Unannounced Medicines Management Inspection Report
9 August 2017

Ballymaconnell

Type of Service: Nursing Home
Address: 48 Ballymaconnell Road, Bangor, BT20 5PS
Tel No: 028 9127 1819
Inspectors: Cathy Glover and Kathy Fodey

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 26 beds that provides care for patients with a variety of care needs as detailed in Table 3.0

3.0 Service details

Organisation/Registered Provider: Chester Homes Ltd **Responsible Individual(s):** Mr Colin Nimmon	**Registered Manager:** See Below
Person in charge at the time of inspection: Ms Diana Prisecaru, Nurse in Charge	**Date manager registered:** Ms Angela Dorrian (Acting - no application)
Categories of care: Nursing Homes (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	**Number of registered places:** 26

4.0 Inspection summary

An unannounced inspection took place on 9 August 2017 from 09.40 to 13.15.

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 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 medicines administration, medicine records, storage and the management of controlled drugs.

No areas requiring improvement were identified.

Patients were relaxed and comfortable in the home and good relationships with staff 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 patients' 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 Diana Prisecaru, Nurse in Charge, 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 premises inspection

No further actions were required to be taken following the most recent inspection on 25 April 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 service was reviewed. This included the following records:

- 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 last medicines management inspection.

During the inspection the inspectors met with five patients, one senior care assistant, the activities therapist and the nurse in charge.

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

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
- policies and procedures
- 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 25 April 2017

The most recent inspection of the home was an announced premises inspection. There were no areas for improvement made as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 25 July 2016

There were no areas for improvement made 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. The impact of training was monitored through supervision and annual appraisal. Refresher training in medicines management, syringe drivers and enteral feeding was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff 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 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 generally 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. Training had been completed in April 2017.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. The nurse in charge was advised that all medicines received in pharmacy filled compliance aids should be readily identifiable. These compliance aids are usually brought by patients receiving respite care and it was advised that medicines and how they are supplied should be discussed when arranging the respite stay.

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 was acknowledged.

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

Medicines were generally stored safely and in accordance with the manufacturer's instructions. At the time of the inspection, the lock on the door of the medicines room was broken. The nurse in charge confirmed by telephone on 10 August 2017 that it had been repaired and new locks for the medicines cupboards had been ordered.

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 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.

	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.

The sample of medicines examined had been administered in accordance with the prescriber's instructions. 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.

When a patient 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 patient'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 patient was comfortable. A pain assessment was completed at least daily for those patients who were prescribed regular pain relief. A care plan was maintained.

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.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for monitoring blood sugar and a running balance was recorded for those medicines not contained within the blister pack system.

Following discussion with the staff, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

Areas of good practice

There were examples of good practice 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.

During the inspection the senior care assistant gave one of the inspectors a tour of the building. He was very knowledgeable about the patients, their routines, likes and dislikes. The activities therapist showed us a new summer house that had been built in the garden. She said that she had very positive responses from patients and relatives as it afforded them more privacy and pleasant surroundings for visiting. One patient said that she enjoyed sitting in the summer house reading her books.

Patients were enjoying a game of bingo on the morning of the inspection. We spoke to five patients and all comments were positive regarding the home and staff.

The administration of medicines to patients was completed in a caring manner. Patients were given time to take their medicines. Medicines were administered as discreetly as possible.

Of the questionnaires that were issued, one was from staff. The responses indicated 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 took account of their views. Staff were warm and welcoming and there was a calm atmosphere 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.

Written policies and procedures for the management of medicines were in place. They were not examined in detail during this inspection.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. There had been no medicine related incidents since the previous medicines management inspection. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. The last medicines management audit had been completed in March 2017. The need for regular audit and review was discussed with the nurse in charge. The audit that had been completed had highlighted several areas for improvement, however these had been addressed at the time of this inspection.

Following discussion with nurse in charge 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 and that they would be addressed without delay.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

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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