Unannounced Medicines Management Inspection Report
2 June 2017

York House

Type of service: Residential Care Home
Address: 13 -14 Lansdowne Crescent, Portrush, BT56 8AY
Tel No: 028 7082 3567
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 32 beds that provides care for residents living with old age, dementia, physical disability or mental disability.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness **Responsible Individual:** Mrs Linda May Wray	**Registered Manager:** Mrs Hazel Elizabeth Mary Walker
Person in charge at the time of inspection: Mrs Hazel Elizabeth Mary Walker	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC): I - Old age not falling within any other category DE - Dementia PH(E) - Physical disability other than sensory impairment - over 65 years MP(E) - Mental disorder excluding learning disability of dementia - over 65 years	**Number of registered places:** 32 comprising: 3 - DE. 9 - PH(E) 2 - Day care

4.0 Inspection summary

An unannounced inspection took place on 2 June 2017 from 10.40 to 13.30.

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 the standard or record keeping, medicines storage, governance arrangements and leadership. Staff and management were commended for their continuous efforts in ensuring that medicines management was robust.

There were no areas identified for improvement.

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. As part of the inspection process, findings of the inspection were discussed with Mrs Hazel Walker, Registered Manager, Mrs Linda Wray, Responsible Individual, and the senior care staff on duty. Details 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 inspection on 11 April 2017.

Enforcement action did not result from the findings of the 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 incidents – it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with two senior care staff, two care staff, the responsible individual and the registered manager.

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

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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

Areas for improvements identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially 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 11 April 2017

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

6.2 Review of areas for improvement from the last medicines management inspection dated 9 November 2015

Areas for improvement from the last medicines management inspection		
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**
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time	A care plan should be developed for any resident prescribed medicines on a "when required" basis for the management of distressed reactions.	**Met**
	Action taken as confirmed during the inspection: A care plan was in place for residents prescribed medicines to manage distressed reactions.	
Area for improvement 2 **Ref:** Standard 6 **Stated:** First time	A care plan should be developed for any resident prescribed medicines for the management of pain.	**Met**
	Action taken as confirmed during the inspection: A care plan was in place for residents prescribed medicines to control pain.	

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 medicines management was provided on an annual basis. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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. 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 robust arrangements in place to manage changes to prescribed medicines.

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. The medicine refrigerator was checked on a daily basis. As part of the weekly procedures in the home, inhaler spacer devices were washed and medicine trolleys checked for stock and cleanliness. This practice was acknowledged.

Areas of good practice

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

The continuous efforts by staff and management to ensure positive outcomes for residents were acknowledged.

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. There were arrangements in place to alert staff of when doses of weekly or 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 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. Staff advised that the residents could verbalise any pain. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

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. The good standard of record keeping was acknowledged. This included the use of additional records for analgesics, recording of variable doses and when medicine containers were opened and replaced. Whilst personal medication records were written and then verified by two staff, staff were reminded that two staff should also verify any updates to existing personal medication records. The registered manager advised that this would be implemented from the day of the inspection onwards.

Following discussion with the registered manager and staff, it was evident that when applicable, other health care professionals were contacted in response to the residents' needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping of medicine records, care planning and 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 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 the residents were relaxed and comfortable in their surroundings. There was evidence of good relationships between the staff , the residents and the residents families. Staff were noted to be friendly and courteous, and happy in their work; they treated the residents with dignity.

Following discussion with the registered manager and staff, it was clear that they were familiar with the residents' needs, their likes and dislikes.

Fifteen questionnaires were left in the home to facilitate feedback from residents, staff and relatives. Five were returned from staff, three from relatives and one from a resident; all responses stated that they were very satisfied with all aspects of the care in relation to the management of medicines.

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. 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.

There was evidence that a robust auditing system was in place for medicines management. The registered manager completed audits on a regular basis and included a variety of medicines and formulations. In addition the community pharmacist also visited the home to review medicines management.

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.

The staff confirmed that any concerns were raised with management. They spoke positively about their work and the good working relationships between the staff and other health care professionals. They expressed the high level of support and leadership provided by the registered manager.

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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