



The Regulation and
Quality Improvement
Authority

Unannounced Medicines Management Inspection Report 24 January 2018



Positive Futures Wheatfield Short Break Service

Type of service: Residential Care Home
Address: 1 Wheatfield Gardens, Belfast, BT14 7HU
Tel No: 028 9018 3277
Inspector: Paul Nixon

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 five beds that provides short respite breaks for adults living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individual: Ms Agnes Philomena Lunny	Registered Manager: Mrs Bernice Kelly
Person in charge at the time of inspection: Ms Lydia Armstrong (Deputy Services Manager)	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 5 RC-LD and RC-LD(E) with associated physical disability

4.0 Inspection summary

An unannounced inspection took place on 24 January 2018 from 09.50 to 12.15.

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 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 the admission and discharge processes, medicines administration, records, care planning, storage and the management of controlled drugs.

No areas requiring improvement were identified.

The resident spoken to stated they were very satisfied with the care provided.

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 Lydia Armstrong, Deputy Services 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

No further actions were required to be taken following the most recent inspection on 24 August 2017.

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

During the inspection the inspector met with one resident, the deputy services manager and three members of staff.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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

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
- care plans
- training records
- medicines storage temperatures

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 24 August 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 22 February 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 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 staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed following the induction period and annually thereafter. Refresher training in medicines management was delivered to staff every three years. Epilepsy management training and training in the administration of rescue medication was delivered to staff every two years.

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. Staff liaise with the persons with caring responsibility in confirming current medication and in obtaining confirmation from the prescriber regarding any changes. Persons with caring responsibility are responsible for ensuring that sufficient medicines are supplied for each period of respite care and any medicines remaining at the end of this time are returned to them.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Staff confirmed they had received safeguarding training.

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.

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 assessments, the management of medicines on admission and discharge and the management of controlled drugs.

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.

From the evidence seen of four residents' records examined during the inspection and the redacted records of four residents provided after the inspection (on 31 January 2018), we were satisfied that medicines had been administered in accordance with the prescribers' instructions.

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. The reason for and the outcome of administration were recorded. A care plan was maintained.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Pain management care plans were in place.

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 person with caring responsibility.

Medicine records were well maintained and facilitated the audit process. Epilepsy management plans were in place for the relevant residents.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for each medicine. Staff and management audit the medicine records at the end of each resident's period of respite stay.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, auditing arrangements, 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?

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

The resident seen was observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were noted to be friendly, courteous and happy in their work; they treated the resident with dignity. Staff were familiar with their needs and wishes of the residents who use the service. Staff advised that there were good relationships with relatives.

The resident we spoke with advised that they were content with the management of their medicines and the care provided in the home. They were very complimentary regarding staff and management.

As part of the inspection process, we issued questionnaires to residents and their representatives. Four questionnaires were completed and returned within the specified timeframe. Comments received were positive; with responses recorded as 'very satisfied' with the care provided in the home.

Areas of good practice

There was evidence that staff listened to residents and relatives and took account of their views.

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.

Following discussion with staff it was evident that they were very knowledgeable with the medicines management policies and procedures and that any updates were highlighted to them.

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. In relation to the regional safeguarding procedures, staff 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 satisfactory outcomes had been achieved.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen.

No members of staff shared their views by completing an online 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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