



# Unannounced Medicines Management Inspection Report 5 February 2019



## Mount Alexander House

Type of service: Residential Care Home  
Address: Castle Lodge Park, Comber, BT23 5DW  
Tel No: 028 9187 8963  
Inspector: Paul Nixon

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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 that provides care for up to 37 residents living with dementia.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>South Eastern HSC Trust<br><br><b>Responsible Individual:</b><br>Mr Hugh Henry McCaughey | <b>Registered Manager:</b><br>Ms Angeline Taylor |
| <b>Person in charge at the time of inspection:</b><br>Ms Angeline Taylor   | <b>Date manager registered:</b><br>1 April 2005  |
| <b>Categories of care:</b><br>Residential Care (RC)<br>DE – Dementia.  | <b>Number of registered places:</b><br>37        |

### 4.0 Inspection summary

An unannounced inspection took place on 5 February 2019 from 10.00 to 13.25.

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 medicine governance, medicines storage and the management of controlled drugs.

An area for improvement was identified in relation to medicine records.

The residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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           | 1         |

Details of the Quality Improvement Plan (QIP) were discussed with Ms Angeline Taylor, Registered Manager, 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.

#### 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 5 September 2018. 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 the registered manager and two members of care staff.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you' cards in the foyer of 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 service provision. Flyers which gave information on raising a concern were also left in the home.

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

The area for improvement identified at the last medicines management inspection was reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager 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 2018**

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 10 January 2017**

| 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>Requirement 1</b><br><br><b>Ref:</b> Regulation 13(4)<br><br><b>Stated:</b> First time                | The registered provider must ensure that the suitability of crushing medication is always confirmed with the pharmacist.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The registered manager and senior care assistants confirmed that, when the situation arises, the suitability of crushing medication was always confirmed with the pharmacist. No residents currently had any medication crushed in order to facilitate its administration. |                          |

**6.3 Inspection findings**

**6.4 Is care safe?**

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in August 2017 and another training session was planned for 19 February 2019. Staff had also received training in relation to the new food and fluid thickener consistencies.

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 and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration records were updated by two members of staff. This safe practice was acknowledged.

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

There were procedures in place to ensure the safe management of medicines during a resident’s admission to 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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

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. The medicine refrigerator was checked at regular intervals.

**Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission, the management of controlled drugs 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 mostly administered in accordance with the prescriber's instructions. A couple of audit discrepancies were drawn to the attention of the registered manager who gave an assurance that the administrations of the medicines would be closely monitored.

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. 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. For two residents whose records were reviewed a care plan was maintained. These medicines were infrequently administered.

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. For two residents whose records were reviewed a care plan was maintained.

For one resident whose records were reviewed, the thickening agent was recorded on their personal medication record and medicine administration record. However, the details of the fluid consistency were not specified in these records; the registered manager gave an assurance that this matter would be addressed without delay. A care plan and speech and language assessment report was in place.

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 mostly well maintained and facilitated the audit process. However, the route of application of medicines prescribed for the treatment of eye conditions was not recorded on the personal medication records and was not consistently recorded on the medicine administration records. An area for improvement was identified.

Following discussion with the registered manager and staff and examination of care plans, it was evident that other healthcare professionals were contacted, when required, to meet the needs of residents. Staff advised that they had good working relationships with healthcare professionals involved in resident care.

### **Areas of good practice**

There were examples of good practice in relation to the standard of maintenance of most records, care planning and the administration of medicines.

## Areas for improvement

The route of application of medicines prescribed for the treatment of eye conditions should be routinely recorded on the personal medication records and medicine administration records.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 6.6 Is care compassionate?

**Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their resident's needs, wishes and preferences. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents.

None of the questionnaires that were issued for residents or their representatives to complete were returned.

## Areas of good practice

Staff listened to residents 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.**

We 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 Mount Alexander House.

Written policies and procedures for the management of medicines were in place; they were not reviewed on this occasion. Following discussion with staff, it was evident that they were

knowledgeable with the policies and procedures and that any updates were highlighted to them.

Practices for the management of medicines were audited throughout the month by management. In addition, a periodic audit was completed by the community pharmacist. Areas for improvement were followed up through the development of action plans and staff supervision.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. They provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence. These usually included reflective practice and supervision. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

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, and any resultant action was discussed at team meetings and/or supervision. They spoke positively about their work and advised that there were good working relationships in the home with staff, management and with other healthcare professionals. They stated they felt well supported in their work.

No members of staff shared their views by completing an online questionnaire.

### 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

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Angeline Taylor, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. 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.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with 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).

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

|   |  |
|---|--|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>7 March 2019</p> | <p>The registered person shall ensure that the route of application of medicines prescribed for the treatment of eye conditions are routinely recorded on the personal medication records and medicine administration records.</p> <p>Ref: 6.5</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been actioned following inspection and has been highlighted to all senior staff at the medication training on 19/2/19</p>                                     |

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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