

# Unannounced Medicines Management Inspection Report 12 June 2017



## Twisel Lodge

**Type of Service: Residential Care Home**  
**Address: 19a Church Avenue, Holywood, BT18 8BJ**  
**Tel No: 028 9042 8458**  
**Inspector: Catherine Glover**

[www.rqia.org.uk](http://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 eight beds that provides care for residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Cedar Foundation <b>Responsible Individual:</b> Ms Eileen Marion Thomson	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Mr Jonathan Lee, Practice Leader	<b>Date manager registered:</b> Miss Kiera Murray - application received - "registration pending".
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 8

### 4.0 Inspection summary

An unannounced inspection took place on 12 June 2017 from 09.45 to 11.05.

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).

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.

Evidence of good practice was found in relation to medicine records, care plans, staff training and auditing arrangements.

One area requiring improvement was identified in relation to monitoring the administration of liquid medicines.

Residents were relaxed and comfortable 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Jonathan Lee, Practice Leader, 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 14 March 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 service was reviewed. This included the following records:

- 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 the practice leader.

A total of 10 questionnaires were provided for distribution to residents' representatives, and staff for completion and return to RQIA.

A sample of the following records was examined:

- |  |                                  |
|--|----------------------------------|
| • medicines requested and received     | • medicine audits                |
| • personal medication records          | • policies and procedures        |
| • medicine administration records      | • care plans                     |
| • medicines disposed of or transferred | • training records               |
| • controlled drug record book          | • medicines storage temperatures |

Areas for improvements 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 14 March 2017

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

## 6.2 Review of areas for improvement from the last medicines management inspection dated 12 November 2014

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The manager must ensure that staff are provided with training on monitoring the refrigerator temperature.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that staff had been trained in monitoring the refrigerator temperature. A list of staff that had been trained was held on the temperature record file.	
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The manager should ensure that all medicines are marked with the date of opening to facilitate audit and disposal once expired.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All of the medicines that were audited during the inspection had been marked with the date of opening.	

## 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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management 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.

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 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.

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

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 and oxygen equipment were checked at regular intervals.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and medicine records.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The majority of medicines examined had been administered in accordance with the prescriber's instructions. A small number of discrepancies were noted in the audits that were completed on liquid medicines. The registered person should closely monitor the administration of these medicines.

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.

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. A care plan was maintained which detailed each individual resident's behaviour when distressed.

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.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included detailed epilepsy management plans for the relevant residents.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines, nutritional supplements and laxatives. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of 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**

The registered person should ensure that liquid medicines are closely monitored.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

#### **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 had been completed at the start of this inspection, therefore it was not possible to observe medicines being administered. Staff were knowledgeable regarding the residents needs and preferences.

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.

Ten questionnaires were left in the home to facilitate feedback from staff and relatives. Four were returned within the time frame from staff who advised that they were very satisfied with all aspects of the care in relation to the management of medicines.



**Areas of good practice**

The care plans in place reflected the needs and preferences of residents.

**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.**

Written policies and procedures for the management of medicines were in place on the medicine file for ease of reference.

There were robust arrangements in place for the management of medicine related incidents. Staff were familiar with identifying and reporting 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 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 practice leader, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The practice leader 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
<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 QIP. Details of the QIP were discussed with Mr Jonathan Lee, Practice Leader, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
<b>Action required to ensure compliance The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 12 July 2017	The registered person shall ensure that liquid medicines are closely monitored.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> Daily auditing tool implemented to closely monitor liquid medication. To be audited daily by Practice Leader on shift and checked by Registered Manager. Syringe's only to be used to measure liquid medications to reduce risk of spillage occurring.

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



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