



# Unannounced Medicines Management Inspection Report 5 February 2019



## Meadowbank Care Home

Type of service: Residential Care Home  
Address: 2 Donaghane Road, Omagh, BT79 0NR  
Tel No: 028 8224 2868  
Inspector: Helen Daly

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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 that provides care for up to 25 residents who are living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual:</b> Ms Linda Robinson	<b>Registered Manager:</b> Ms Clare Lafferty – acting, no application required
<b>Person in charge at the time of inspection:</b> Ms Clare Lafferty	<b>Date manager registered:</b> See box above
<b>Categories of care:</b> Residential Care (RC): DE – dementia	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 5 February 2019 from 10.30 to 15.00.

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, medicine storage and the management of controlled drugs.

No areas for improvement were identified at this inspection.

We spoke with several residents who were complimentary regarding the care and staff 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 Clare Lafferty, 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 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 7 November 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
- recent correspondence with the home
- the management of medicine related incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

During the inspection we met with several residents, two care assistants, one senior care assistant, the acting deputy manager and the manager.

We provided the manager with 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform residents/their representatives how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the 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
- medicine storage temperatures

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 manager at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 7 November 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was 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 1 August 2016**

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with</b> The Residential Care Homes Regulations (Northern Ireland) 2005		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time	The registered manager must monitor the administration of liquid form medicines as part of the home’s audit process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the monthly audits evidenced that liquid form medicines were included in the monthly audits.	
	The majority of audits completed at this inspection evidenced that liquid medicines were being administered as prescribed. One discrepancy was discussed with the staff on duty and it was agreed that all senior care assistants would receive supervision on measuring this medicine and that it would be closely monitored.	
	Due to the action taken and the assurances provided this area for improvement was assessed as met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that robust arrangements are in place to ensure adequate supplies of medicines are available for administration.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of the medication administration records indicated that residents had a continuous supply of their prescribed medicines.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that medicines are stored at the correct temperature.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The temperature of the medicines refrigerator, treatment room and overstock rooms were monitored and recorded each day. Some recordings above 25°C were observed for one room. This had been noted by the management team and an air conditioning unit was due to be installed. The manager agreed to take further corrective action if necessary.</p> <p>Due to the action taken and the assurances provided this area for improvement was assessed as met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that medicines with a limited shelf life are not used beyond their expiry date.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> All medicines audited at the inspection were in date. Dates of opening had been recorded on all medicines, including eye preparations, to facilitate audit and disposal at expiry. In addition the expiry date of eye preparations was recorded to remind senior carers when to remove these medicines for disposal.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered provider should ensure that care plans for the management of pain are developed and implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans for the management of pain were in place. They included details of how each resident expressed their pain. Each resident had an information sheet detailing their medical history which included pain. The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were observed to offer pain relief to residents during the lunchtime medicine administration round.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered provider should review and revise the management of thickening agents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of prescribing and administration of thickening agents were maintained. Care plans were in place and a copy of the speech and language assessment was available on the medicines file.	

### 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 senior carers who had been trained and deemed competent to do so. Training was provided annually, the next training was due in April 2019. Competency assessments were also completed annually or more frequently if a need was identified. The manager advised that all staff received training on the management of thickening agents from the speech and language therapists as part of the resident assessments.

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

There were procedures in place to ensure the safe management of medicines during a resident’s admission to the home and to manage medication changes. Personal medication records were verified and signed by two trained staff. This safe practice was acknowledged.

There were systems in place to ensure that residents had a continuous supply of their prescribed medicines. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balance checks were performed on controlled drugs which require safe custody, at the end of each shift.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

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. Mostly satisfactory recordings were observed for the daily room and refrigerator temperatures, see also Section 6.2.

**Areas of good practice**

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

**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 majority of medicines examined had been administered in accordance with the prescriber’s instructions. Two discrepancies (one liquid medicine and one inhaled medicine) were discussed with staff for ongoing vigilance.

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 medicines were due.

The management of pain and thickening agents was reviewed and satisfactory systems were observed, see also Section 6.2.

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/infection. The reason for and the outcome of administration were recorded in the daily progress notes. Care plans were updated to include the name and dosage directions of prescribed medicines on the day of the inspection.

Staff advised that compliance with prescribed medicine regimes was monitored and any refusals likely to have an adverse effect on a resident’s health were reported to the prescriber. This was evidenced for one resident during the inspection. For a second resident two medicines were sometimes omitted as the resident was asleep. The manager agreed to refer this to the prescriber for a review of the time of administration.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for weekly medicines, diazepam tablets and nutritional supplements.

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 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 the afternoon medicines. The senior carer engaged the residents in conversation and explained that they were having their medicines. Residents were happy to take their medicines.

Throughout the serving of lunch, 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. Some residents were helping to prepare and clear the tables.

Residents were observed to enjoy their lunch and were being encouraged to eat by staff. It was clear from observation of staff, that the staff were familiar with the residents' likes and dislikes.

Residents were observed to be relaxed and comfortable. They were chatting with staff. There was a sing-a-long taking place in the afternoon.

We spoke with several residents who were complimentary regarding the care provided and staff in the home. Comments included:

- "I am very happy."
- "The staff are great. The lunch was very good."
- "I have no pain at all. I had a toothache but I got to the dentist quickly so I'm very happy."

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. Three residents completed and returned the questionnaires. The responses indicated that they were "very satisfied" with all aspects of the care provided.

Any comments from residents and their representatives in questionnaires received after the return date (two weeks) will be shared with the manager for information and action as required.

**Areas of good practice**

Staff were observed to listen to residents and to take 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 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.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

The management team advised that they knew how to identify and report incidents and that they were aware that medicine incidents may need to be reported to the safeguarding team. One medication related incident was identified during the inspection. The manager referred

the incident to the prescriber and community pharmacist for guidance. An incident report form which included details of the actions taken to prevent a recurrence was submitted to RQIA following the inspection.

The governance arrangements for medicines management were examined. The management team completed monthly audits on the management and administration of medicines. Copies of the audits and any action taken were available for inspection.

Following discussion with the senior carer and care assistants, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns were raised with the manager.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the manager. They stated they felt well supported in their work.

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

**Areas of good practice**

There were examples of good practice in relation to governance arrangements 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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