

Unannounced Medicines Management Inspection Report 19 April 2018



Victoria House

Type of service: Residential Care Home
Address: 22 Moneyleck Road, Rasharkin, BT44 8QB
Tel No: 028 2957 1423
Inspector: Rachel Lloyd

www.rqia.org.uk

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 with 11 beds that provides care for residents with a variety of care needs as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Victoria House Responsible Individual: Mr Samuel Derek Robinson Wallace	Registered Manager: See below
Person in charge at the time of inspection: Ms Rhonda Henry	Date manager registered: Ms Rhonda Henry - application received - registration pending
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia LD – Learning disability	Number of registered places: 11 including: RC-LD – maximum one resident RC-DE – three identified residents only Residents on the first floor have low dependency in terms of mobility and require minimum assistance The home is approved to provide care on a day basis only to one person in category DE

4.0 Inspection summary

An unannounced inspection took place on 19 April 2018 from 10.35 to 14.00.

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, most of the medicine records, medicine storage and the management of controlled drugs.

Areas for improvement were identified in relation to verifying entries on personal medication records, the management of distressed reactions, ensuring that prescribed medicines are available for administration and the management of medicines on admission.

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
Total number of areas for improvement	0	*5

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Rhonda Henry, 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.

4.2 Action/enforcement taken following the most recent premises inspection

The most recent inspection of the home was an announced premises inspection undertaken on 9 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 and returned QIPs
- recent correspondence with the home
- the management of incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the manager and briefly with the registered provider at the start of the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views 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
- policies and procedures
- care plans
- training records
- medicines 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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 January 2018

The most recent inspection of the home was an announced premises inspection. The completed QIP will be returned and assessed by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 6 April 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	Records of competency assessment and of supervision and appraisal should be maintained for all staff involved in the management of medicines.	Met
	Action taken as confirmed during the inspection: Competency assessments and appraisals had been completed since the last inspection in May 2016. The manager stated that these were planned for review in the next few weeks. The manager also stated that staff supervision sessions were included in team meetings and that the management of medicines and audit outcomes were discussed on a regular basis. It was advised that competency assessment should take place on an annual basis, however, due to the assurances received this area for improvement was not stated for a second time.	

Area for improvement 2 Ref: Standard 10 Stated: First time	The reason for and the outcome of the administration of medicines prescribed for use “when required” for distressed reactions should be recorded on every occasion.	Not met
	Action taken as confirmed during the inspection: These details were not routinely recorded in the records examined. This area for improvement was stated for a second time.	
Area for improvement 3 Ref: Standard 6 Stated: First time	Care plans should be further developed to include the management of pain and distressed reactions specific to the resident.	Not met
	Action taken as confirmed during the inspection: The care plans examined did not include this information. This area for improvement was stated for a second time.	

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 staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, discussion and appraisal. Competency assessments had been completed in May 2016 and were due to be completed in the coming weeks. The manager stated that it was her intention that these would then take place annually. Refresher training in medicines management was underway, and was to be completed by all relevant staff in April 2018, in the form of an e-learning package. In relation to safeguarding, the manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to.

The systems in place to manage the ordering of prescribed medicines were examined. Antibiotics and newly prescribed medicines had been received into the home without delay. However, there were a few examples of medicines being omitted due to being out of stock for one or two doses. All prescribed medicines must be available for administration as prescribed. Systems should be reviewed to ensure that adequate supplies are available. An area for improvement was identified.

The arrangements in place to manage changes to prescribed medicines were examined. Personal medication records and any new entries were not always updated and verified by two

members of staff. This is necessary to ensure accuracy in transcription. An area for improvement was identified.

The procedures in place in relation to the management of medicines during a resident’s admission to the home were examined. For one recently admitted resident, medicines had not been verified with the prescriber to confirm accuracy. This confirmation is necessary to ensure that the medicines regimen is accurate to ensure safe and effective care. Systems should be reviewed to ensure that this takes place for every admission. An area for improvement was identified.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, the management of controlled drugs and the storage of medicines.

