



# Unannounced Medicines Management Inspection Report 7 June 2018



## Abbey View

**Type of Service: Nursing Home**  
**Address: 48 Newtownards Road, Bangor, BT20 4BP**  
**Tel No: 028 9146 9644**  
**Inspector: Helen Daly**

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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 nursing home with 25 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Maria Mallaband Ltd	<b>Registered Manager:</b> Mr Tiago Moreira
<b>Responsible Individual(s):</b> Mrs Victoria Craddock	
<b>Person in charge at the time of inspection:</b> Mr Tiago Moreira	<b>Date manager registered:</b> 23 May 2018
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 7 June 2018 from 10.30 to 14.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 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 medicines administration, medicine records, medicine storage and the management of controlled drugs.

One area for improvement was identified in relation to the administration of Ebixa solution.

We spoke with two patients who were complimentary regarding the care and the 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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Tiago Moreira, 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 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 1 May 2018. 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 we met with two patients, one care assistant, the administrator, one registered nurse, the deputy manager and the registered manager.

Ten questionnaires were provided for distribution to patients 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
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

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 1 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. At the care inspector's request, the pharmacist inspector confirmed that a 'push button' to exit system was now in place for exiting the home.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 4 July 2017

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that medicines are not regularly omitted because patients are asleep.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the medication administration records indicated that medicines were not being omitted because patients were asleep.	

## 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. Registered nurses completed training on the management of medicines via e-learning annually. The registered manager was currently completing competency assessments with registered nurses. The deputy manager advised that care staff who were responsible for the administration of thickening agents and emollient preparations had been provided with training as part of their induction. The impact of training was monitored through the audit process.

In relation to safeguarding, the registered manager advised that all staff were aware of the regional procedures and who to report any safeguarding concerns to. 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 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.

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

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.

Robust arrangements were observed for the management of insulin.

The management of warfarin was reviewed. Dosage directions were received via facsimile and running stock balances were maintained. However, obsolete dosage directions had not been cancelled and archived. The outcomes of the audits carried out at the inspection indicated that the warfarin had been administered as prescribed. However, the running stock balance was inaccurate for one supply of warfarin, indicating that registered nurses may be changing the figure but not actually counting the stock. These findings were discussed in detail with the registered manager and one of the registered nurses. It was agreed that the obsolete records would be archived from the day of the inspection onwards and that registered nurses would be reminded that the stock has to be physically counted to ensure that any discrepancies would be identified without delay. Due to the assurances provided an area for improvement was not identified.

Appropriate arrangements were in place for administering medicines in disguised form. Care plans were in place and there was evidence of “best interests” discussions.

Discontinued or expired medicines were disposed of appropriately. The deputy manager advised that discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 three supplies of Ebixa solution, the sample of medicines examined had been administered in accordance with the prescriber's instructions. Discrepancies in the administration of Ebixa solution had also been identified at the last medicines management inspection. Registered nurses should be reminded of the correct procedure to follow when administering Ebixa solution (i.e. priming and pressing the pump fully). The registered person should monitor the administration of Ebixa solution. An area for improvement was identified.

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, monthly or three monthly medicines were due.

Medicines to be administered "when required" for the management of distressed reactions had not been in use, however one was prescribed the day before the inspection. The registered manager and registered nurses were reminded that a care plan should be in place and that the reason/outcome of each administration should be recorded. It was agreed that the care plan would be written following the inspection and that if administered the reason/outcome would be recorded.

Satisfactory systems were in place for the management of pain and swallowing difficulty. Care plans and records of prescribing and administration were in place. Staff were aware that ongoing monitoring was necessary to ensure that any pain was well controlled and the patient was comfortable.

Registered nurses 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. There was evidence that liquid medicines were requested for patients who had difficulty swallowing tablets.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included protocols directing the administration of medicines which are prescribed to be administered "when required".

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

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

### **Areas of good practice**

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

### **Areas for improvement**

The administration of Ebixa solution should be closely monitored.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 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 patients had been completed prior to the commencement of this inspection and was not observed. Registered nurses were knowledgeable about the administration of medicines and guidance was displayed in the treatment room for easy reference.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes.

The patients spoken to at the inspection advised that they had no concerns in relation to the management of their medicines and they were happy for the staff to administer their medicines. Patients commented that "staff were very kind and the food is good too which is very important".

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

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

Discussion with the staff indicated that they 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
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which create 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 patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to implement the collection of equality data within Abbey View.



Written policies and procedures for the management of medicines were in place. They were not reviewed at this inspection.

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, staff advised that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

The governance arrangements for medicines management were examined. There was evidence that action plans to address any shortfalls were put in place and actioned in a timely manner.

Following discussion with the registered nurses and care assistant, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management would be raised with the registered manager without hesitation.

The staff we met with spoke positively about the home and advised that they were very happy to have a permanent registered manager who was implementing positive changes. They felt supported in the home.

We were advised that there were good communication systems in the home, to ensure that all staff were kept up to date. The shift handovers were verbal and a written handover sheet was in place. The handover sheet included reference to dietary requirements, mobility, daily care needs, and updates with regards to medication changes.

No online questionnaires were completed by staff with the specified time frame (two weeks).

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Mr Tiago Moreira, 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 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 via the 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) Care Standards for Nursing Homes, April 2015

<b>Area for improvement 1</b>	The registered person shall closely monitor the administration of Ebixa solution.
<b>Ref:</b> Standard 28	<b>Ref:</b> 6.5
<b>Stated:</b> First time	
<b>To be completed by:</b> 7 July 2018	<b>Response by registered person detailing the actions taken:</b> Supervision was carried out with all the nurses and weekly audit is now in place to ensure solutions are appropriately administered.

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



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