Unannounced Medicines Management Inspection Report
1 December 2016

Beechvale Nursing Home

Type of Service: Nursing Home
Address: 35 Beechvale Road, Killinchy, BT23 6PH
Tel no: 02897541166
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of Beechvale Nursing Home took place on 1 December 2016 from 09:40 to 14:05.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas of improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. One area of improvement was identified in relation to the recording of thickening agents and a recommendation was stated for the second time.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. One of the recommendations made at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any

recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 4.2 and 5.0 of this report.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Richard Porter, Registered Person and Ms Faustina Fula, Acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 7 October 2016.

2.0 Service details

Registered organisation/registered person: Beechvale Nursing Home Ltd Mr Richard Porter	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Ms Faustina Fula	**Date manager registered:** Ms Faustina Fula Acting Manager – no application required
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 42

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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.

We met with four patients, the registered person, the acting manager, one registered nurse and one senior care assistant.

Twenty-five questionnaires were issued to patients, patients' representatives and staff with a request that they were returned within one week from the date of this inspection (see section 4.5).

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

The following records were 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned to RQIA on 28 November 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 24 June 2013

Last medicines management inspection Recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	A policy and procedure should be written detailing the arrangements for the management of thickening agents.	**Met**
	Action taken as confirmed during the inspection: There was a written policy and procedure detailing the arrangements for the management of thickening agents.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The policy and procedure detailing the arrangements for the management of controlled drugs should be expanded in order to fully reflect current practice.	**Met**
	Action taken as confirmed during the inspection: This policy and procedure had been expanded in order to fully reflect current practice.	

Recommendation 3 **Ref**: Standard 37 **Stated:** First time	Two nurses should always witness the disposal of medicines into the clinical waste bins.	**Met**
	Action taken as confirmed during the inspection: From discussion with the nursing staff and examination of the disposal of medicines and destruction of controlled drugs records, it was concluded that two nurses always witness the disposal of medicines into the clinical waste bins.	
Recommendation 4 **Ref**: Standard 38 **Stated:** First time	The registered manager should review the arrangements for the recording of the use of thickening agents in order to ensure compliance with legislative requirements.	**Not Met**
	Action taken as confirmed during the inspection: The records belonging to two patients who were prescribed a thickening agent were examined. In each instance, the thickening agent was not recorded on the personal medication record and the consistency level was not recorded on the medicine administration record sheet. Following the previous medicines management inspection, a recording system had been introduced for care staff to document the use of thickening agents; however, this practice had since been stopped. **This recommendation is stated for the second time.**	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. 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. "Administration of medication awareness" refresher training was provided by an external training agency in April 2016.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine 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.

Robust arrangements were observed for the management of high risk medicines e.g. 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 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. The medicine refrigerator and oxygen equipment were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.4 Is care effective?

With one exception, 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 and three monthly medicines were due.

The nursing staff stated that no patients were currently being administered medication for administration on a "when required" basis for the management of distressed reactions.

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. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined for two patients. Care plans and speech and language assessment reports were in place. However robust records were not in place (see section 4.2). At the last medicines management inspection the recording of the use of thickening agents was raised as a recommendation. The recommendation previously made is stated for a second time.

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 acute antibiotic courses, insulin 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 most solid dosage medicines not contained in the monitored dosage system blister packs.

Following discussion with the registered nurses, it was evident that, when applicable, other healthcare professionals were contacted in response to the patients' healthcare needs.

Areas for improvement

The arrangements for the recording of the use of thickening agents should be reviewed in order to ensure compliance with legislative requirements. The previous recommendation is stated for the second time.

Number of requirements	0	**Number of recommendations**	1

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner; patients were given time and encouragement to take their medicines.

Patients were having their breakfast at the start of the inspection. Those requiring assistance were given it in a discreet, unhurried and caring manner.

As part of the inspection process, we issued questionnaires to staff, patients and patients' representatives. Five patients, four staff and two patient's representatives completed and returned questionnaires within the specified timeframe. Comments received were very positive; the responses were recorded as 'satisfied' or 'very satisfied' with the management of medicines in the home.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

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.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. The medicine related incident reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following incidents.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

Following discussion with the registered nurse and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

One of the recommendations made at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Richard Porter, Registered Person and Ms Faustina Fula, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 38 **Stated:** Second time **To be completed by:** 31 December 2016	The registered manager should review the arrangements for the recording of the use of thickening agents in order to ensure compliance with legislative requirements. **Response by registered provider detailing the actions taken:** Each resident that uses a thickening agent is highlighted on a sheet in the office and also the computer system used for recording fluids indicates the stage for that resident. When recording fluid on the computer system, the amount of fluid and the stage is recorded. When a report is produced it shows the amount of fluid given during each day and also the stage. We have reviewed the computer system and report and are comfortable that this is taking place. If you would like a print out of a report, please do not hesitate to ask.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

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