

# Unannounced Medicines Management Inspection Report 2 November 2017



## Windsor Care Home

**Type of Service: Nursing Home**  
**Address: 69 Osborne Park, Belfast, BT9 6JP**  
**Tel No: 028 9066 5598**  
**Inspector: Helen Daly**

[www.rqia.org.uk](http://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 40 beds that provides care for patients with a range of care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Mrs Elaine Allen
<b>Person in charge at the time of inspection:</b> Mrs Elaine Allen	<b>Date manager registered:</b> 10 February 2017
<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> 40

### 4.0 Inspection summary

An unannounced inspection took place on 2 November 2017 from 10.20 to 15.10.

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 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.

Patients said, “Staff are very kind”

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Elaine Allen, Registered 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 variation to registration inspections**

No further actions were required to be taken following the most recent inspections on 5 September 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 reported to RQIA since the last medicines management inspection

During the inspection the inspector met with two patients, three visiting professionals, one care assistant, two registered nurses, the clinical lead, the deputy manager and the registered 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 inspections dated 5 September 2017**

The most recent inspections of the home were announced variation to registration care and premises inspections. There were no areas for improvement made as a result of these inspections.

**6.2 Review of areas for improvement from the last medicines management inspection dated 28 June 2016**

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> Ref: Regulation 13 (4) Stated: Second time	The registered manager must ensure that records of training and competency are maintained for each member of care staff who is responsible for the administration of external preparations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of training and competency assessments were in place.  There was also evidence that this was monitored through supervision which had been completed in September 2017.	
<b>Area for improvement 2</b> Ref: Regulation 13 (4) Stated: Second time	The registered manager must develop and implement a robust system for the management of external preparations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of external preparations had been reviewed and revised.  Emollient preparations were clearly recorded on the personal medication records and care assistants maintained records of administration.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered provider must ensure that all medicines, including nutritional supplements, are stored securely.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Medicines were observed to be stored securely.	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 37 <b>Stated:</b> Second time	A list of the names, signatures and initials of relevant care staff responsible for delegated medicine tasks should be maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This list was available at the front of the medicines files.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The registered provider should review and revise the management of distressed reactions as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of distressed reactions had been reviewed. Regular administration had been referred to the prescribers for review.  The deputy manager confirmed that when administered the reason and outcome were recorded. These medicines were used infrequently and had not been used recently.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered provider should review and revise the management of thickening agents as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Satisfactory systems were in place. Care assistants recorded administration.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered provider should ensure that shortfalls in the management of medicines which are identified within the home’s audit process are investigated and discussed with staff for learning and improvement.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager and staff confirmed that audits were discussed with staff to drive the necessary improvements.	

**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 registered manager confirmed that 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. Agency nurses were provided with a comprehensive induction and orientation. Registered nurses, including agency staff, had attended training provided by the community pharmacist in October 2017. Registered nurses also completed training on the management of medicines via e-learning annually. Care assistants had received training on the management of thickening agents and emollients within the last year. The impact of training was monitored through team meetings, supervision and annual appraisal.

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 were updated by the prescribers for patients receiving intermediate care. The personal medication records and handwritten entries on medication administration records were updated by two registered nurses for patients who lived permanently in the home. 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.

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.

The management of medicines via the enteral route was examined and found to be satisfactory.

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
<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.**

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.

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. Care plans were in place. These medicines had not been used recently; the deputy manager advised that the reason for and the outcome of administration would be recorded on the reverse of the medication administration records when administered.

The management of pain was reviewed. Care plans were in place. The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff confirmed that pain was monitored at each medicine round 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.



Pain assessments were completed as part of the admission process and were reviewed at the multidisciplinary team meetings.

The management of swallowing difficulty was examined. Care plans and speech and language assessment reports were in place. Thickening agents were recorded on the personal medication records and included details of the fluid consistency. Administration was recorded.

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 protocols for the use of "when required" medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for analgesics.

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. Two registered nurses attend the twice weekly multidisciplinary team meetings for patients receiving intermediate 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
<b>Total number of areas for improvement</b>	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.**

We observed the administration of medicines to patients during the afternoon. The registered nurse administering the medicines spoke to the patients in a kind and caring manner and the patients were given time to swallow their medicines.

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, they preferred the registered nurses to administer their medicines and their requests for medicines prescribed on a ‘when required’ basis were adhered to e.g. pain relief. They were complimentary regarding staff and management.

Comments included:

“It’s very good here; the staff are lovely, the food is good.”

“Everything is lovely. I am looking forward to going home but I will miss the staff because they are my friends now.”

Visiting professionals were complimentary of the staff.

Comments included:

“It is a lovely home. The staff are very helpful and facilitating.”

One rehabilitation assistant commented:

“It is a great wee home. The patients seem to be very happy here. The staff are helpful.”

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 questionnaires to patients and their representatives. Seven were completed and returned within the specified timeframe. All responses were recorded as ‘very satisfied’ with regards to the management of medicines in the home. One patient wrote, “All I can say is that everything is very good and great staff. Thanks for everything.”

One person commented, “At times staff shortages place other staff under pressure”. This comment was discussed with the registered manager and care inspector.

**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
<b>Total number of areas for improvement</b>	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. These were not examined in detail at the inspection. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Medicine related incidents reported since the last medicines management inspection were discussed. The registered manager advised that any learning is shared with all nursing staff including agency staff. 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. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered 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 any resultant action was communicated with all staff either individually or via team meetings.

### 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
<b>Total number of areas for improvement</b>	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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