

Unannounced Medicines Management Inspection Report 5 October 2017



River House

Type of service: Residential Care Home
Address: 131 Central Promenade, Newcastle, BT33 0EU
Tel No: 028 4372 3206
Inspector: Frances Gault

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 29 beds that provides care for residents as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Mrs Linda May Wray	Registered Manager: Mrs Miriam Chambers
Person in charge at the time of inspection: Mrs Miriam Chambers	Date manager registered: 3 March 2014
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places: 29 comprising: 19 – RC-I Maximum of 10 – RC-DE The home is approved to provide care on a day basis to two persons only.

4.0 Inspection summary

An unannounced inspection took place on 5 October 2017 from 09.50 to 12.00.

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, storage and the management of controlled drugs. It was acknowledged that management and staff had maintained the standards in place for the management of medicines since the previous inspection in August 2015.

No areas requiring improvement were identified.

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. It was clear from discussion and observation of staff, that the staff were familiar with the residents' likes and dislikes.

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 Mrs Miriam Chambers, 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.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent care inspection on 3 May 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 medicine related incidents reported since the last medicines management inspection

During the inspection the inspector met with the registered manager and a senior care assistant.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

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
- 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 3 May 2017

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

6.2 Review of areas for improvement from the last medicines management inspection dated 24 August 2015

There were no areas for improvement made 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. A care assistant currently working as a senior care assistant advised of the induction and training received in the management of medicines prior to undertaking this aspect of care. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually and were about to commence for the current year. Refresher training in medicines management was provided in February 2017.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

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

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. A poster was on display identifying the safeguarding lead. This is good practice.

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

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged. The community nurses were responsible for the administration of insulin. A care plan was in place for the management of the resident’s diabetes and staff involvement in the care. This had been updated following a change in the resident’s needs.

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 medicine refrigerator and oxygen equipment were checked at regular intervals.

Areas of good practice

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

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. A reminder notice in the office alerted staff of when doses of weekly, monthly or three monthly 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.

The management of swallowing difficulty was examined. Speech and language assessment reports were in place when residents were prescribed a thickening agent. Systems were in place to remind staff which residents were required to have fluids thickened. Administration records were in place. Some omissions were noted on these records. It was agreed that management would monitor the completion of the records to ensure that they had been completed accurately.

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 usually reported to the prescriber. It was noted that one resident continually refused an eye preparation; this was discussed and it was agreed that this would be referred to the prescriber for advice.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included highlights on the medicine administration records for those medicines administered on particular days.

Practices for the management of medicines were audited throughout the month by the staff and management. An action was developed and implemented each month to address any discrepancies.

During the inspection it was evident that staff were in regular contact with general practitioners and other health professionals about the health needs of the residents.

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 administration of medicines to residents was just being completed at the start of this inspection and was not observed. Staff were knowledgeable about the administration of 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. It was clear from discussion and observation of staff, that the staff were familiar with the residents’ likes and dislikes.

The tables in the dining room had been set attractively for lunch. Each table displayed a menu of the choices for the meal.

Of the questionnaires that were issued, one was returned from a member of staff. The response indicated that they were very satisfied with all aspects of the care in relation to the management of medicines.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

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
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.

Written policies and procedures for the management of medicines were in place. 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 registered manager advised that a review of incidents had highlighted the length of time the medicine round had been taking and the interruptions that had occurred during them. It was noted that the change to using the monitored dosage system currently in use had reduced the risks of incidents occurring. In relation to the regional safeguarding procedures, staff were advised that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

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 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.

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents 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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