

Unannounced Medicines Management Inspection Report 4 December 2017



Beechill

Type of Service: Nursing Home
Address: 12 Royal Lodge Road, Belfast, BT8 4UL
Tel No: 028 9040 2871
Inspector: Helen Daly

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 nursing home with 34 beds that provides care for patients living with dementia.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: See box below
Person in charge at the time of inspection: Mrs Priscilla Abrenica	Date manager registered: Mrs Priscilla Abrenica – acting, no application required
Categories of care: Nursing Homes DE – Dementia.	Number of registered places: 34

4.0 Inspection summary

An unannounced inspection took place on 4 December 2017 from 10.05 to 14.00.

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, storage and the management of controlled drugs.

There were no areas for improvement identified.

The patients we spoke with were complimentary about the management of their medicines and the care provided 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 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 Mrs Priscilla Abrenica, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 June 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:

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

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

During the inspection we met with two patients, two care staff, two registered nurses and the manager.

A total of 10 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 | • medicine audits |
| • personal medication records | • policies and procedures |
| • medicine administration records | • care plans |
| • medicines disposed of or transferred | • training records |
| • controlled drug record book | • 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 8 June 2017

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 8 December 2016

Areas for improvement from the last medicines management inspection		
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 18 Stated: First time	The registered provider should review and revise the management of distressed reactions. Detailed care plans should be in place. The reason and outcome of each administration of 'when required' medicines should be recorded.	Met
	Action taken as confirmed during the inspection: Detailed care plans were in place when medicines were prescribed to be administered on a "when required" basis for the management of distressed reactions. Dosage directions were recorded clearly on the personal medication records. The reason for and the outcome of administration were being recorded.	
Area for improvement 2 Ref: Standard 29 Stated: First time	The registered provider should ensure that obsolete personal medication records and warfarin dosage directions are cancelled and archived.	Met
	Action taken as confirmed during the inspection: Obsolete records had been cancelled and archived.	

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 confirmed that staff who manage medicines have been trained and deemed competent to do so. Registered nurses had recently attended training provided by the community pharmacist. Training was also completed on-line annually. An induction process was in place for registered nurses and for care 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 annually. We spoke with an agency nurse who was working in the home for the first time; she confirmed that she had received a comprehensive induction.

The manager confirmed that she had attended training on safeguarding and that staff were aware of the regional procedures and who to report any safeguarding concerns to.

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.

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.

Appropriate arrangements were in place for administering medicines in disguised form. Care plans were in place and the manager confirmed that the suitability of adding medicines to food/drinks was confirmed with the community pharmacist.

Discontinued or expired medicines were disposed of appropriately. 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.

	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.

Detailed care plans were in place when medicines were prescribed to be administered on a “when required” basis for the management of distressed reactions. Dosage directions were recorded clearly on the personal medication records. The reason for and the outcome of administration were being recorded.

The management of pain was reviewed and found to be satisfactory. Care plans were in place and pain assessment tools were used with patients who could not verbalise their pain. There was evidence that registered nurses and care staff were aware of how each patient might express discomfort/pain.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, care plans and speech and language assessment reports were in place. Records of prescribing and administration were maintained; these included details of the recommended consistency level.

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 the additional recording sheets for “when required” medicines and transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines, including liquids, which were not supplied in the monitored dosage system. A quarterly audit was completed by the community pharmacist.

Following discussion with the 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 patient care.

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.

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 on the medicines file 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. It was clear from discussion and observation of staff, that the staff were familiar with the patients’ likes and dislikes.

The serving of lunch was observed in the dining room on the first floor. Patients were seated at tables which had been appropriately laid for the meal and the food appeared nutritious and appetising. Patients were observed to be assisted in an unhurried manner. However, two meals were observed to have been served to patients when staff were not available to assist the patients; there was the potential that the meals may not have been hot when assistance was available. This was discussed with the manager and deputy manager who agreed that it was unacceptable and that it would be discussed with all care staff for improvement. It was acknowledged that there was usually a registered nurse available in the dining room during meal times but that she was with a doctor on the day of the inspection. This information was shared with the care inspector for review at the next care inspection.

We spoke with two patients. They were complimentary regarding staff and management.

Comments included:

“It’s very good here; the lunch was nice but not as good as I would make myself.”
 “I’m having coffee, it’s good.”

As part of the inspection process, we issued 10 questionnaires to patients and their representatives; none were returned within the specified timeframe. Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

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 them.

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.

The management of medication related issues was discussed. The manager confirmed that there were robust arrangements in place for the management of medicine related incidents and that staff were aware that medicine incidents may need to be reported to the safeguarding team.

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 management were open and approachable and willing to listen.

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.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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