



# Unannounced Medicines Management Inspection Report 3 January 2019



## Bannview House Care Home

**Type of Service: Nursing Home**  
**Address: 23 Bannview Road, Banbridge, BT32 3RL**  
**Tel No: 028 4066 0110**  
**Inspector: Catherine Glover**

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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 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 that provides care for up to 58 patients with a range of care needs as detailed in Section 3.0. The nursing home is on the same site as a residential care home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Warrenpoint) Limited  <b>Responsible Individual(s):</b> Mrs Nicola Cooper	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Ms Alison King	<b>Date manager registered:</b> Ms Alison King, Acting Manager, no application required
<b>Categories of care:</b> Nursing Homes (NH)  I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	<b>Number of registered places:</b> 58 comprising:  A maximum of 15 patients in category NH-I, 41 patients in category NH-DE and two patients in category NH-PH.

### 4.0 Inspection summary

An unannounced inspection took place on 3 January 2019 from 10.00 to 13.30.

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

No areas for improvement were identified.

Patients said they were happy living in Bannview House Care Home and that the care was very good.

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 Ms Alison King, 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 premises inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 June 2018. 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.

A lay assessor Mr Alan Craig was present during the inspection and the comment he received are included within this report.

During the inspection we met with five patients, two patients' visitors, the manager and two registered nurses.

'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home. Staff were invited to share their views by completing an online questionnaire.

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
- care plans
- training records
- 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 27 June 2018

The most recent inspection of the home was an unannounced premises inspection. The completed QIP was approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 14 March 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that patients' care plans reflect their current healthcare needs in relation to distressed reactions, pain management and swallowing difficulty.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans were up to date and reflective of the patients' needs.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall closely monitor the records in relation to the administration of thickening agents to ensure these are fully maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The records for the administration of thickening agents had been fully completed.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall closely monitor the management of external preparations to ensure that robust arrangements are in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of external preparations was being monitored and records of administration by care assistants had been completed.	

## 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. An induction process was in place for registered nurses and any agency staff that had been employed. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. Staff advised that they were aware of the regional safeguarding procedures and who to report any safeguarding concerns to. Training had been completed.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

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.

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.

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.

Discontinued or expired medicines were disposed of appropriately.

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. 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 tool was used as needed. A care plan was maintained.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

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 the administration of "when required" medicines and records of the site of administration of transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines and nutritional supplements. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the manager and 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
<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.**

The administration of medicines to patients was not observed on this occasion, however the registered nurses and manager were knowledgeable about the patients’ medicines and their healthcare needs.

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.

We spoke to five patients. They were happy with the care that was provided and said that the staff were very kind and helpful. Comments included:

“I find the staff very open. I’m definitely content with the way I’m looked after.”  
 “Everything I ask for I get. They’re great here.”

One patient said that he had good access to his doctor and said he “could get anything it was possible to be had...visitors are definitely made welcome...I’ve never had any problems”.

We spoke to two patients’ visitors who advised that they were very impressed with the care provided in the home. They said they had no concerns about the care provided and that the staff were very good.

The lay assessor completed questionnaires with six patients or their relatives. All of the comments were very positive regarding the care provided. Comments included:

“I am definitely content with the way I’m looked after.”  
 “We have no concerns. She has the odd bruise as a result of falls (which are rare). The staff are very attentive.”

**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.**

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not examined on this occasion. 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. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the 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 manager and registered nurses, 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 said that there was good communication between staff and management and that there were good relationships with other professionals involved in patient care.

### 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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