

Unannounced Medicines Management Inspection Report 2 March 2017



Camphill Community Hollywood

Type of service: Residential Care
Address: The Flat, 8a Shore Road, Hollywood, BT18 9HX
Tel no: 028 9042 3203
Inspector: Cathy Wilkinson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Camphill Community Holywood took place at 1 Riverside, Holywood on 2 March 2017 from 11.00 to 12.15.

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. However, the registered manager must ensure that a personal medication record is maintained for each resident. The requirement made previously with regards to this issue has been stated for a second time.

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 for 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. There were no areas for 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 share learning from any medicine related incidents and medicine audit activity. There were no areas for 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	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Andrea Diesel, Registered 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

There were no further actions required to be taken following the most recent inspection on 7 February 2017.

2.0 Service details

Registered organisation/registered person: Camphill Community – Holywood Mr James Morton	Registered manager: Ms Andrea Diesel
Person in charge of the home at the time of inspection: Ms Andrea Diesel	Date manager registered: 15 June 2015
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 4

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 registered manager and one resident.

Nine questionnaires were provided for completion by residents, relatives and staff, with a request that they are returned within one week of the inspection.

A sample of the following records was examined:

- medicines requested and received
- medicine administration records
- medicines disposed of or transferred
- training records
- medicine audits
- policies and procedures
- care plans

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 February 2017

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations following this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 26 September 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: First time	The manager must ensure that a personal medication record is maintained on file for each resident.	Not Met
	Action taken as confirmed during the inspection: Personal medication records were not in place at the time of this inspection. This was discussed in detail with the registered manager. A sample of a personal medication record sheet was sent to the registered manager by email following the inspection for reference. This requirement has been stated for a second time	
Requirement 2 Ref: Regulation 13 (4) Stated: First time	The manager must ensure that all medicines keys are safely and securely stored to ensure that there is no unauthorised access to medicines.	Met
	Action taken as confirmed during the inspection: Medicine keys were observed to be stored in a locked safe which is accessed by keypad.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 30 Stated: First time	Liquid Medicine in the Flat should be closely monitored to ensure that it is being taken as prescribed.	No longer applicable
	Action taken as confirmed during the inspection: There are no residents currently residing in the Flat, therefore this recommendation is no longer applicable.	

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 undertake medicine related tasks. The impact of training was monitored through team meetings and supervision.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The registered manager advised of the procedures to identify and report any potential shortfalls in medicines.

The arrangements in place to manage changes to prescribed medicines require review. Personal medication records were not in place for any of the residents. This was discussed in detail with the registered manager and advice was given. The requirement made previously with regards to personal medication records has been stated for a second time.

There were procedures in place to ensure the safe management of medicines during a resident's period of absence from the home.

Discontinued or expired medicines were disposed of appropriately. The registered manager was advised that it would be good practice to ask the pharmacist to sign the record of returned medicines.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

Areas for improvement

The manager must ensure that a personal medication record is maintained on file for each resident. A requirement was stated for the second time.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

A range of compliance aids were used to facilitate residents to self-administer some or all of their medicines.

The registered manager advised of the systems in place to ensure that residents were taking their medicines appropriately and the arrangements in place to ensure that residents did not buy extra medicines when out shopping.

Practices for the management of medicines were audited weekly by the staff and management.

Following discussion with the registered manager, it was evident that other healthcare professionals are contacted when necessary to meet the needs of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents in the self-administration of medicines. Residents were encouraged to be as independent as possible in managing their medicines. Risk assessments had been completed and staff supported residents when it was not in their best interest to self-administer.

It was apparent that there were good relationships between residents, their families and staff in the home. Records belonging to each resident were personalised to ensure that the resident's needs were met in an appropriate manner.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place; they are in the process of being reviewed and revised and a sample of the new policies was provided for inspection.

There were robust arrangements in place for the management of medicine related 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 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
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Andrea Diesel, Registered 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 pharmacists@rqia.org.uk 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

Statutory requirements

Requirement 1	The manager must ensure that a personal medication record is maintained on file for each resident.
Ref: Regulation 13(4)	Response by registered provider detailing the actions taken: Personal medical records now in place. 
Stated: Second time	
To be completed by: 2 April 2017	

Please ensure this document is completed in full and returned to pharmacists@rgia.org.uk from the authorised email address



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