Unannounced Post-Registration Medicines Management Inspection Report
10 September 2018

Bohill Residential Care Home

Type of Service: Residential Care Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
Tel No: 028 7032 5180
Inspector: Judith Taylor

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 provider 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 18 beds that provides care for residents living with dementia.

This home is situated on the same site as the nursing homes Bohill House and Bohill Bungalows and Strand House - Bohill Bungalows residential care home.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Limited **Responsible Individual:** Mrs Nicola Cooper	**Registered Manager:** Mrs Tracey Henry
Person in charge at the time of inspection: Mrs Tracey Henry	**Date manager registered:** 13 August 2018
Categories of care: Residential Care (RC) DE – Dementia	**Number of registered places:** 18

4.0 Inspection summary

An unannounced inspection took place on 10 September 2018 from 10.15 to 13.30.

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).

The inspection assessed progress with any areas for improvement identified since the pre-registration care and premises inspections 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 medicines governance, training and competency assessment, medicines administration, the completion of medicine records, care planning and the management of controlled drugs.

No areas for improvement were identified at the inspection.

The resident we met with spoke positively about the staff and the care provided. There was a warm and welcoming atmosphere in the home and the residents were observed 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 Tracey Henry, 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 pre-registration inspections

No further actions were required to be taken following the most recent pre-registration care inspection on 9 August 2018 and premises inspection on 13 August 2018. Enforcement action did not result from the findings of these inspections.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service 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 home registered.

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

During the inspection we met with one resident, two members of senior care staff and the registered manager.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA and we asked the registered manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

We left ‘Have we missed you?’ cards in the home to inform residents and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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 13 August 2018

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

6.2 Review of areas for improvement from the last medicines management inspection

This was the first medicines management inspection to the home.

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. Staff competency assessments were completed following induction, at least annually or more frequently as required. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training and competency records was provided.

There were 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 medicine regimes and any medicine changes were obtained. Personal medication records and medication administration records were updated by two trained staff. This is safe practice and 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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

The management of controlled drugs was reviewed. 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.

Community nurses were responsible for the administration of insulin. This was clearly referenced on the medicine records and a care plan was maintained. We were advised that all relevant staff were familiar with the signs and symptoms of hyperglycaemia and hypoglycaemia.

There were suitable arrangements in place to manage medicines which were required to be administered in disguised form.

The procedures for the disposal of medicines were reviewed. The registered manager was advised that medicines do not have to be collected by a waste management company in residential care homes. It was agreed that medicines for disposal, including controlled drugs, would be returned to the community pharmacy from the day of the inspection onwards.

Medicines were being stored safely and securely and in accordance with the manufacturer's instructions. There were satisfactory systems in place to manage medicines with a limited shelf life, once opened; the due date for disposal was also recorded. In relation to cold storage, we were advised of the action taken to resolve some of the recent issues regarding medicine refrigerator temperatures. Staff were reminded that the refrigerator thermometer should be reset on a daily basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments, the management of medicines changes and controlled drugs.

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, including time critical medicines. There were arrangements in place to alert staff of when doses of weekly medicines were due.

The management of pain and distressed reactions was examined. The medicines were prescribed on the personal medication record. Specific protocols regarding administration and care plans were maintained. Staff knew how to recognise 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 system was in place to record the reason for and outcome of the administration.

The management of swallowing difficulty was examined. When prescribed a thickening agent, this was recorded on the resident's personal medication record and included details of the fluid consistency. A care plan and speech and language assessment report was in place. The processes to record administration were discussed and it was agreed that administration by care staff would be closely monitored.

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 the separate administration records for antibiotics and transdermal patches and protocols for "when required" medicines.

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

Following discussion with staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the residents' needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping, care planning 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 was not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the residents' medicines.

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 observation of staff, that they were familiar with the residents' likes and dislikes.

We met with one resident, who expressed satisfaction with the staff and the care provided.

Comments included:

“The staff are right and good to you; I am happy enough to be here.”

Residents who could not express their views or opinions were noted to be content in the surroundings and interactions with staff.

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, four were returned within the time frame (two weeks). The responses indicated they were very satisfied/satisfied with the care provided. One comment was made:

“Very clean and friendly. Couldn’t wish for a better home for my loved one.”

Any comments in questionnaires received after the return date will be shared with the registered manager as necessary.

Areas of good practice

There was evidence that 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 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. We were advised there were arrangements in place to implement the collection of equality data within Bohill Residential Care Home.

Written policies and procedures for the management of medicines were in place. A small number of these were spot checked at the inspection. Staff confirmed that there were procedures in place to ensure that they were made aware of any changes.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, and provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence.

The governance arrangements for medicines management were examined. We were advised of the auditing processes completed and how areas for improvement were shared with staff to address and systems to monitor improvement. A sample of audit records and details of any corrective action taken was provided.

We were advised that there were effective communication systems to ensure that all staff were kept up to date. The registered manager stated that she completed a walk around of the residential unit every morning and used the outcomes of the written shift handover report to ensure any issues were addressed. She advised that a daily morning meeting was also held with senior staff.

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 registered manager.

The staff we met with spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals. They were complimentary regarding the management team and the training provided.

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

Areas of good practice

There were examples of good practice found throughout the inspection 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.

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