Unannounced Post-Registration Medicines Management Inspection Report
1 May 2018

Mahon Hall

Type of Service: Residential
Address: 16 Mahon Road, Portadown, Craigavon BT62 3EF
Tel No: 028 3835 0981
Inspector: Helen Daly

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 provider 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 13 beds that provides care for residents who are living with dementia. It is located on the same site as Mahon Hall Nursing Home.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual(s):** Dr Maureen Claire Royston	**Registered Manager:** Ms Cheryl King
Person in charge at the time of inspection: Ms Cheryl King	**Date manager registered:** 12 March 2018
Categories of care: Residential care (RC): DE – dementia	**Number of registered places:** 13

4.0 Inspection summary

An unannounced inspection took place on 1 May 2018 from 10.20 to 12.50.

This was the post registration inspection in relation to medicines management in this recently registered residential care home, located within Mahon Hall Nursing Home. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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).

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

One area for improvement was identified in relation to the management of warfarin.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Cheryl King, 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.

4.2 Action/enforcement taken following the pre-registration premises inspection

The most recent inspection of the home was an announced premises inspection undertaken on 8 March 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 service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the home registered

During the inspection the inspector met with one resident, one care assistant, one senior care assistant and the registered manager.

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 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 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 8 March 2018

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned. This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last medicines management inspection

This was the first medicines management inspection to the home.

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 senior care assistants who have been trained and deemed competent to do so. Training had been provided by the community pharmacist in December 2017 and February 2018. In addition training had been completed via e-learning. Competency assessments and supervised medication rounds had been carried out. Records were provided for inspection.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed in January 2018 and further training was organised.

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.

The registered manager and senior care assistant advised that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. There was no evidence to suggest that medicines were omitted due to stock supply issues. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and hand-written entries on the medication administration records were also verified and signed by two members of staff. This safe practice was acknowledged.

Controlled drugs which are subject to record keeping requirements were not prescribed for any residents. Reconciliation checks were performed on controlled drugs in Schedule 4, Part (1) at the end of each shift; this good practice was acknowledged.

The management of warfarin was reviewed. Dosage directions had been received in writing and then transcribed onto a warfarin administration chart. Stock balance checks were completed after each administration. The audits completed at the inspection indicated that the correct doses had been administered. However, obsolete dosage directions had not been cancelled and archived and transcriptions had not been signed by two members of staff. An area for improvement was identified.

The management of insulin was reviewed. The registered manager and staff on duty were reminded that insulin in-use should be stored at room temperature. It was also agreed that the care plan would be updated to include guidance on the management of hypoglycaemia and hyperglycaemia.

The registered manager advised that discontinued/expired medicines, including controlled drugs were being returned to the community pharmacist for disposal.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The maximum, minimum and current medicine refrigerator temperatures were monitored daily. However, the consistent recordings for the maximum and minimum temperatures indicated that staff were not resetting the thermometer each day after the temperatures had been recorded. The registered manager advised that an easy-read thermometer would be obtained. Due to the assurances provided an area for improvement was not identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments, the management of medication changes and controlled drugs.

Areas for improvement

The management of warfarin should be reviewed and revised.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The majority of medicines examined had been administered in accordance with the prescriber's instructions. A small number of minor discrepancies were highlighted to the registered manager and senior care assistant for close monitoring.

There were arrangements in place to alert staff of when doses of weekly medicines were due.

We reviewed the management of medicines prescribed to be administered 'when required' 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. Detailed guidance directing the use of these medicines was in place. The registered manager and senior care assistant confirmed that the reason for and outcome of administration are recorded when the medicines are used. They had not been needed in recent months.

The management of pain and thickening agents were reviewed and satisfactory systems 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 a resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Staff were commended on the standard of maintenance of the personal medication records and medication administration records. However, several obsolete personal medication records had not been cancelled and archived. It was agreed that this would be completed following the inspection and hence an area for improvement was not made.

Practices for the management of medicines were audited throughout the month by staff and management. This included running stock balances for all medicines.

Following discussion with the registered manager and staff, 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 found throughout the inspection 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?

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

The administration of medicines to residents had been completed prior to the commencement of this inspection and was not observed. Staff were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

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. It was clear from discussion and observation of staff, that the staff were familiar with the residents' likes and dislikes.

The resident spoken to at the inspection advised that they were content in the home and that staff were kind.

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. None were returned within the specified timescale. Any comments from

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

Areas of good practice

There was evidence that staff listened to residents 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

The inspector 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 Mahon Hall.

Written policies and procedures for the management of medicines were in place. These were not examined.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, the registered manager confirmed that staff 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. 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, senior care assistant and care assistant, 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 and that they were actioned without delay. A communications folder was in use which staff read prior to the commencement of each shift.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements 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	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Cheryl King, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 1 June 2018	The registered person shall review and revise the management of warfarin. Ref: 6.4
	Response by registered person detailing the actions taken: Registered Manager has conducted a warfarin review and fully compliant. This will be monitored through audit process.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

@RQIANews