



Unannounced Medicines Management Inspection Report 10 May 2018



Karuna Home

Type of service: Residential Care Home
**Address: 3-5 Minorca Drive, Ellis Street,
Carrickfergus, BT38 8WP**
Tel No: 028 9336 0665
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 living with a learning disability.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Ms Eileen Marian Thomson	Registered Manager: See box below
Person in charge at the time of inspection: Mrs Heather Denise Wright	Date manager registered: Mrs Heather Denise Wright (application received - registration pending)
Categories of care: Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 10

4.0 Inspection summary

An unannounced inspection took place on 10 May 2018 from 10.50 to 13.15.

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 the governance arrangements, medicines administration, medicine records, medicines storage and the management of controlled drugs.

No areas for improvement were identified.

Following discussion with one resident and observation of other residents we observed that the residents were content in the home. They were noted to be relaxed and comfortable in their environment.

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. Findings of the inspection were discussed with Mrs Heather Wright, Manager, 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.

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 26 October 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 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 one resident, two members of staff and the manager. We also observed the interactions between staff and residents.

A total of ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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

- | | |
|------------------------------------|----------------------------------|
| • medicines requested and received | • medicine audits |
| • personal medication records | • care plans |
| • medicine administration records | • training records |
| • controlled drug record book | • 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 26 October 2016

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

6.2 Review of areas for improvement from the last medicines management inspection dated 6 April 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
Area for improvement 1 Ref: Standard 6 Stated: First time	The management of distressed reactions should be reviewed to ensure that a care plan is maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that care plans regarding the management of distressed reactions were in place and evaluated regularly.	
Area for improvement 2 Ref: Standard 6 Stated: First time	Where medicines are administered with nutritional supplements to aid swallowing, pharmaceutical advice should be sought and a care plan should be maintained.	Met
	Action taken as confirmed during the inspection: The manager advised of the action taken to address this following the last medicines management inspection. She advised that this practice is no longer applicable.	

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 in the last year. In addition, training in epilepsy awareness and the administration of emergency medicines had been completed. 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.

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 had been received into the home without delay. It was agreed that the storage area for prescription forms would be revised to ensure these were stored securely until forwarded to the community pharmacy.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged.

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.

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. The temperatures of medicine storage areas were monitored and recorded on a daily basis.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission, the management of controlled drugs 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. Staff were reminded that the actual time of administration of bisphosphates medicines should be recorded and it was agreed that this would be actioned from the day of the inspection onwards.

Epilepsy management plans were located in the care files and medicine folders.

The management of distressed reactions, pain and swallowing difficulty were examined. The relevant care plans and medicines records were in place.

Staff advised 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 the completion of separate administration records for transdermal patches and stock balance records for some medicines e.g. liquids medicines and medicines prescribed on a "when required" basis.

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

Following discussion with the manager and staff and a review of the 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 medicines. Staff were knowledgeable about 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.

The administration of medicines had been completed prior to the time of the inspection. Following discussion with staff, we were informed that residents were administered their medicines in a caring manner, they were encouraged to take their medicines and were given as much time as was needed to take their medicines.

The residents were observed to be content and comfortable in their environment. We met with one resident who advised that they were happy in the home and had no concerns about their care in the home.

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.

We were informed about the good working relationships with the residents, their relatives and staff. 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, three were returned within the specified time frame (two weeks). The responses indicated that they were very satisfied with the care in the home. Two comments were made.

“Everything is ok”
 “No concerns about my XXX’s (resident) care at this time.”

Any comments from residents and their representatives in returned 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 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.

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. The manager advised of the arrangements in place to implement the collection of equality data within Karuna Home.

Written policies and procedures for the management of medicines were in place.

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 manager advised of the auditing systems which were completed and how any areas for improvement were shared with staff.

Following discussion with the manager 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 the manager. They advised that any resultant action was communicated through team meetings and supervision. Staff advised that they felt well supported in their work and that management were open and approachable and willing to listen.

Twelve online questionnaires were completed by staff within the specified time frame (two weeks). Most of the responses were positive indicating staff were very satisfied or satisfied. The responses were shared with the manager. One comment was also made:

“KARUNA gives 100% to the service users in their care always putting theirs needs first.”

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.



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