



Unannounced Medicines Management Inspection Report 29 October 2018



Kimberley House

Type of service: Residential Care Home

Address: 45 Abbey Road, Newtownards, BT23 8JL

Tel No: 028 9181 0003

Inspector: Helen Daly

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 16 beds that provides care for residents with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group/Challenge Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Mrs Joanne Black
Person in charge at the time of inspection: Ms Sarah Hill, Team Leader	Date manager registered: 2 August 2013
Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	Number of registered places: 16

4.0 Inspection summary

An unannounced inspection took place on 29 October 2018 from 10.15 to 12.55.

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) Minimum Standards for Residential Care Homes, 2011.

The inspection assessed progress with any areas for improvement identified 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, medicine records, medicine storage and care planning.

No areas for improvement were identified; staff were commended for their ongoing efforts.

We spoke with one resident who was complimentary regarding the care and staff in the home.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Sarah Hill, Team Leader, 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.

4.2 Action/enforcement taken following the most recent finance inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 26 June 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
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

During the inspection we met with one resident and the team leader.

We provided the team leader with 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform residents/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the team leader 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
- medicine audits
- care plans
- training records
- medicines storage temperatures

The findings of the inspection were provided to the team leader at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 June 2018

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

6.2 Review of areas for improvement from the last medicines management inspection dated 15 September 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to residents 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. Training had been provided by the community pharmacist and via e-learning. Competency assessments were completed annually and following medication incidents. Epilepsy awareness training was provided every 18 months. Staff had also completed training on the management of diabetes.

In relation to safeguarding, the team leader advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided in August 2018.

There were procedures in place to ensure the safe management of medicines during a resident's admission/re-admission to the home and to manage medication changes. Personal medication records and hand-written entries on the medication administration records were verified and signed by two trained staff.

There were systems in place to ensure that residents had a continuous supply of their prescribed medicines. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. The date of opening was recorded on all insulin pens to facilitate audit and disposal at expiry.

The management of clozapine and buccal midazolam was examined and found to be satisfactory. Epilepsy management plans were in place.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

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. The medicine refrigerators were checked daily. Satisfactory recordings were observed for the daily room and refrigerator temperatures.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of diabetes and epilepsy.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. There were arrangements in place to alert staff of when doses of 72 hourly 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. Detailed care plans were in place. 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. The reason for and the outcome of administration were recorded.

The management of pain was reviewed and found to be satisfactory. Regular pain relief was not currently prescribed. The team leader advised that all residents could verbalise their pain and had a supply of “when required” analgesics.

The team leader advised that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents’ health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. These included the records of transfer of medicines for home leave and day care.

Practices for the management of medicines were audited daily by the staff and management. This included running stock balances for medicines which were not supplied in the monitored dosage system.

Following discussion with the team leader, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. 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 the standard of record keeping, care planning and the administration of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

We did not observe the administration of medicines during the inspection. Discussion with the team leader indicated that staff were familiar with how the residents liked to take their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. We observed residents to be relaxed and comfortable.

We spoke with one resident who was complimentary regarding the care provided and staff in the home. The resident advised that they did not have any pain and that they could ask staff for anything they needed. The resident had just returned from a weekend away and had enjoyed a morning shopping accompanied by staff. Comments included:

“The staff are very good. They are kind. I like to go out to the shops and the staff will take me whenever I want.”

As part of the inspection process, we issued 10 questionnaires to residents and their representatives, none were returned within the specified time frame.

Any comments from residents and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

Areas of good practice

Staff were observed to listen to residents and to respond promptly to their requests. Each resident had a care plan detailing how they communicate.

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.

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 Kimberley House.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

There were robust arrangements in place for the management of medicine related incidents. The team leader advised that staff were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. The team leader advised of the auditing processes completed by both staff and management. Areas identified for improvement were detailed in an action plan which was shared with staff to address and there were systems in place to monitor improvement.

Following discussion with the team leader, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. She advised that any concerns in relation to medicines management were raised with the registered manager and that any resultant action was communicated with all staff without delay.

The team leader spoke positively about her work and advised there were good working relationships in the home with staff and the registered manager. She stated staff felt well supported in their work and that there was excellent team work.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date.

No online questionnaires were completed by staff with the specified time frame (two weeks).

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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