

Unannounced Medicines Management Inspection Report 22 November 2016



Blair House Care Home

Type of service: Nursing

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

Tel no: 028 9182 4450

Inspectors: Cathy Wilkinson and Frances Gault

1.0 Summary

An unannounced inspection of Blair House Care Home took place on 22 November 2016 from 10.10 to 13.10.

The findings of the previous medicines management inspection on 1 September 2016, evidenced that improvements were required in several areas of the management of medicines. A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office with representatives of the registered person of Priory (Watton) Ltd and Miss Caron Conroy, Registered Manager. At this meeting, a full account of the actions taken, or planned to be taken, to ensure that robust systems for the management of medicines were in place was provided.

Following this meeting RQIA decided to give the management of the home a period of time to address the concerns and drive the necessary improvement.

This inspection sought to assess progress with the concerns raised during the last medicines management inspection and to determine if the home was now delivering safe, effective and compassionate care and if the service was well led.

It was evidenced that the areas identified for improvement had been addressed in a satisfactory manner. Management have reviewed the systems in place. Staff have received further training on the management of medicines and their competency in this aspect of care has been reassessed.

The evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led.

The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Blair House Care Home which provides both nursing and residential care.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Cathy Lacey (Deputy Manager) and Ms Karen McElherron (Regional 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.

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP and the concerns discussed at the serious concerns meeting, there were no further actions required to be taken following the most recent inspection on 1 September 2016.

2.0 Service details

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| Registered organisation/registered person: Priory (Watton) Ltd Mrs Caroline Denny | Registered manager: Miss Caron Margaret Conroy |
| Person in charge of the home at the time of inspection: Ms Cathy Lacey (Deputy Manager) | Date manager registered: 3 December 2014 |
| Categories of care: RC-DE, NH-DE, NH-I | Number of registered places: 81 |

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 six residents, three patients' relatives, two registered nurses, four care assistants, the deputy manager and feedback was provided to the regional manager.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

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

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- 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 1 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 1 September 2016

| Last medicines management inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 13(4) Stated: Second time | <p>The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions.</p> <hr/> <p>Action taken as confirmed during the inspection: The majority of medicines examined had been administered as prescribed. A small number of liquid medicines showed discrepancies and the regional manager advised that these would be closely monitored.</p> <p>Given this assurance the requirement was assessed as met.</p> | Met |
| Requirement 2 Ref: Regulation 13(4) Stated: First time | <p>The registered person must ensure that all patients have a continuous supply of their prescribed medicines.</p> <hr/> <p>Action taken as confirmed during the inspection: The nurse on duty in the Scrabo unit confirmed that the stock control issues had been resolved. Examination of the records confirmed that patients had a continuous supply of their medicines in all units.</p> | Met |

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|--|--|------------|
| <p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> | <p>The registered person must ensure that the medicine administration records are legible.</p> <p>Action taken as confirmed during the inspection: Improvement was noted in the maintenance of the MARs sheets and these records were legible.</p> | Met |
| <p>Requirement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> | <p>The registered person must ensure that the management of distressed reactions is reviewed and revised to ensure that a care plan is in place and the reason for and outcome of administering “when required” medicines is recorded.</p> <p>Action taken as confirmed during the inspection: The management of distressed reactions had been reviewed and revised. A care plan was in place and the reason for and outcome of the administration of these medicines was recorded.</p> | Met |
| <p>Requirement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> | <p>The registered person must ensure that compliance with prescribed medicine regimes is monitored and that omissions or refusals likely to have an adverse effect on the patient’s health are reported to the prescriber.</p> <p>Action taken as confirmed during the inspection: The regional manager and staff on duty confirmed that compliance with prescribed medicine regimes was closely monitored. They advised that some patients’ medicines had been reviewed by the general practitioner and the times of administration or the formulation had been changed to aid compliance.</p> | Met |
| <p>Requirement 6</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> | <p>The registered person must ensure that any future ongoing non administration of a medicine due to stock supply is recognised as a medicine incident and reported in accordance with legislative requirements.</p> <p>Action taken as confirmed during the inspection: Staff were knowledgeable about the procedure to be followed if medicines were unavailable for administration.</p> | Met |

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|---|--|---------------------------------|
| Requirement 7 Ref: Regulation 13(4) Stated: First time | The registered person must ensure that an effective medicines auditing system is in place that identifies any discrepancies in the administration of medicines and records the action taken by management to address these. | Met |
| | Action taken as confirmed during the inspection: There is an effective medicines auditing system in place. Medicines are audited daily by the deputy manager and any concerns are brought to the attention of the registered manager. Appropriate action had been taken to resolve any issues. | |
| Last medicines management inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 28 Stated: First time | The registered person should ensure that the QIP is regularly reviewed as part of the quality improvement process. | Met |
| | Action taken as confirmed during the inspection: The regional manager advised that the QIP was reviewed several times a week to ensure compliance. | |

4.3 Inspection findings

Areas for improvement

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. The areas identified for improvement at the last inspection had been addressed in a satisfactory manner.

All medicines that were examined were in stock and available for administration. The regional manager advised that meetings had been held with some of the patients' general practitioners.

Improvement in the maintenance of the personal medication records and medicine administration records was noted. Entries were legible and all medicines could be audited.

Medicines were being stored safely and securely. The packaging of medicines which are provided to patients when they are going out for the day was discussed with the staff on duty and the regional manager, who agreed to review the process.

There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure residents were receiving their medicines as prescribed. The areas identified for improvement at the last inspection had been addressed in a satisfactory manner. Medicines were being administered as prescribed and the management of “when required” medicines had been reviewed and revised. No requirements or recommendations were made.

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 residents.

The administration of medicines to several patients was observed during the inspection. The staff member administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The patients spoken to said that they had no concerns in relation to the management of their medicines.

Relatives of one patient spoke to us with regards to the care their relative had received. They praised the staff very highly and advised that their relative had been very happy and content in the home. Some of the comments made were:

“Staff couldn’t be kinder.”

“My (relative) was very happy here.”

“The cleanliness is excellent.”

“I was never concerned leaving my (relative) here.”

No requirements or recommendations were made.

Is the service well led?

The arrangements in place for the management of medicine related incidents had been reviewed and revised to ensure that all staff knew the procedure to be followed. The systems in the home had been reviewed and the registered manager is now made aware of any potential stock control issues.

Practices for the management of medicines were audited throughout the month by the staff and management. The deputy managers audit medicines several times per week and any issues had been effectively addressed.

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

Some staff discussed concerns they had with us. These were referred to the regional manager at the end of the inspection, who was aware of the concerns and was working to resolve them.

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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