Unannounced Medicines Management Inspection Report
15 September 2016

Kimberley House

Type of service: Residential Care Home
Address: 45, Abbey Road, Newtownards, BT23 8JL
Tel No: 028 9181 0003
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Kimberley House took place on 15 September 2016 from 10.40 to 12.30.

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 who administered medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. There were no areas of improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients 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 advised that residents were given their medicines at a time and location of their choice. 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Joanne Black, Registered Manager, 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 17 November 2015.

2.0 Service details

Registered organisation / registered provider: Praxis Care Group / Challenge Mr. Andrew James Mayhew	**Registered manager:** Mrs Joanne Black
Person in charge of the home at the time of inspection: Mrs Joanne Black	**Date manager registered:** 2 August 2013
Categories of care: RC-LD, RC-LD(E)	**Number of registered places:** 13

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

We met with the team leader and the registered manager.

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.

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 17 November 2015

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 5 and 9 September 2013

Last medicines management inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First Time	The entries in the disposal of medicines record must be clearly recorded.	**Met**
	Action taken as confirmed during the inspection: Entries in the disposal of medicines record book were clearly recorded.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 30 **Stated:** First Time	The registered manager should review the procedure for the supply of medicines to ensure that prescriptions are received initially by the home for checking before being sent to the pharmacy.	**Met**
	Action taken as confirmed during the inspection: Prescriptions were received into the home and checked against the order before being forwarded to the pharmacy for dispensing.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First Time	When relevant, the registered manager should complete a medicines management audit action plan and record how the issues from the previous action plan have been addressed.	**Met**
	Action taken as confirmed during the inspection: Action plans as a result of the home's audits were available in the treatment room.	

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 manage medicines. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed annually.

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 were updated by two members of staff. This safe practice was acknowledged. It was agreed that all hand-written updates on the medication administration records would also be verified and signed by two members of staff.

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.

Robust arrangements were observed for the management of high risk medicines e.g. clozapine. Running stock balances of supplies of clozapine tablets were being maintained.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

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

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were arrangements in place to alert staff of when doses of transdermal patches 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. Detailed protocols were in place. Staff confirmed that the reason for and the outcome of each administration were recorded. These medicines had not been required to be administered recently.

The management of pain was examined. Staff advised that residents did not require regular pain relief. "When required" pain relief was available for all residents. Staff confirmed that all residents could verbalise their pain.

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. This was evidenced for one resident during the inspection.

Medicine records were well maintained and facilitated the audit process. The registered manager and team leader were advised that obsolete personal medication records should be cancelled and archived; it was agreed that this would be completed following the inspection and therefore a recommendation was not made.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for all medicines which were not contained within the blister pack system.

Following discussion with the registered manager and team leader, it was evident that when applicable, other healthcare professionals are contacted in response to 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?

The administration of medicines was not observed at the inspection. The team leader advised that residents are asked to attend the treatment room individually before 8.30am each morning to receive their medication. This ensures that medicines are administered safely before the residents go to work.

It was not possible to ascertain the views and opinions of residents as they were either at work or did not wish to speak to the inspector.

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. There was evidence of the action taken and learning implemented following incidents.

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 registered manager and team leader, 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.

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

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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