

# Unannounced Medicines Management Inspection Report 20 December 2017



## Mertoun Park

Type of service: Residential Care Home

Address: 17 Orchard Court, Knocknagoney, Holywood, BT18 9QE

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Inspector: Helen Daly

[www.rqia.org.uk](http://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 14 beds that provides care for residents with a learning disability as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Mr Martin Joseph Dillon	<b>Registered Manager:</b> Mr Patrick Heaney
<b>Person in charge at the time of inspection:</b> Ms Brieghe Duffy, Senior Residential Worker	<b>Date manager registered:</b> 8 December 2015
<b>Categories of care:</b> Residential Care (RC) LD – learning disability LD(E) – learning disability – over 65 years	<b>Number of registered places:</b> 14

### 4.0 Inspection summary

An unannounced inspection took place on 20 December 2017 from 10:10 to 11:30.

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 medicines administration, medicine records and the storage of medicines.

No areas requiring improvement were identified.

The resident we spoke with was complimentary about the management of their medicines and the care provided in the home.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Briega Duffy, Residential Social Worker, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 August 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 medication related incidents

During the inspection we met with one resident and two residential workers.

A total of 10 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 received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicine audits
- medicines storage temperatures
- controlled drug record book

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 30 August 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 20 July 2015

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The responsible individual must ensure that staff receive appropriate training on the management of epilepsy and allergic reactions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The person in charge confirmed that residential workers received annual training on the management of epilepsy and allergic reactions.	

## 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.**

The senior residential worker advised that staff who administer medicines were provided with training from the Trust as part of their induction. Staff also attended update training annually. Competency assessments were completed following induction and annually thereafter. An up to date staff signature list was in place. 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 provided within the last year.

Systems were in place to ensure the safe management of medicines during each period of respite care. Staff confirmed that if there were any discrepancies between the medicines supplied and the personal medication records they would be followed up with the prescribers. Staff also confirmed that enough medicines were supplied to cover the period of respite care during the admission process.

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

When prescribed, 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. It was agreed that the administration of controlled drugs would be witnessed by a second member of staff from the date of the inspection onwards.

Medicines were returned to the residents’ families or carers after each period of respite care. Discontinued or expired medicines were returned to the community pharmacist.

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. The medicine refrigerator was checked daily.

**Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and the storage of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.

When 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. Care plans were in place which included a description of how to recognise signs, symptoms and triggers which may cause a change in a resident’s behaviour and how this should be managed. Staff advised that these medicines had not been administered.

The management of pain was discussed. Staff advised that pain management would be discussed as part of the admission process for each period of respite care. Care plans were in place. For those residents who cannot verbalise their pain, the care plan detailed how they may express their pain.

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. It was agreed that the personal medication records would be updated to include the allergy status of each resident.

Practices for the management of medicines were audited by the staff and management. This included running stock balances for all medicines.

Following discussion with the two residential workers it was evident that when applicable other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in residents care.

**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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

We observed the administration of medicines to two residents. The residential workers administering the medicines spoke to the residents in a kind and caring manner and the residents were given time to swallow their 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 discussion and observation of staff, that the staff were familiar with the residents’ likes and dislikes.

The resident spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines, they preferred the residential workers to administer their medicines. They were complimentary regarding staff and management.

Comments included:

- “It’s very good here; the staff are kind and the food is dead on. Food is good.”

As part of the inspection process, we issued ten questionnaires to residents and their representatives; none were returned within the specified timeframe.

**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
<b>Total number of areas for improvement</b>	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.**

Staff confirmed that written policies and procedures for the management of medicines were in place; they were not examined.

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, were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

A review of the 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 residential workers, 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. They advised that management were open and approachable and willing to listen.

### 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
<b>Total number of areas for improvement</b>	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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