

Unannounced Medicines Management Inspection Report 22 June 2016



Ralph's Close

Type of Service: Residential Care Home
Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF
Tel No: 028 7186 4332 or 028 7186 4322
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Ralph's Close took place on 22 June 2016 from 09.20 to 12.40.

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.

Is care safe?

The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. There were no areas of improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. There were no areas of improvement identified.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. There were no areas of improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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
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 Mr Desy Carton, Acting 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 12 January 2016.

2.0 Service details

Registered organisation/ registered provider: Western HSC Trust / Mrs Elaine Way CBE	Registered manager: See box below
Person in charge of the home at the time of inspection: Mr Desy Carton	Date manager registered: Mr Desy Carton – application not yet submitted
Categories of care: RC-LD	Number of registered places: 16

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

During the inspection the inspector met with the acting manager, the deputy manager and three care staff.

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
- 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 12 January 2016

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 their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 10 March 2014

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	The registered person should ensure that the care plan for Resident A makes reference to the management of injectable medicines.	Met
	Action taken as confirmed during the inspection: The acting manager confirmed that the resident's care plan had been updated to make reference to the management of injectable medicines. No residents were currently prescribed injectable medicines.	
Recommendation 2 Ref: Standard 32 Stated: First time	The registered person should ensure that the maximum/minimum refrigerator thermometer in House 2 is re-set on a daily basis.	Met
	Action taken as confirmed during the inspection: The maximum/minimum refrigerator thermometer in House 2 was being reset on a daily basis.	
Recommendation 3 Ref: Standard 32 Stated: First time	The registered person should ensure that all medicines supplied for periods of home leave are appropriately packaged and labelled.	Met
	Action taken as confirmed during the inspection: The acting manager confirmed that arrangements had been made for all medicines supplied for periods of home leave to be packaged and labelled appropriately. This was not a current issue.	

Recommendation 4 Ref: Standard 33 Stated: First time	The registered person should review and revise the management of liquid medicines during periods of home leave.	Met
	Action taken as confirmed during the inspection: The acting manager confirmed that the arrangements for the management of liquid medicines during periods of home leave had been reviewed and revised. This was not a current issue.	

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 provided by the community pharmacist within the previous two years. The most recent training was in relation to the management of medical oxygen in May 2016.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Procedures were in place 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 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. Additional checks were also performed on other controlled drugs, which is good practice.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturers’ 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.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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, 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. The reason for and the outcome of administration were recorded. A care plan was maintained. The acting manager stated that strategies to reduce distressed reactions were in place and it was acknowledged that these medicines were infrequently used.

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. A care plan was maintained when a resident required analgesia on a regular basis.

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 were acknowledged.

Practices for the management of medicines were audited regularly by staff and overseen by the acting manager. These audits included running stock balances of all solid dose medicines not included in the monitored dosage system. 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.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The morning medication round had been completed before the commencement of the inspection. No medicines were observed to be administered to residents during the inspection.

During discussions with staff, we identified that residents were listened to and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of individual residents.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. There was evidence that these were used during staff induction and training.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents should they occur.

Following discussion with the staff on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management and any concerns in relation to medicines management would be raised with the acting manager.

The recommendations made at the last medicines management inspection had been addressed effectively.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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Please provide any additional comments or observations you may wish to make below:

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.



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