

Unannounced Medicines Management Inspection Report 26 May 2016



Sunnyside House

25 Riverwood Vale, High Donaghadee Road, Bangor, BT20 4QE
Tel No: 028 9127 0615
Inspector: Paul Nixon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Sunnyside House took place on 26 May 2016 from 09:30 to 12:55.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been made.

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 Anna McCaffrey, Registered Manager, and Mrs Linda Wray, 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 care inspection

There were no further actions required to be taken following the most recent inspection on 26 January 2016.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness / Mrs Linda May Wray	Registered manager: Mrs Anna McCaffrey
Person in charge of the home at the time of inspection: Mrs Anna McCaffrey	Date manager registered: 17 February 2014
Categories of care: RC-DE, RC-I, RC-PH	Number of registered places: 45

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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 four residents, the deputy manager and two care staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

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
- 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 26 January 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 20 November 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	<p>The registered person must review the management of warfarin in order to ensure that robust arrangements are in place.</p> <p>Action taken as confirmed during the inspection: The management of warfarin had been reviewed. International normalised ratio (INR) results were confirmed by the GP practices in writing. The current Regulating Anticoagulant Therapy forms were located in the medicine kardexes. Two staff administers warfarin. Running stock balances were maintained. Audits performed during the inspection indicated that this medicine had been administered in accordance with the prescribed instructions.</p>	Met
Requirement 2 Ref: Regulation 13(4) Stated: First time	<p>Antibiotic courses must be routinely recorded on the personal medication record sheets.</p> <p>Action taken as confirmed during the inspection: Antibiotic courses were appropriately recorded on the personal medication record sheets.</p>	Met
Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	<p>There should be a written procedure detailing the arrangements for the management of warfarin.</p> <p>Action taken as confirmed during the inspection: There was a written procedure detailing the arrangements for the management of warfarin.</p>	Met
Recommendation 2 Ref: Standard 30 Stated: First time	<p>Prescriptions should be received and checked in the home before dispensing.</p> <p>Action taken as confirmed during the inspection: The registered manager and staff confirmed that prescriptions were received and checked in the home before dispensing.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person should ensure that a medicines management competency assessment is performed at least annually on each designated member of staff and should also ensure that this assessment is recorded.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was recorded evidence that staff medicines management competency assessments were performed annually.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>If more than one personal medication record sheet is in use for a resident, this should be highlighted on each sheet.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>In an instance where more than one personal medication record sheet was in use for a resident, this was highlighted on each sheet.</p>		

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place. Refresher training in medicines management was provided annually by a community pharmacist. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed at the end of the member of staff's induction period and annually thereafter.

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 and handwritten entries on medication administration records were updated by two staff members. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during residents' admissions to and discharges from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. 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.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturers' 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 was checked daily.

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 prescribers' instructions. There was evidence that time critical medicines had been administered at the correct times. There were arrangements in place to alert staff of when doses of weekly and 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 parameters for administration were recorded on the personal medication record. A care plan was maintained and it was evaluated on a monthly basis. The medicines were infrequently administered. On the few occasions that a dose was administered, the reason for and outcome of administration were not recorded; the registered manager gave an assurance that this matter would be addressed. 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 sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. A pain management care plan was maintained and it was evaluated on at least a monthly basis. 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 residents' health were reported to the prescriber. This was not currently an issue for any resident.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for transdermal patches and warfarin.

Practices for the management of medicines were audited throughout the month by the management and staff. The dates of opening were routinely recorded on medicine containers in order to facilitate audit activity; this good practice was recognised.

Following discussion with the deputy manager and staff, it was evident that, when applicable, other healthcare professionals were contacted in response to issues or concerns 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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4.5 Is care compassionate?

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

The administration of medicines to several residents was observed during the inspection. Medicines were administered to residents in their room or in the dining room. Staff administering the medicines spoke to the residents in a kind and caring manner and the residents were given time to swallow each medicine. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The residents spoken to advised that they had no concerns regarding the management of their medicines.

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 staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them by management.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

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

Following discussion with the registered manager and 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 for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

Please provide any additional comments or observations you may wish to make below:

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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