Unannounced Medicines Management Inspection Report
6 November 2017

Towell House

Type of service: Residential Care Home
Address: 57 Kings Road, Belfast, BT5 7BS
Tel No: 028 9040 1642
Inspector: Judith Taylor

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 84 beds that provides care for residents living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: The Towell Building Trust **Responsible Individual:** Ms Gillian Sarita Brooker	**Registered Manager:** Mrs Gillian Miller
Person in charge at the time of inspection: Ms Sarah Grieve (Assistant Manager)	**Date manager registered:** 19 January 2015
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	**Number of registered places:** 84 including: - maximum10 residents in category RC-DE

4.0 Inspection summary

An unannounced inspection took place on 6 November 2017 from 10.25 to 16.20.

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 during and 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.

Overall, there was evidence of good practice in relation to medicines management; this included training and competency, administration of most medicines, the standard of record keeping and care planning and the management of controlled drugs.

An area requiring improvement was identified in relation to the administration of medicines.

Residents were very complimentary regarding the management of their medicines and the care provided to them.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Sarah Grieve, Assistant Manager, Ms Bronagh Berry, Care Co-ordinator and Mr Alan Martin, Chairman, Board of Directors, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection which was undertaken on 28 August 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 to RQIA since the last medicines management inspection

During the inspection the inspector met with two residents, three staff, the care co-ordinator, the assistant manager and the chairman of the Board of Directors.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to provide their views by completion of 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
- care plans
- training records
- medicines storage temperatures

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

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 28 August 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.

6.2 Review of areas for improvement from the last medicines management inspection dated 12 February 2015

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the medicine refrigerators are maintained within the required temperature range of 2^{o}C to 8^{o}C and the thermometers are reset daily.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the cold storage of medicines. Medicine refrigerator temperatures were monitored and recorded each day. The records indicated that temperatures were maintained within the accepted range of 2^{o}C to 8^{o}C and action was taken when temperatures deviated from this range. Staff had recorded that the refrigerator thermometer was reset each day.	

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, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in swallowing difficulty, safeguarding, medicines management and diabetes awareness 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. 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 procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home; and for the management of medicine changes.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin.

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 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, the storage of medicines 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.

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, discrepancies were noted in the audit trails performed on inhaled medicines and liquid medicines. An area for improvement was identified; see Section 6.7.

The management of time critical medicines was reviewed. Records indicated that bisphosphonate medicines were administered at the same time as other medicines. These medicines must be administered separate from other medicines as per manufacturers' instructions. Following discussion with staff and management they confirmed that these medicines were administered separately, at least one hour before other medicines. They provided assurances that this would be addressed and all staff reminded to ensure the correct time was recorded.

There were robust systems in place to alert staff of when doses of twice weekly and weekly medicines were due. The dates were clearly marked out on the medication administration records.

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. A care plan was maintained. Staff confirmed that they 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 records indicated that these medicines were rarely required to be administered. A few doses had been administered in recent days; however, the reason for and the outcome of administration were not recorded. Details were provided at the inspection. Management confirmed that staff were aware that this should be recorded and that this was an oversight; they provided assurances that this would be raised with staff.

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 advised that most of the residents could verbalise any pain and they were familiar with how residents would express pain. A care plan was maintained.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

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. They included separate administration records for antibiotics, high risk medicines and transdermal patches; and alerts regarding residents with similar names.

Following discussion with the management and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to residents' healthcare needs.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of most medicines. Staff were knowledgeable regarding the residents 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.

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

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

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 residents we met with spoke positively about their care and the management of their medicines. They were complimentary regarding staff and management. Comments included:

"Staff are good to you, really nice."
"I couldn't complain about anything."
"I have been here a while now and am happy here, I have no concerns."

One comment was made regarding the temperature of the home and with the resident's consent this was shared with management. They advised that they were aware of this issue and provided details of the action already taken and the planned action.

During the inspection, we were provided with a list of the activities planned for each morning and afternoon for the current week. This was considered good practice and following discussion with residents, it was concluded that this printed list enabled the residents to look forward to upcoming activities.

Of the questionnaires that were issued to residents and their representatives, three were returned; the responses indicated that they were very satisfied/satisfied with all aspects of the care provided. One comment regarding the temperature of the home was made and shared with the registered manager. Two staff had completed the online questionnaire, their responses indicated that whilst they were satisfied that the care was safe and compassionate, they stated that they were unsatisfied with regards to whether the care was effective and the service was well led. These comments were shared with the registered manager for her attention and follow up.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date were 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. These were not examined in detail. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

The management of incidents was reviewed. Management advised of the systems in place to identify and report incidents and the procedures taken to ensure that all staff were made aware. The medicine related incidents reported since the last medicines management inspection were discussed in relation to the number reported and the trends identified. Advice was given. It was suggested that a quarterly review of medicines incidents should be incorporated into the governance arrangements for medicines management.

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.

Largely satisfactory arrangements were in place to oversee the management of medicines. Regularly auditing of medicines was completed by staff, management and the community pharmacist. 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. As detailed in Section 6.5, an area for improvement was identified. The auditing process should be further developed to closely monitor inhaled and liquid medicines.

Following discussion with management 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. They advised that management were open and approachable and willing to listen. They also stated that there were good working relationships within the home and with healthcare professionals involved in residents' care.

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

The auditing process should be developed to ensure the administration of inhaled and liquid medicines is monitored.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Mrs Sarah Grieve, Assistant Manager, Ms Bronagh Berry, Care Co-ordinator and Mr Alan Martin, Chairman, Board of Directors, 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 Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 6 December 2017	The registered person shall develop the auditing process to ensure that inhaled and liquid medicines are administered as prescribed. Ref: 6.5 & 6.7
	Response by registered person detailing the actions taken: The auditing process now incorporates weekly auditing of inhaled and liquid medications and this is reported to managers weekly.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care