



Unannounced Medicines Management Inspection Report 3 May 2018



Barnvale Cottage

Type of service: Residential Care Home
Address: 82b Mill Hill, Castlewellan, BT31 9NB
Tel No: 028 4377 1378
Inspector: Helen Daly

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 seven beds that provides care for residents living with a learning disability as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Greenvale House Responsible Individual: Mrs Margaret Foster	Registered Manager: Mrs Barbara Frances Foster
Person in charge at the time of inspection: Mrs Margaret Tate (Senior Care Assistant)	Date manager registered: 18 June 2013
Categories of care: Residential Care (RC): RC-LD - learning disability RC-LD(E) - learning disability - over 65 years	Number of registered places: 7 The home is approved to provide care on a daily basis only for two persons for five days each week (Monday – Friday, 09.00 – 16.00) ensuring that there are no more than seven persons in the home at any one time.

4.0 Inspection summary

An unannounced inspection took place on 3 May 2018 from 10.40 to 12.00.

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 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 staff training, medicines administration and storage.

No areas for improvement identified.

Residents said that they were very happy in the home and enjoyed “listening to music and helping out”.

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 Barbara Foster, Registered 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

The most recent inspection of the home was an unannounced care inspection undertaken on 5 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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.

During the inspection the inspector met with two residents, the senior care assistant and the registered manager.

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
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicine audits
- policies and procedures

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 5 September 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 14 November 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

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. Training had been provided by the community pharmacist in October 2017 and by the registered manager in January 2018. Supervised medication rounds and competency assessments had been completed following this training.

In relation to safeguarding, the registered manager advised that she had attended training within the last year and that staff were made aware of the regional procedures and who to report any safeguarding concerns to.

The registered manager advised that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. All medicines were available for administration as prescribed on the day of the inspection. There was evidence that 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 registered manager confirmed that there were procedures in place to ensure the safe management of medicines during a resident's admission to the home. There had been no recent admissions.

There were mostly satisfactory arrangements in place to manage changes to prescribed medicines. The majority of entries on the personal medication records had been updated by two members of staff. However, hand-written entries on the medication administration records

had not been verified and signed by two staff. The registered manager gave assurances that this would be highlighted to all staff and closely monitored. Due to these assurances an area for improvement was not identified.

The registered manager advised that discontinued and/or expired medicines were returned to the community pharmacist for disposal. Records had been maintained.

Medicines were stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised.

Areas of good practice

There were examples of good practice in relation to staff training and competency assessment.

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 majority of medicines examined had been administered in accordance with the prescriber’s instructions. One apparent discrepancy was highlighted to the registered manager for close monitoring.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. The registered manager and senior care assistant advised that all residents could verbalise their pain.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on a resident’s health were reported to the prescriber.

The majority of the medicine records were well maintained and facilitated the audit process. The registered manager was reminded that when more than one personal medication record was in use this should be clearly recorded and that hand-written updates on the medication administration records should be verified and signed by two members of staff.

Practices for the management of medicines were audited by a senior care assistant throughout the month. These audits were then reviewed by the registered manager.

Following discussion with the registered manager, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues.

Areas of good practice

There were examples of good practice in relation to the management of pain and the 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 had been completed prior to the commencement of this inspection and was not observed. Staff were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

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 spoken to at the inspection, advised that they were very happy in the home. They were observed to be relaxed and comfortable and were enjoying making lunch and chatting to the senior care assistant and registered manager.

As part of the inspection process, we issued ten questionnaires to residents and their representatives. None were returned. Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for information and action as required.

Areas of good practice

Observation of the conversations and activities evidenced that staff adopted a person-centred approach. Staff communicated with residents in a manner that was sensitive and understanding of their needs.

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 the 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. Arrangements were in place to implement the collection of equality data within Barnvale Cottage.

Written policies and procedures for the management of medicines were in place. These were not examined in detail.

The registered manager confirmed that there were robust arrangements in place for the management of medicine related incidents and that staff were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. The registered manager advised that if a discrepancy was identified it would be investigated and discussed with staff to prevent a recurrence.

Following discussion with the senior care assistant, it was evident that she was familiar with her role and responsibilities in relation to medicines management and felt supported by the team and management.

Areas of good practice

There were examples of good practice in relation to governance arrangements 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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