

Unannounced Medicines Management Inspection Report 9 March 2017



Scrabo House

Type of service: Residential Care Home
Address: 203 Scrabo Road, Newtownards, BT23 4SJ
Tel No: 02891826384
Inspector: Paul Nixon

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Scrabo House took place on 28 February 2017 from 09:30 to 11:55.

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 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. 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 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
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 Elizabeth Buchanan, Registered Manager and Mr Alexander Buchanan, Registered Person, 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 premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 January 2017.

2.0 Service details

Registered organisation/registered person: Scrabo House Mr Alexander Buchanan	Registered manager: Mrs Elizabeth Buchanan
Person in charge of the home at the time of inspection: Mrs Elizabeth Buchanan	Date manager registered: 1 April 2005
Categories of care: RC-DE, RC-I	Number of registered places: 17

3.0 Methods/processes

Prior to inspection we analysed the following records:

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

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

During the inspection the inspector met with two residents, the registered manager and the registered person.

Twenty-five 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 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.

The following records were 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 January 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 09 December 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13.4 Stated: First time	The registered person must ensure that the medication administration records are accurately maintained.	Met
	Action taken as confirmed during the inspection: The medication administration records had been accurately maintained.	
Requirement 2 Ref: Regulation 13.4 Stated: First time	The registered person must ensure that the controlled drug record book is accurately maintained.	Met
	Action taken as confirmed during the inspection: The controlled drug record book had been accurately maintained.	

Requirement 3 Ref: Regulation 13.4 Stated: First time	The registered person must ensure that all controlled drugs which are subject to safe custody requirements are stored in the controlled drugs cabinet.	Met
	Action taken as confirmed during the inspection: Controlled drugs which are subject to safe custody requirements were stored in the controlled drugs cabinet.	
Requirement 4 Ref: Regulation 13.4 Stated: First time	The registered person must ensure that controlled drug stock reconciliation checks are accurately performed.	Met
	Action taken as confirmed during the inspection: Controlled drug stock reconciliation checks had been accurately performed.	
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The prescriber should be requested to review the dosage instructions for diazepam, prescribed for one resident.	Met
	Action taken as confirmed during the inspection: The prescriber had reviewed the dosage instructions for this medication.	
Recommendation 2 Ref: Standard 30 Stated: First time	The registered person should ensure that labelling enables staff to positively identify each medicine.	Met
	Action taken as confirmed during the inspection: Labelling enabled staff to positively identify each medicine.	

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 supervision and annual appraisal. Competency assessments were completed annually but were not recorded; the registered manager and registered person gave an assurance that this matter would be addressed at the next annual appraisals.

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. With the exception of discontinued medicine entries, the personal medication records were not updated by two members of staff; the registered manager and registered person gave an assurance that this matter would be rectified 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.

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.

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. A care plan was maintained. These medicines had not been used.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. No residents were prescribed regular analgesia. 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.

The registered manager and registered person 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 management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and registered person, it was evident that, when applicable, other healthcare professionals are contacted in response to residents' needs.

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 morning medicines round had been completed before the commencement of the inspection. No medicines were administered to residents during the inspection.

Those residents spoken to advised that they were very satisfied with the care experienced. One resident stated they were, "very content and wouldn't want to be anywhere else." Another resident stated they were, "very happy here."

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, we issued questionnaires to residents, residents' representatives and staff. No questionnaires were returned within the specified timeframe.

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. Following discussion with the registered manager and registered person it was evident that any updates were highlighted to staff.

The registered manager and registered person confirmed there had been no medicine related incidents since the previous medicines management inspection. They confirmed the arrangements for managing any incident that may occur.

A review of the audit records indicated that satisfactory outcomes had been achieved.

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

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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