

Unannounced Follow Up Medicines Management Inspection Report 14 February 2017



River House

Type of service: Residential Care Home
Address: 114 Milltown Road, Belfast, BT8 7XP
Tel No: 028 9064 8314
Inspector: Frances Gault

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of River House took place on 14 February 2016 from 11.45 to 13.10.

The findings of the last medicines management inspection on 12 December 2016 indicated that robust arrangements were not in place for the management of medicines. The standards evidenced at the post registration inspection on 21 January 2016 had not been sustained.

The purpose of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the last medicines management inspection, to assess the level of compliance with legislative requirements and the DHSSPS Care Standards for Residential Care Homes.

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).

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients.

Since the previous medicine management inspection further training had been provided both externally and internally. One member of staff spoke positively of the two day training attended. Staff competencies had been completed and it was evident that the staff on duty had a greater understanding of the need for robust systems to be in place for the management of medicines.

Medicines were being stored safely and securely. Staff were advised that medicines stored in the monitored dosage system should be returned for disposal after 56 days.

One recent incident was discussed and staff advised of the learning that had been identified and put into practice.

There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. The areas identified for improvement at the last inspection had been addressed in a satisfactory manner. Improvement in the maintenance of the personal medication records and medicine administration records was acknowledged. The audits completed during the inspection produced satisfactory outcomes indicating the medicines had been administered as prescribed. No requirements or recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Where possible, medicines were stored securely in residents' bedrooms enabling the administration process to be discrete. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Systems have been established to enable management to identify and cascade learning from medicine related incidents and medicine audit activity. Robust auditing systems were in place. Running balances were maintained for medicines not contained within the blister pack system; these were found to be accurate. No requirements or recommendations were made.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Megan McCloskey, Deputy 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.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 17 January 2017.

2.0 Service details

Registered organisation/registered person: Parkcare Homes No 2 Ltd Ms Sarah Hughes	Registered manager: See below
Person in charge of the home at the time of inspection: Ms Megan McCloskey, Deputy Manager	Date manager registered: Mrs Marlene Featherstone - acting no application required
Categories of care: RC-LD(E), RC-LD	Number of registered places: 8

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

We met with two members of staff.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicine audits
- training records
- competency assessments

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 January 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP is due to be returned to us by 28 February 2017 when it will be reviewed by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 12 December 2016

Last medicines management inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that all medicine records are maintained accurately.</p> <p>Action taken as confirmed during the inspection:</p> <p>The medicine records examined during the inspection had been completed accurately.</p> <p>Personal medication records contained accurate information and this corresponded with the entries on the medicine administration records (MARs sheets).</p> <p>Entries were signed by two competent members of staff.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a robust auditing process for the management of medicines is developed and implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: There is a robust medicines auditing system in place.</p> <p>Staff undertake daily balance checks for those medicines not supplied in the monitored dosage system.</p> <p>The manager undertakes monthly audits and the community pharmacist also undertakes audits.</p> <p>There was evidence that the outcomes were disseminated to staff. This was achieved both through supervision and with the use of a communication record.</p>	<p style="text-align: center;">Met</p>
<p>Last medicines management inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered provider should review the current ordering system for repeat prescriptions to ensure that it is robust and all repeat medicines for any resident are requested together.</p> <hr/> <p>Action taken as confirmed during the inspection: The current auditing system for repeat prescriptions had been reviewed. With the exception of one resident's medicines, all requests for repeat prescriptions were ordered at the same time. This is an ongoing process which has taken time to become routine practice.</p>	<p style="text-align: center;">Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered provider should ensure that all dosage changes are documented appropriately.</p> <hr/> <p>Action taken as confirmed during the inspection: The evidence seen during the inspection indicated that this is routine practice.</p> <p>Additional notes were in place to remind staff of any dosage changes.</p>	<p style="text-align: center;">Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the date of opening of supplies of medicines is documented.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 10</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Medicines which were not supplied in the monitored dosage system contained the date of opening.</p> <p>The registered provider should review the records for the management of distressed reactions to ensure that the triggers for the administration of prescribed medicines are clearly identified.</p> <p>Action taken as confirmed during the inspection: These records have been reviewed. Readily accessible “PRN” protocols were included in the medicines folder for each resident. These detailed the symptoms displayed by each resident which indicated when they might require these medicines. Where two or more medicines were prescribed for the management of distressed reactions there were clear directions in place to identify how and when they were to be administered.</p> <p>Charts were maintained which evidenced the outcome of the medicine administered.</p> <p>The staff advised that the administration of these medicines was reviewed monthly within the home in conjunction with the trust behaviour support staff.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the relevant staff have knowledge of the policies and procedures in place for the management of medicines.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The staff spoken with during the inspection were knowledgeable regarding the procedures to be followed and spoke with confidence regarding their role and the systems in place.</p>	

4.3 Inspection findings

See sections 1.0 and 4.2

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews