

Unannounced Follow Up Medicines Management Inspection Report 24 January 2019



Belmont

Type of Service: Nursing Home
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Tel No: 028 9076 3408
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 provider 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 which provides care for up to 48 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Mrs Aleyamma George – application received 11 January 2019 - registration pending
Person in charge at the time of inspection: Ms Sarlah Chauresia, Clinical Lead Nurse 10.10 – 13.00 Mrs Aleyamma George, Manager, 13.00 onwards	Date manager registered: See box above
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	Number of registered places: 48

4.0 Inspection summary

An unannounced inspection took place on 24 January 2019 from 10.10 to 14.20.

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 last medicines management inspection on 6 August 2018 indicated that robust systems were not in place for some aspects of the management of medicines, particularly on the first floor. Areas for improvement were identified in relation to staff training, the management of warfarin and thickening agents, records of medication administration and receipt, and the governance arrangements for medicines management. The inspection findings were discussed in detail with Mrs Janice Brown, Regional Manager (who was managing the home at the time of the inspection) and assurances were provided that an action plan to address the shortfalls would be implemented. The inspection findings were discussed with senior management in RQIA. It was agreed that this follow up inspection would be planned to ensure that the necessary improvements had been implemented and sustained.

The following areas were examined during the inspection:

- The management of thickening agents
- The standard of maintenance of records of medicines received into the home and administered
- Governance and auditing arrangements

- Staff training and competency assessment
- The management of warfarin

A significant improvement in the management of medicines was observed at this inspection. The clinical lead nurse was commended for her ongoing efforts in implementing and driving the improvements. The need for the improvements to be sustained was emphasised.

Two areas for improvement were identified in relation to the management of thickening agents and distressed reactions.

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	1

*The total number of areas for improvement include one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Aleyamma George, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 21 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 incidents involving medicines which had been reported to RQIA since the last medicines management inspection

During the inspection we met with one registered nurse, the clinical lead nurse, the residents experience care specialist and the manager.

A sample of the following records was examined during the inspection:

- medicines requested and received
- care plans
- personal medication records
- training records

- medicine administration records
- medicine audits
- medicines storage temperatures

Areas for improvements identified at the last medicines management inspection were reviewed and 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 21 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was 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 6 August 2018

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 person should review and revise the management of thickening agents.	Partially met
	Action taken as confirmed during the inspection: Although improvements in the management of thickening agents were observed, records for the administration of thickening agents by care assistants were not being maintained. See Section 6.3. This area for improvement is stated for a second time.	

Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medication administration records and records of medicines received into the home are accurately maintained.	Met
	Action taken as confirmed during the inspection: Improvements in the standard of maintenance of the medication administration records and records of medicines received into the home were observed. See Section 6.3	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person should implement a robust audit tool to monitor the management and administration of medicines.	Met
	Action taken as confirmed during the inspection: The auditing systems had been reviewed and revised. The improvements noted at this inspection indicated that they were effective in identifying and addressing issues. See Section 6.3	
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 28 Stated: First time	The registered person shall ensure that registered nurses receive further training and competency assessment on the management of medicines.	Met
	Action taken as confirmed during the inspection: Update training and competency assessments had been completed following the last medicines management inspection. See Section 6.3	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall review and revise the management of warfarin.	Met
	Action taken as confirmed during the inspection: Satisfactory systems were observed for the management of warfarin. See Section 6.3	

6.3 Inspection findings

The management of thickening agents

The management of swallowing difficulty was examined for three patients. The prescribed thickening agent, including the recommended consistency level, was recorded on the personal medication records and diet notification sheets. Care plans and speech and language assessments were in place. Training and supervisions had been completed with care assistants, following the last medicines management inspection. Care assistants had been requested to record administration on the food and fluid intake charts but records of administration were not maintained. This area for improvement was stated for a second time.

The standard of maintenance of records of medicines received into the home and administered

A significant improvement in the standard of maintenance of these records was observed. There was now a clear audit trail to evidence that medicines were being administered as prescribed. Pre-printed medication administration records (MARs) were used to record the administration of medicines and receipt of medicines into the home. Duplicate records were no longer observed and the previous MARs were filed so as to be readily retrievable. Stock balances of medicines remaining at the end of each four week cycle were recorded to facilitate audit.

Records of receipt had not been made for a small number of medicines which were supplied by family. This was brought to the attention of the clinical lead nurse and manager who agreed to discuss with all registered nurses for immediate resolution. Due to the improvements noted and the assurances provided this area for improvement was assessed as met.

As part of the medicine records reviewed we noted that the layout of the medicines files had been revised to ensure that the personal medication records were adjacent to the medication administration records.

Governance and auditing arrangements

Daily medication audits were implemented following the last medicines management inspection. Records of these audits were available in the treatment room. In addition, a weekly audit on a random selection of medicines was completed by the night staff. The audit outcomes were satisfactory. The clinical lead nurse also completed audits on the management of medicines while carrying out the medicine rounds. She advised that any issues were discussed with registered nurses for learning and improvement. This was verified by the registered nurse on duty. It was agreed that records of any action plans to address shortfalls would be maintained from the date of the inspection onwards.

Staff training and competency assessment

The manager advised that all registered nurses had completed medicines management training following the last medicines management inspection. Records were maintained. In addition, the resident experience care specialist and the clinical lead nurse had carried out competency assessments with the registered nurses.

The management of warfarin

Warfarin dosage directions were received in writing. These directions were transcribed onto a warfarin administration chart. The transcriptions had been verified and signed by two registered nurses which is safe practice. Running stock balances were maintained and the audits completed at this inspection indicated that warfarin had been administered as prescribed. Obsolete dosage directions had been cancelled and archived and only the current dosage directions were available on the medicines file.

Other areas examined

The management of distressed reactions was reviewed for two patients. Care plans were in place and registered nurses were aware of how distressed reactions were managed for each patient. Dosage instructions were recorded on the personal medication records and records of administration were recorded. However, the reason for and outcome of administration was not recorded on all occasions. An area for improvement was identified.

Areas of good practice

Registered nurses were commended on the standard of record keeping and improvements made since the last inspection.

Areas for improvement

One area for improvement in relation to the management of thickening agents was stated for a second time.

The registered person shall ensure that the reason for and outcome of administration of medicines which are prescribed “when required” for the management of distressed reactions are recorded.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Aleyamma George, 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 24 February 2019</p>	<p>The registered person should review and revise the management of thickening agents.</p> <p>Ref: 6.2 & 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Thickening agents are used as per SALT specifications. Care plans are reflective of the specified consistency of the modified diet and fluids. Staff have undergone training of IDDSI training and are documenting the corresponding charts appropriately.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2019</p>	<p>The registered person shall ensure that the reason for and outcome of administration of medicines which are prescribed “when required” for the management of distressed reactions are recorded.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The reason and outcome of medicines administered for distressed reaction is documented in the specified recording sheet and maintained in the Medication administration file of respective service users.</p>

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



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