Unannounced Medicines Management Inspection Report
4 July 2017

Abbey View

Type of Service: Nursing Home
Address: 48 Newtownards Road, Bangor, BT20 4BP
Tel No: 028 9146 9644
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 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 nursing home with 25 beds that provides care for patients and one identified resident.

3.0 Service details

Organisation/Registered Provider: Maria Mallaband Ltd **Responsible Individual(s):** Mrs Victoria Craddock	**Registered Manager:** See below
Person in charge at the time of inspection: Mrs Mandy Watterson	**Date manager registered:** Mrs Mandy Watterson – acting, no application required
Categories of care: Nursing Home (NH) I - old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill Residential Care (RC) I - Old age not falling within any other category.	**Number of registered places:** 25 (Category RC-I for 1 identified person only)

4.0 Inspection summary

An unannounced inspection took place on 4 July 2017 from 10.35 to 14.25.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The term 'patients' is used to describe those living in Abbey View, which provides both nursing and residential care.

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.

Evidence of good practice was found in relation to record keeping, care planning and the governance arrangements.

One area for improvement was identified in relation to the non-administration of some medicines due to patients being asleep.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Mandy Watterson, 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 most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 July 2016.

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 medicine related incidents reported to RQIA since the last medicines management inspection

During the inspection the inspector met with one patient, one care assistant, two registered nurses, the manager and a manager from Oakmont Lodge Care Home.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

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
- care plans
- training records
- medicines storage temperatures
- controlled drug record book

Areas for improvements 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 4 July 2016

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 1 July 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must ensure that the refrigerator temperature is maintained between 2^{o}C and 8^{o}C. The thermometer must be reset each day after the temperatures have been recorded.	**Met**
	Action taken as confirmed during the inspection: The daily temperature recordings indicated that the temperature was being maintained within this range and that the thermometer was being reset each day.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must ensure that the temperature of the treatment room is maintained below 25^{o}C.	**Met**
	Action taken as confirmed during the inspection: Air conditioning had been installed. The daily temperature recordings indicated that the temperature was being maintained below 25^{o}C.	

Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must ensure that the administration of liquid form medicines is closely monitored.	**Met**
	Action taken as confirmed during the inspection: Daily running stock balances were being maintained. With the exception of one audit on Ebixa solution the audits completed on liquids at the inspection were correct. It was agreed that the administration of Ebixa solution would be closely monitored.	
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must review the management of thickening agents to ensure that accurate records of prescribing and administration are maintained.	**Met**
	Action taken as confirmed during the inspection: The records of prescribing and administration reviewed at the inspection had been accurately maintained.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 38 **Stated:** Second time	Obsolete personal medication record sheets and warfarin dosage forms should be archived.	**Met**
	Action taken as confirmed during the inspection: The majority of the obsolete personal medication record sheets and warfarin dosage forms had been archived. The manager advised that all registered nurses had been made aware of this recommendation. It was agreed that all obsolete records would be archived on the day of the inspection. In addition the manager agreed to monitor this as part of her audits. Due to the action taken and assurances provided this recommendation was assessed as met.	

Area for improvement 2 **Ref:** Standard 18 **Stated:** First time	The registered provider should review the management of distressed reactions as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: The manager advised that "when required" medicines for the management of distressed reactions were not currently prescribed. She confirmed that when prescribed, detailed care plans were in place and the reason for, and outcome of each administration were recorded.	

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.

The manager advised that all registered nurses completed training on medicines management via e-learning annually. Competency assessments were also completed annually. A sample of these was provided for inspection. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. We discussed the home's orientation process with one agency nurse who advised that she had received a good induction into the home and felt well supported.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. The manager advised that training had been completed via e-learning.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

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. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts for warfarin was acknowledged; daily running stock balances were also being maintained.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Registered nurses were reminded that Xalatan eye drops and Epipens should not be stored in the refrigerator. Some out of date flu vaccines were removed for disposal.

Areas of good practice

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

With the exception of one supply of Ebixa solution, the sample of medicines examined had been administered in accordance with the prescriber's instructions. The manager advised that all registered nurses would be given additional training on the correct use of the pump device and that the administration would be closely monitored.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly and monthly medicines were due.

The manager advised that at present no patients were prescribed medication to be administered "when required" for the management of distressed reactions. She confirmed that when prescribed, detailed care plans would be in place and the reason for and outcome of each administration would be recorded.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place. Protocols for the administration of "when required" pain relief were in place for each patient. The reason for and outcome of each administration was being recorded.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were in place. Each administration was being recorded.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber. It was noted that medicines were sometimes being omitted at night as the patients were asleep. An area for improvement was identified.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the additional recording sheets for transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines, including liquids. In addition, a quarterly audit was completed by the community pharmacist.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and care planning.

Areas for improvement

The registered person shall ensure that medicines are not regularly omitted because patients are asleep.

	Regulations	Standards
Total number of areas for improvement	1	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.

We observed the administration of one medicine. It was administered in a caring manner, the patient was given time to take the medicine.

One patient who was relaxing in the foyer advised that she was very happy in the home.

Other patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Fifteen questionnaires were left in the home to facilitate feedback from patients, staff and relatives. One was returned from a patient who advised that they were very satisfied with all aspects of the care in relation to the management of medicines.

Areas of good practice

Staff listened to patients 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.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

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 largely satisfactory outcomes had been achieved. The manager advised that any discrepancies would be investigated and action plans to prevent a recurrence would be put in place.

Following discussion with the manager, registered nurses 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. They advised that any resultant action was communicated with staff either individually or in team meetings.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Mandy Watterson, 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 nursing 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 4 August 2017	The registered person shall ensure that medicines are not regularly omitted because patients are asleep. **Response by registered person detailing the actions taken:** All patients who retire to bed early will have a medication review arranged with the GP with a view to amending adminstration times for prescribed medication Going forward any patient who misses 2 prescribed doses of medication will be referred to GP for review.

Please ensure this document is completed in full and returned via web portal

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