

Unannounced Medicines Management Inspection Report 15 June 2016



Malone

Type of Service: Residential Care Home
Address: 188 Upper Malone Road, Belfast BT17 9JZ
Tel No: 028 9061 1745
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Malone took place on 15 June 2016 from 09:50 to 13:00.

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. However, one area for improvement was identified; the treatment room temperature was consistently above 25°C. A requirement was made.

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. No requirements or recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Residents spoken to confirmed that their medicines had been administered appropriately. No requirements or recommendations were made.

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 audit activity. No requirements or recommendations were 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 |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1 | 0 |

Details of the QIP within this report were discussed with Mrs Julie-Ann Russell, 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection on 1 June 2016; there were no issues to be followed up from this inspection.

2.0 Service details

| | |
|---|---|
| Registered organisation/registered provider: Mr Kevin McKinney | Registered manager: Mrs Julie-Ann Russell |
| Person in charge of the home at the time of inspection: Mrs Julie-Ann Russell | Date manager registered: 17 November 2015 |
| Categories of care: RC-PH, RC-DE, RC-I | Number of registered places: 28 |

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

We met with two residents and two senior care assistants.

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 1 June 2016

The most recent inspection of the home was an unannounced care inspection. The report is due to be issued to the registered person by 29 June 2016.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 21 January 2015

| Last medicines management inspection statutory requirements | | Validation of compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 13 (4) Stated: Second time | The registered person must ensure that records of medicines which are received into the home are fully and accurately maintained. | Met |
| | Action taken as confirmed during the inspection: Records of medicines received into the home were found to be maintained in a satisfactory manner. | |
| Last medicines management inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 30 Stated: Second time | The registered person should review the recording systems in place for all residents who are prescribed 'when required' medicines for the management of distressed reactions as detailed in the report. | Met |
| | Action taken as confirmed during the inspection: 'When required' medicines for the management of distressed reactions were not currently prescribed. The registered manager and one of the senior carers confirmed that this system is in place when relevant. Due to the assurances received this recommendation has been assessed as met and not carried forward to the next inspection. | |

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 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 the management of medicines had been provided in January 2016 and senior care assistants had also completed on line training in April and May 2016.

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 and handwritten entries on medication administration 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.

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.

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. Medicines were stored safely and securely; however the temperature of the treatment room was observed to be 28.5°C on the day of the inspection. A review of the home’s records indicated that the temperature was usually between 26°C and 27°C. The temperature of the treatment room must not exceed 25°C; a requirement was made. The current temperature of the refrigerator was monitored each day and was satisfactory. The registered manager and senior carer were reminded that the maximum, minimum and current temperatures should be monitored each day and that the thermometer should then be reset. This was carried out at the beginning of the inspection and satisfactory readings were recorded. The registered manager agreed to closely monitor the records for the refrigerator temperature.

Areas for improvement

The registered person must ensure that medicines are stored at the correct temperatures. A requirement was made.

| | | | |
|-------------------------------|----------|----------------------------------|----------|
| Number of requirements | 1 | Number of recommendations | 0 |
|-------------------------------|----------|----------------------------------|----------|

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 all residents were able to tell staff if they were in pain. The registered manager advised that pain control is discussed as part of the admission process; however care plans were not in place. The registered manager confirmed that this would be reviewed and that appropriate care plans would be put into place. Due to the assurances provided a recommendation was not made.

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. A record was maintained of all medication refusals including the reason for any refusal; this good practice was commended.

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 several solid dosage medicines and nutritional supplements. A review of these records indicated that they had been accurately maintained and medicines had been administered as prescribed.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response medication related issues.

Areas for improvement

No areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|----------|----------------------------------|----------|

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

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.

Both residents spoken with advised that they were very happy in the home. They stated that although they would prefer not to take medicines they realised that they were necessary. They confirmed that they could request pain relief when required.

Residents 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 |
|-------------------------------|----------|----------------------------------|----------|

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly. 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 had been a recent change in community pharmacy; the registered manager advised that the policies and procedures would be reviewed and revised to reflect any changes.

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 home's audit records indicated that satisfactory outcomes had been achieved. The registered manager confirmed that if a discrepancy is identified it is investigated and any learning shared with staff either individually or at team meetings.

Following discussion with the registered manager and care staff, 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 management. They advised that any resultant action was communicated with staff either individually or via team meetings. A team meeting had been arranged for the afternoon of the inspection to review systems prior to senior carers taking annual leave.

Areas for improvement

No areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|----------|----------------------------------|----------|

5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Julie-Ann Russell, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 32

Stated: First time

To be completed by:
15 July 2016

The registered provider must ensure that medicines are stored at the correct temperatures.

Response by registered provider detailing the actions taken:

Two 4 inch duct fans have been fitted into the medication room, however the temperature is still running above 25 degrees. A digital room stat has now been fitted and if this fails to resolve the problem then an air conditioning unit will be fitted.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews