

# Unannounced Medicines Management Inspection Report 19 May 2016



## Pine Lodge

**Address: 186 Belmont Road, Belfast, BT4 2AS**

**Tel No: 028 9504 3170**

**Inspector: Rachel Lloyd**

## 1.0 Summary

An unannounced inspection of Pine Lodge took place on 19 May 2016 from 10.30 to 13.40.

The inspection sought to assess progress with any issues raised during and since the previous 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. A quality improvement plan (QIP) has not been included within this report.

### Is care safe?

No requirements or recommendations have been made.

### Is care effective?

No requirements or recommendations have been made.

### Is care compassionate?

No requirements or recommendations have been made.

### Is the service well led?

No requirements or recommendations have been 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>0</b>

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Lungi Lugayeni, Senior Care Assistant, as part of the inspection process and can be found in the main body of the report. The senior care assistant in charge of the home was in a meeting at the time when feedback was provided.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 March 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast Health and Social care Trust (BHSCT) Mr Martin Joseph Dillon	<b>Registered manager:</b> Ms Anne Woods Doherty
<b>Person in charge of the home at the time of inspection:</b> Mrs Glynis McClatchey (Senior Care Assistant)	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-PH, RC-PH(E), RC-MP(E), RC-E, RC-I	<b>Number of registered places:</b> 40

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned quality improvement plans
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

We met with two senior care assistants and one resident.

A sample of the following records was 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
- medicines storage temperatures

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection Dated 9 March 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 4.2 Review of requirements and recommendations from the last medicines management inspection dated 16 October 2014

Last medicines management inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered manger must audit the administration of inhaled medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A small number of inhaled medicines were prescribed for residents. These were self-administered by the residents and therefore staff were not responsible for any administration. Staff advised of the audit systems in place for any inhalers which had previously been administered by staff.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered manager must review the ordering system to ensure that all medicines are available for administration as prescribed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff confirmed that all medicines were available for administration as prescribed. There was no evidence of any out of stock medicines.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum and minimum temperatures have been recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This had been satisfactorily addressed. The thermometer reset was recorded on refrigerator temperature records each day.	

Last medicines management inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered manager should review and revise the management of distressed reactions as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No medicines were prescribed for use in the management of distressed reactions. However, this had been reviewed following the last inspection and a written policy and procedure for the use of these medicines was in place. Staff were knowledgeable with regard to this area of medicines management.	

### 4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually at appraisal. Refresher training in medicines management was due to take place this year.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. 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.

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. Suitable arrangements were in place for the management of medicines which required cold storage.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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### 4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

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. Staff advised that pain was assessed as part of the admission process and a care plan for the management of pain was maintained.

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 largely well maintained and facilitated the audit process. Staff were reminded to record the administration of medicines prescribed on a "when required" basis on every occasion along with the actual dose administered.

Practices for the management of medicines were audited monthly by the staff and the registered manager. These audits had resulted in positive outcomes.

It was evident that when applicable, other healthcare professionals were contacted regarding the management of medicines.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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### 4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines. Staff advised that self-administration was encouraged as far as possible since residents are at the home usually only for a short period of rehabilitation following a hospital discharge.

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

One resident advised that they were very satisfied with the manner in which their medicines were managed and administered and were complimentary about their care in the home during their short stay.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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#### 4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These had been reviewed in April 2016. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

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.

A review of the audit records indicated that 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 staff on duty, 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 the registered manager.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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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.



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