



# Unannounced Medicines Management Inspection Report 3 April 2019



## Rosemary Lodge Care Home

Type of service: Residential Care Home  
Address: 9 Fennel Road, Antrim, BT41 4PB  
Tel No: 028 9442 8877  
Inspector: Paul Nixon

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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 44 residents with a variety of care needs, as detailed in section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Ltd  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Mrs Gail Donnell	<b>Date manager registered:</b> Mrs Gail Donnell Acting – no application required
<b>Categories of care:</b> Residential Care (RC): I – Old age not falling within any other category DE – Dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years LD – Learning disability PH(E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 44 including  RC-LD – maximum of two residents

### 4.0 Inspection summary

An unannounced inspection took place on 3 April 2019 from 09.50 to 14.20.

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 medicine governance, medicine administration and medicines storage.

Areas for improvement were identified in relation to controlled drug records and the recording of the use of food and fluid thickeners.

There was a warm and welcoming atmosphere in the home. Residents were relaxed and good relationships with staff were evident. They spoke positively about the management of their medicines and the care provided in the home. They were complimentary about the staff and management.

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>	*1	1

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Gail Donnell, 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 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 February 2019. 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 involving medicines that had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with three residents, the manager, a support manager from the same organisation and three members of care staff.

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

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you' cards in the foyer of the home to inform residents and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of service provision. Flyers which gave information on raising a concern 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
- medicines storage temperatures

The area for improvement identified at the last medicines management inspection was reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager and a support manager from the same organisation at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 February 2019

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 25 July 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that the controlled drugs record is fully and accurately maintained.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The records of the receipts of controlled drugs were not fully completed (staff signatures and stock balances were missing). The returns of controlled drugs, either to pharmacy for disposal or to the resident on discharge from the home, were not routinely recorded.  <b>This area for improvement is stated for a second time.</b>	

## 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. 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 or more frequently if needed. Following an increase in medicine incidents, the manager was in the process of reviewing the competencies of the senior carers. Also, because of the increase in medicine incidents, a community pharmacist was due to facilitate refresher training in medicines management for the senior carers on 5 April 2019.

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. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records and medicine administration records were generally updated by two trained staff. This safe practice was acknowledged.

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.

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.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The home's audit activity had identified some gaps in, what the home policy states should be, the daily monitoring of the medicine refrigerator temperature range and treatment room temperature; the manager was currently addressing this matter with staff.

### Areas of good practice

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

## Areas for improvement

No new 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 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, 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. A care plan was maintained. There was no recent use of these medicines.

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. A care plan was maintained.

For those residents prescribed a food and fluid thickener, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were in place. However, their use was not recorded. An area for improvement was identified.

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.

With the exception of the controlled drugs record book (see section 6.2), medicine records were mostly well maintained and facilitated the audit process.

Following discussion with the manager and staff and examination of care plans, it was evident that other healthcare professionals were contacted, when required, to meet the needs of residents. 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 care planning and the administration of medicines.

**Areas for improvement**

The use of food and fluid thickeners should be recorded.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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.**

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their resident’s needs, wishes and preferences. Staff and resident interaction and communication demonstrated that residents were treated courteously, with dignity and respect. Good relationships were evident between staff and residents.

The residents we spoke with advised that they were very satisfied with the care provided in the home, including the management of their medicines. They were complimentary regarding staff and management. Comments made included:

- “I am cared for well; the staff are very food.”
- “It’s very good here; staff are very nice.”
- “I am well cared for, it is a nice home.”

None of the questionnaires that were issued for residents or their representatives to complete were returned within the specified timescale (two weeks).

**Areas of good practice**

Staff listened to residents and took 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 within Rosemary Lodge Care Home.

Written policies and procedures for the management of medicines were in place; they were not reviewed on this occasion. Following discussion with staff, it was evident that they were knowledgeable with the policies and procedures and that any updates were highlighted to them.

The governance arrangements for medicines management were reviewed. Management advised of the audits which take place and how areas for improvement were identified and followed up. This was usually through the development of action plans and staff supervision. The audit activity included running stock balances for some solid dosage medicines. However, the area for improvement identified at the last medicines management inspection had not been addressed. To ensure that areas for improvement are fully addressed and the improvement sustained, it was proposed that the QIP should be regularly reviewed as part of the quality improvement process.

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. Any anomalies in the medicine administration procedures identified by the robust internal auditing system were reported to RQIA as incidents. There was evidence of the action taken and learning implemented following 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.

Following discussion with staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with the manager, and any resultant action was discussed at team meetings and/or supervision. They spoke positively about their work and advised that there were good working relationships in the home with staff, management and with other healthcare professionals. They stated they felt well supported in their work.

No members of staff shared their views by completing an online questionnaire.

### **Areas of good practice**

There were examples of good practice in relation to the management of medicine incidents. 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

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Gail Donnell, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 3 May 2019	The registered person shall ensure that the controlled drugs record is fully and accurately maintained.  <b>Ref:</b> 6.2  <b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure that the controlled drug record is fully and accurately maintained.
<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>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 3 May 2019	The registered person shall ensure that the use of food and fluid thickeners is recorded.  <b>Ref:</b> 6.5  <b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure that the use of food and fluid thickeners is recorded.

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



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