

Unannounced Medicines Management Inspection Report 11 May 2017



Fairways - Woodford Respite Project

Type of service: Residential Care Home
Address: 42 Woodford Park, Coleraine, BT51 3LJ
Tel No: 028 7032 8009
Inspector: Rachel Lloyd

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Fairways – Woodford Respite Project took place on 11 May 2017 from 14.00 to 14.45.

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?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for residents. 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. It was evident that the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas for 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 for 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 which promoted the delivery of positive outcomes for residents. There were no areas for 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 for 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 Ms Laura Kelly, team leader, 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 most recent inspection on 20 December 2016.

2.0 Service details

Registered organisation/registered person: Fairways Woodford Ltd Mr Robert Anthony (Tony) Dunlop	Registered manager: Miss Victoria Jane Derbyshire
Person in charge of the home at the time of inspection: Ms Laura Kelly (Team Leader)	Date manager registered: 19 October 2012
Categories of care: RC-LD	Number of registered places: 3

3.0 Methods/processes

Prior to the inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents since the last medicines management inspection

We met with the team leader.

Fifteen questionnaires were issued to residents, residents' relatives/representatives and staff, with a request that these were completed and returned to RQIA within one week of the inspection.

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 20 December 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was 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 2 June 2015

There were no requirements or recommendations made as a result of the last medicines management inspection.

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. 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 annually. Training in the management of diabetes and the administration of insulin had been provided for relevant staff, by the Diabetes Specialist Nurse, in November 2016.

There were robust procedures in place to ensure the safe management of medicines during a resident's admission to the home and discharge from the home.

Robust systems were in place to manage incoming/outgoing medicines for short stays to ensure adequate supplies were available and to prevent wastage. The team leader advised of the procedures to identify and report any potential shortfalls in medicines. The safe storage of any prescriptions until they are dispensed was discussed.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were signed by the prescriber.

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.

Satisfactory arrangements were observed for the management of high risk medicines e.g. insulin.

Appropriate arrangements were in place for administering medicines in disguised form.

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.

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. There was evidence that time critical medicines had been administered at the correct time. At the time of the inspection one short-stay resident was accommodated, only the medicines prescribed for this resident were examined.

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.

The team leader 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 and the next of kin.

Medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited regularly and an audit was completed for each resident at the end of each short stay.

Following discussion with the team leader, it was evident that when applicable, other healthcare professionals were contacted in response to matters relating to medicines management.

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?

Appropriate arrangements were in place to facilitate one resident with supervised self-administration of medicines.

The administration of medicines to the resident present was not observed. It was not possible to ascertain the views and opinions of the resident; however they appeared to be comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, questionnaires were issued to residents, relatives/residents' representatives and staff. Two questionnaires were received from relatives indicating that they were very satisfied with the management of medicines in the home. Four staff questionnaires were returned within the specified timescale. Responses indicated that these members of staff had no concerns with the management of medicines in the home.

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. These had been reviewed and revised in April 2017. The team leader confirmed that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. The team leader confirmed that staff knew how to identify and report incidents. 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 good outcomes had been achieved. The team leader advised of the procedures in place to ensure that appropriate action was taken should a discrepancy arise.

No requirements or recommendations were made as a result of this or the last medicines management inspection and staff are to be commended on the robust systems in place.

Following discussion with the team leader, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. The team leader confirmed that staff had received training on adult safeguarding and were aware that medication incidents may need to be reported to the adult safeguarding lead.

The team leader confirmed that any concerns in relation to medicines management were raised with management and that outcomes were shared 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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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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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