don't seem to go out much. Christmas was difficult, but we find most of the staff to be very helpful."

These comments were highlighted to the manager for information and action as required.

Any comments from residents, their representatives or staff received after the issue of this report will be shared with the manager for their information and action as required.

### Areas of good practice

There was evidence that staff listened to residents and relatives and took account of their views.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The inspector discussed 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. The manager advised that arrangements were place to implement the collection of equality data within Palmerston and that this area was currently under review.

Written policies and procedures for the management of medicines were in place, the manager was in the process of reviewing and updating these. Following discussion with staff it was evident that they were familiar with these.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that satisfactory outcomes had been achieved. The manager agreed that the areas highlighted for attention in this report would be monitored within audit procedures.

Following discussion and observation of staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management and stated that there were good working relationships.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

**Areas of good practice**

There were examples of good practice found throughout the inspection 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
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms June Onyekwelu, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with 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).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 May 2018</p>	<p>The registered person shall ensure that all additions to personal medication records and medication administration records are verified and signed by two members of staff.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff have been reminded that all additions to personal medication records should be verified and signed by two members of staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 May 2018</p>	<p>The registered person shall ensure that procedures are reviewed to ensure that when a medicine is discontinued it is removed from stock.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A procedure is now in place with the pharmacy to ensure that when a medication is discontinued it is removed from stock.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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