



Unannounced Medicines Management Inspection Report 19 July 2018



Camphill Community Hollywood

Type of service: Residential Care Home
Address: The Flat, 8a Shore Road, Hollywood, BT18 9HX
Tel No: 028 9042 3203
Inspector: Catherine Glover

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 which is registered to provide care for four residents with a learning disability. This home is split over two sites. One resident resides in the flat and three residents reside in the house at 1 Riverside, Holywood, BT18 0PN.

3.0 Service details

Organisation/Registered Provider: Camphill Community Holywood Responsible Individual: Mrs Andrea Diesel (registration pending)	Registered Manager: Mrs Andrea Diesel
Person in charge at the time of inspection: Mrs Andrea Diesel	Date manager registered: 15 June 2015
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 4

4.0 Inspection summary

An unannounced inspection took place on 19 July 2018 from 10.30 to 12.00.

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.

This inspection was conducted in 1 Riverside.

Evidence of good practice was found in relation to medicines administration, medicine records, medicine storage and governance arrangements.

No areas for improvement were identified.

Residents were observed to be engaged in activities with co-workers and good relationships were evident.

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 Mrs Andrea Diesel, 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.

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 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 and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

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

During the inspection the inspector met with the registered manager, two co-workers and two residents.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA.

At the request of the inspector, the registered manager was asked to display a poster in the home which invited staff to share their views of the home by completing an online questionnaire.

The inspector left "Have we missed you?" cards. The cards facilitate patients or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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
- policies and procedures
- care plans
- training records

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2018

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.

6.2 Review of areas for improvement from the last medicines management inspection dated 2 March 2017

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
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The manager must ensure that a personal medication record is maintained on file for each resident.	Met
	Action taken as confirmed during the inspection: Personal medication records were in place for each resident.	

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 co-workers who had responsibility for medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually or more often if needed. Safeguarding training was completed by co-workers on commencement of employment and regularly thereafter.

There were procedures in place to ensure the safe management of medicines during a resident’s admission to the home and for periods where they were absent from the home.

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 that antibiotics and newly prescribed medicines were received in a timely manner.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated and a record of any discussion with the prescriber was recorded.

Discontinued or expired medicines were disposed of appropriately.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Most of the residents self-administer medicines. There were robust arrangements to ensure that medicines were taken in accordance with the prescriber’s instructions. The registered manager advised that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident’s health would be reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Audits on medicines were completed weekly and this helped to identify any discrepancies in a timely manner. Generally good outcomes were observed.

Following discussion with the registered manager and examination of the records, it was evident that other healthcare professionals were contacted when required to meet the needs of residents.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and the monitoring arrangements to ensure that medicines were taken appropriately.

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?

Patients 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 to self-administer medicines.

Throughout the inspection, it was found that there were good relationships between the co-workers and patients. Co-workers were noted to be friendly and courteous. It was clear, from discussion and observation, that they were familiar with the residents' likes and dislikes. There was a warm and welcoming atmosphere in the home.

Questionnaires were left in the home to facilitate feedback from residents and their relatives. Two were returned within the specified time frame which indicated that the resident/relative were satisfied with care within the home.

One comment stated that "Sometimes the phone is not answered in Riverside, despite set times for the phone calls to my [relative]".

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

Co-workers listened to and were engaged with residents throughout the inspection.

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 co-workers being aware of equality legislation and recognising and responding to the diverse needs of residents. Arrangements are in place to implement the collection of equality data within Camphill Community Holywood.

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly.

There were robust arrangements in place for the management of medicine related incidents. The manager advised that co-workers 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. In relation to the regional safeguarding procedures, the registered manager confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved.

Following discussion with the registered manager and care staff, 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.

There were no responses to the online staff questionnaire.

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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