Areas for improvement

All prescribed medicines must be available for administration as prescribed. Systems should be reviewed to ensure that adequate supplies are available.

Personal medication records and any new entries should be updated and verified by two members of staff to ensure accuracy in transcription.

Systems should be reviewed to ensure that medicines are verified with the prescriber to confirm accuracy for every admission.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The sample of medicines examined had mostly been administered in accordance with the prescriber’s instructions (see section 6.4). 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 or three monthly medicines were due.

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. However, the reason for and the outcome of administration were not always recorded and a care plan was not in place. Two areas for improvement stated at the last medicines management inspection were stated for a second time.

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 any pain was well controlled and the resident was comfortable. Staff advised that the residents could verbalise any pain. However, for one resident the care plan was not up to date. The maintenance of care plans was included in an area for improvement stated at the last medicines management inspection; this was stated for a second time (see Section 6.2).

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 would be reported to the prescriber.

The majority of medicine records were well maintained and readily facilitated the audit process (see also section 6.4).

Practices for the management of medicines were audited throughout the month. In addition, audits were completed by the community pharmacist.

Following discussion with the manager, it was evident that when applicable, other healthcare professionals are contacted in response to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of most of the record keeping and the administration of medicines.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The administration of medicines to residents was not observed during this inspection. Following discussion with the manager it was confirmed that residents were given time to take their medicines and medicines were given in accordance with the residents’ preferences.

Throughout the inspection, good relationships were observed between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear, from discussion and observation of staff, that they were familiar with the residents’ backgrounds and their likes and dislikes.

No residents were spoken to during the inspection on this occasion.

Ten questionnaires were left in the home to facilitate feedback from residents and relatives. None were returned within the specified timescale (two weeks).

Any comments from residents, their representatives or staff received after the issue of this report will be shared with the manager for their information and action as required.

Areas of good practice

There was evidence that staff listened to residents and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspector 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. The manager confirmed that arrangements are in place to implement the collection of equality data within Victoria House.

Written policies and procedures for the management of medicines were in place.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

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.

Not all of the recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement

sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Following discussion and observation, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. The manager confirmed that any concerns in relation to medicines management were raised with management and stated that there were good working relationships.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Rhonda Henry, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 10 Stated: Second time To be completed by: 19 May 2018	<p>The reason for and the outcome of the administration of medicines prescribed for use “when required” for distressed reactions should be recorded on every occasion.</p> <p>Ref: 6.2 & 6.5</p> <p>Response by registered person detailing the actions taken: This is currently being done, and discussed with staff in training.</p>
Area for improvement 2 Ref: Standard 6 Stated: Second time To be completed by: 19 May 2018	<p>Care plans should be further developed to include the management of pain and distressed reactions specific to the resident.</p> <p>Ref: 6.2 & 6.5</p> <p>Response by registered person detailing the actions taken: This has been done will continue to develop it more in care notes.</p>
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: 19 May 2018	<p>The registered person shall ensure that systems are reviewed to ensure that all prescribed medicines are available for administration as prescribed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This is currently being done.</p>
Area for improvement 4 Ref: Standard 31 Stated: First time To be completed by: 19 May 2018	<p>The registered person shall ensure that personal medication records and any new entries are updated and verified by two members of staff to ensure accuracy in transcription.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This will continue to be done, further reminder to all staff the importance of doing this.</p>
Area for improvement 5	<p>The registered person shall ensure that systems are reviewed to ensure that prescribed medicines are verified with the prescriber for</p>

<p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>every admission.</p> <p>Ref: 6.4</p>
<p>To be completed by: 19 May 2018</p>	<p>Response by registered person detailing the actions taken: This is currently being done on new admissions.</p>

Please ensure this document is completed in full and returned via the Web Portal



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
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care