

Unannounced Medicines Management Inspection Report 28 June 2018



SENSE

Type of service: Residential Care Home
Address: 41 Edenvale Avenue, Eden,
Carrickfergus, BT38 7NP
Tel No: 028 9336 2792
Inspector: Judith Taylor

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 10 beds that provides care for residents with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: SENSE Responsible Individual: Mrs Collette Gray	Registered Manager: See box below
Person in charge at the time of inspection: Ms Beth Finlay (Acting Team Leader)	Date manager registered: Ms Kathryn Robinson (Acting Manager)
Categories of care: Residential Care (RC) SI – Sensory impairment	Number of registered places: 10 to include people with physical disabilities and/or learning disabilities

4.0 Inspection summary

An unannounced inspection took place on 28 June 2018 from 10.25 to 13.50.

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.

Evidence of good practice was found in relation to training, medicines administration, the completion of most medicine records and medicines storage.

An area for improvement was identified in relation to thickening agents.

Residents were noted to be content in the surroundings and in their interactions with staff.

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 Ms Beth Finlay, Person in Charge and with Ms Kathryn Robinson, Manager, 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 inspection undertaken on 31 May 2018. 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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection the inspector met with one resident one member of staff and the person in charge.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of
- training records
- medicine audits
- policies and procedures
- care plans
- medicines storage temperatures

We provided the person in charge with 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We also left 'Have we missed you' cards in the foyer of the home to inform residents/their representatives, who we did not meet with, how to contact RQIA to tell us their experience of the quality of service provision.

We asked the person in charge to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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 31 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was approved by the care inspector. It 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 27 June 2016

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
Recommendation 1 Ref: Standard 30 Stated: First time	The registered provider should review the management of insulin to ensure that this is clearly referenced in the resident’s personal medication record and care plan.	Met
	Action taken as confirmed during the inspection: The resident’s personal medication record, medication administration record and care plan included information regarding the management of insulin. Staff also provided details of the diabetes awareness training which had been completed.	
Recommendation 2 Ref: Standard 6 Stated: First time	The registered provider should review the management of pain to ensure this is referenced in a care plan for the relevant residents.	Met
	Action taken as confirmed during the inspection: We were advised that this had been addressed; however, these care plans were not in place and therefore it could not be evidenced at the inspection. Staff advised that a new format of support/care plans was ongoing and it appeared that the pain care plans had been archived in error. Staff assured us that they were aware of how each	

	<p>resident would express/communicate pain and how to manage pain.</p> <p>On 29 June 2018, we were provided with a sample template used in the home “My pain profile.” We were also assured that these were now clearly filed in the resident’s care folder. Given these assurances this area for improvement was assessed as met.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered provider should review the administration of medicines process to ensure that a record of the administration or non-administration of a medicine is recorded on every occasion.</p> <p>Action taken as confirmed during the inspection:</p> <p>An improvement in the completion of medication administration records was noted at the inspection. They clearly indicated that records of the administration or non-administration of a medicine was maintained.</p>	Met

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 staff. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided every year. Other training included the management of swallowing difficulty and diabetes awareness. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

There were satisfactory procedures in place to ensure the safe management of medicines during a resident’s admission to the home and for the management of medicine changes. Written confirmation of the resident’s medicine regimes was obtained and personal medication records were updated by two members of staff. This safe practice was acknowledged. 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.

The district nursing team were responsible for the management of insulin. Staff had access to the care plans which included guidance on identifying and managing hypoglycaemia.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Suitable arrangements were in place for medicines which required cold storage.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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. A few small discrepancies in liquid medicines were noted and discussed for close monitoring.

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 they were familiar with how a resident would express pain through verbal and non-verbal communication. They were aware that distressed behaviours could be the result of pain and confirmed that pain relief was offered as needed. See also Section 6.2.

The management of swallowing difficulty was examined. The personal medication record detailed the thickening agent and the prescribed fluid consistency. A care plan and speech and language assessment report was in place. However, records of administration were incomplete and did not detail the fluid consistency. An area for improvement was identified.

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 included alerts which were clearly marked out on the medication administration records to remind staff about medicines which were prescribed at periodic intervals; and a specific record was completed by a second member of staff to witness the administration of medicines at each medicine round. In relation to one medicine, which was prescribed and supplied for six days

per week, we noted that a signature had also been recorded every seventh day. This was discussed and it was agreed that this would be raised with staff.

Practices for the management of medicines were audited throughout the month. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the residents' healthcare needs. They provided examples of when this had occurred recently in relation to food intake, swallowing difficulty and skincare.

Areas of good practice

There were examples of good practice in relation to the completion of most medicine records and the administration of medicines.

Areas for improvement

The necessary arrangements should be made to ensure that the administration of thickened fluids is fully and accurately recorded.

	Regulations	Standards
Total number of areas for improvement	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 to one resident was observed. This was completed in a kind and caring manner and the resident was given time to take their medicines.

We were unable to obtain the views and opinions of the residents. However, they were observed to be content and comfortable in their environment. Some were listening to music or watching television and others were outside enjoying the weather.

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 they were familiar with the residents' likes and dislikes.

Of the ten questionnaires which were left in the home to receive feedback from residents and their representatives, none were returned within the specified time frame (two weeks). Any comments from residents and their representatives questionnaires received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

Staff listened to residents 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.

The management arrangements for the home were discussed. There had been recent changes and it was agreed that this would be formally notified to RQIA.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. An equality, diversity and inclusion plan was maintained for each resident.

Written policies and procedures for the management of medicines were in place. These were not examined in detail. Staff advised that they were kept up to date regarding changes.

The management of medicine related incidents was reviewed. Staff confirmed that they knew how to identify and report incidents and advised of the procedures followed to ensure that all staff were made aware and to prevent recurrence. 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.

The person in charge advised of the auditing systems which were completed and how any areas for improvement were shared with staff. This was usually through memos and supervision.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with the manager; and any resultant action was discussed at team meetings and/or supervision.

The staff we met with spoke positively about their work and advised there were good working relationships in the home. They stated they felt well supported in their work.

No online questionnaires were completed by staff within the specified time frame (two weeks).

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

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Beth Finlay, Person in Charge and Ms Kathryn Robinson, Manager, 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 28 July 2018	The registered person shall ensure that records of the administration of thickening agents are fully and accurately maintained. Ref: 6.5 Response by registered person detailing the actions taken: Guidelines reviewed to ensure provision of drinks using thickening agents are recorded in line with advice given.

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care