

Unannounced Medicines Management Inspection Report 1 December 2016



Rosemary Lodge Care Home

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

1.0 Summary

An unannounced inspection of Rosemary Lodge Care Home took place on 1 December 2016 from 12:20 to 15:20.

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. Two areas of improvement were identified in relation to the management of diabetes and the storage of medicines. Two recommendations were 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. There were no areas of 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. Residents consulted with confirmed that they were administered their medicines appropriately. There were no areas of 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 of 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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Una Brady, Acting 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 July 2016.

2.0 Service details

Registered organisation/registered person: Four Seasons (Bamford) Ltd Dr. Maureen Claire Royston	Registered manager: Mrs Shirley Martin
Person in charge of the home at the time of inspection: Ms Swapna Soman, Deputy Manager, joined by Mrs Una Brady, Acting Manager	Date manager registered: Awaiting Application - Registration Pending
Categories of care: RC-LD, RC-I, RC-MP(E), RC-PH(E), RC-DE	Number of registered places: 44 Not more than 2 persons in Cat. RC-LD.

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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.

During the inspection the inspector met with one resident, the deputy manager and acting manager and one resident's relative.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Twenty-eight questionnaires were issued to staff, residents, relatives/residents' representatives with a request that these were completed and returned within one week for the inspection.

The following records were 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 26 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 6 May 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	The registered manager must ensure that masks and spacer devices for administering doses of inhaled medicines, and intended for single patient use only are labelled and used as such.	Met
	Action taken as confirmed during the inspection: All masks and spacer devices are labelled with the resident's name and are kept in individual bags.	

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. Recent training was an update on competency and general medicines management. The deputy manager had just taken up post and was still undergoing her induction training which included the management of medicines.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

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. 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.

The community nursing services are responsible for the administration of insulin to any insulin dependent residents. It was noted that this was identified in a care plan. However there was no evidence seen of the role of care staff in the management of the resident’s condition, eg the identification of and action to be taken in the event of any hypoglycaemic episodes. A recommendation was made.

Medicines were stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean and tidy. It was difficult to locate some medicines, which were not supplied in the monitored dosage system, in the trolley. Medicines belonging to the same resident were not always stored together and this raises the risk of medicines not being administered. A recommendation was made. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators were checked at regular intervals.

Areas for improvement

The care plans for residents with diabetes should be reviewed to ensure, where appropriate, they contain details of the identification and action to be taken in the event of a hypoglycaemic episode. A recommendation was made.

The storage of medicines within the medicine trolleys should be reviewed. A recommendation was made.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

The majority of the sample of medicines examined had been administered in accordance with the prescriber’s instructions. It was agreed that the acting manager would review the administration of one antibiotic to ensure that the resident had received the prescribed dose.

There was evidence that time critical medicines had been administered at the correct time. Arrangements were in place to alert staff of when doses of weekly, monthly or three monthly medicines were due. District nursing services regularly visit the home to attend to the health needs of residents.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Separate records were maintained to record when the analgesia, if prescribed “when required”, was administered and the effect of the administration.

When residents were prescribed medicines for administration on a ‘when required’ basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Additional sheets were on the medicine file indicating when the medicine was to be administered and the outcome of each administration. These medicines were rarely administered.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional administration records for the administration of medicines not in the monitored dosage systems.

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, nutritional supplements and inhaled medicines. In addition, a quarterly audit was completed by the community pharmacist.

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

Areas for improvement

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

4.5 Is care compassionate?

It was noted that the staff was checking the personal medication record and medicine administration record prior to preparing the medicines in the treatment room. The medicines were then taken to each resident on an individual basis. This was not observed as the process was being monitored as part of an induction programme.

As part of the inspection process, we issued questionnaires to staff, residents and residents’ representatives. Five residents, four staff and two residents’ representatives completed and returned questionnaires within the specified timeframe. Comments received were very positive; the responses were recorded as ‘satisfied’ or ‘very satisfied’ with the management of medicines in the home.

During the inspection one relative advised that they were satisfied with the care provided in the home. There had been a concern raised by them and management had responded positively to this and apologised.

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. 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 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. Three of these had related to the administration of analgesic patches. The evidence seen during the inspection was that this had been addressed with the patches now administered as prescribed.

A review of the audit records indicated that largely 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.

Following discussion with the acting manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Una Brady, Acting 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 Department of Health, Social Services and Public Safety (DHSSPS) 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 to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should review the care plans for residents with diabetes to ensure, where appropriate, that they contain details of the identification and action taken in the event of a hypoglycaemic episode.</p> <p>Response by registered provider detailing the actions taken: Care plans have been reviewed for those residents with diabetes to contain details of the identification and action in the event of a hypoglycaemic episode.</p>
<p>Recommendation 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should review the storage of medicines within the medicine trolleys.</p> <p>Response by registered provider detailing the actions taken: The storage of medicines within the medicine trolleys has been reviewed.</p>



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