

Unannounced Medicines Management Inspection Report 9 May 2016



Beltany House

15 Beltany Road, Omagh, BT78 5NA
Tel No: 028 8224 9902
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of Beltany House took place on 9 May 2016 from 10:15 to 12:50

The inspection sought to assess progress with any issues raised 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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern although two areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?

No requirements or recommendations were made.

Is care effective?

Two recommendations were made.

Is care compassionate?

No requirements or recommendations were made.

Is the service well led?

No requirements or recommendations were made.

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).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Ms Shauna McGovern, Senior Support Worker, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection on 10 December 2015.

2.0 Service details

Registered organization /registered person: Western Health and Social Care Trust Ms Elaine Way CBE	Registered manager: See box below
Person in charge of the home at the time of inspection: Ms Shauna McGovern, Senior Support Worker	Date manager registered: Ms Margaret Dolan (Acting Manager). No application required
Categories of care: RC-LD, RC-LD(E) The home is approved to provide care on a day basis only to 1 person	Number of registered places: 3

3.0 Methods/processes

Prior to inspection, the following records were analysed:

- previous reports and QIPs submitted by the home
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

The following records were examined:

- 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

The management of medicines was discussed with two members of staff and one resident's representative.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 December 2015

The most recent inspection of the home was an unannounced care inspection. No QIP was issued at this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection on 13 May 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	<p>The registered manager must review and revise the home's written policies and procedures to ensure they are current and cover all of the areas associated with the management of medicines.</p> <p>Action taken as confirmed during the inspection: Written policies and procedures for the management of medicines were reviewed and updated in September 2015.</p>	Met
Requirement 2 Ref: Regulation 13(4) Stated: First time	<p>The registered manager must review and revise the management of thickening agents to address the issues highlighted in section 7.0</p> <p>Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the management of thickening agents. Care plans were in place, prescription details were included on the residents personal medication record, records of the administration of thickening agents were maintained and written policies and procedures for the management of thickening agents were in place.</p>	Met
Requirement 3 Ref: Regulation 13(4) Stated: First time	<p>The registered manager must review and revise the management of bisphosphonate medicines to address the issues highlighted in section 7.0</p> <p>Action taken as confirmed during the inspection: Written policies and procedures for the management of bisphosphonates were in place. Staff advised that no residents were currently prescribed any bisphosphonate medicines.</p>	Met

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: Second time	The registered manager should ensure that Standard Operating Procedures for controlled drugs are in place.	Met
	Action taken as confirmed during the inspection: Standard Operating Procedures for the management of controlled drugs were in place.	
Recommendation 2 Ref: Standard 30 Stated: First time	The registered manager should ensure that staff competency with respect to medicines is reviewed on an annual basis.	Met
	Action taken as confirmed during the inspection: Update training on medicines management was provided in February 2016. Staff appraisal has been completed on a regular basis and included a review of competency to manage medicines.	

4.3 Is care safe?

Medicines were managed by staff that have been trained and deemed competent to do so. An induction process was in place for those care staff that have been delegated medicine related tasks. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed in 2014. Staff on duty advised staff competency is to be re-assessed in May 2016. Refresher training in medicines management was provided in February 2016. Training on the management of epilepsy and the administration of buccal midazolam was completed in July 2015.

Systems were in place to ensure that each resident on admission has sufficient supplies of medicines for each period of respite care.

There were satisfactory arrangements in place to ensure prescription records are verified at each admission and to manage any changes to prescribed medicines. Personal medication records were updated and signed by two members of staff or by the prescriber. This safe practice was acknowledged.

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.

Appropriate arrangements were in place for administering medicines in disguised form.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

The sample of medicines examined and audited had been administered in accordance with the prescriber’s instructions.

Where 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 the 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 reason for and the outcome of administration were not always recorded and this should be addressed. A recommendation was made.

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. Staff were advised that a pain assessment should be completed as part of the admission process. A recommendation was made.

The management of swallowing difficulties was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administration of thickening agents was recorded and care plans and speech and language assessment reports were in place.

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.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included recording when a personal medication record is discontinued and re-written, maintaining separate records of the administration of thickening agents and two members of staff verifying and signing records of medicines received and medicines transferred out of the home at discharge.

All medicines in the home have been audited by home staff three times each week. Records of these audits were maintained.

Areas for improvement

The reason for and the outcome of administration of anxiolytic medicines prescribed on a “when required” basis for the management of distressed reactions should be recorded. A recommendation was made.

A pain assessment should be completed as part of the admission process. A recommendation was made.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is care compassionate?

As all residents were attending day care centres at the time of the inspection, it was not possible to ascertain the views and opinions of residents or witness the administration of medicines. However, the views of one resident’s representative were sought. The representative reported that they were happy with the service provided by the home and remarked “how good” the staff were.

The administration of medicines was discussed with one member of care staff. The staff member described the process of medicines administration in the home; two members of staff were involved with administration of medicines and medicines were administered discreetly. Staff also described how residents who refused medicines would be given time and gentle encouragement to take their medicines. Staff described residents who had specific preferences regarding how they would like their medicines to be administered, and the steps the home takes to accommodate these requests to ensure compliance.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed every three years. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff. Staff had signed and dated the policies to indicate they had read and understood them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the home's 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 registered 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 management.

Staff on duty confirmed that there was no registered manager appointed to the home. This was currently under review by the Western Health and Social Care Trust.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Shauna McGovern, Senior Support Worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 your premises. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2016</p>	<p>The registered person should ensure that the reason for and the outcome of administration of medicines prescribed on a “when required” basis for the management of distressed reactions is recorded on each occasion.</p> <p>Response by registered person detailing the actions taken: All staff have been briefed at team meeting and it has been minuted that when 'as and when medication' is given that an explanation is recorded in the clients notes and that a follow up of their condition is also noted 30minutes later.</p>
<p>Recommendation 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2016</p>	<p>The registered person should ensure that a pain assessment is completed for each resident as part of the admission process.</p> <p>Response by registered person detailing the actions taken: Staff responsible for the admission of a client must receive feedback form the parent or carer if the client shows sign of pain. The majority of our clients do not suffer from pain or take regular pain medication. However when pain is suspected or 'as and when' medication is given for pain, a pain assessment must be completed explaining why and when the medication is given.</p>

Please ensure this document is completed in full and returned to Pharmacists@rqia.org.uk from the authorised email address



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