



# Unannounced Medicines Management Inspection Report 11 June 2018



## Blair House Care Home

**Type of Service: Nursing Home**  
**Address: 107 Dakota Avenue, Newtownards, BT23 4QX**  
**Tel No: 028 9182 4450**  
**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 with 81 beds that provides care for patients and residents with a range of care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Limited  <b>Responsible Individual:</b> Mrs Nicola Cooper	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Mrs Jacqueline Bowen	<b>Date manager registered:</b> Mrs Jacqueline Bowen - registration pending
<b>Categories of care:</b> Nursing NH-I – Old age not falling within any other category. NH-DE – Dementia.	<b>Number of registered places:</b> 81 comprising:  A maximum of 28 patients in category NH-DE located on the ground floor A maximum of 28 patients in category NH-I located on the First Floor A maximum of 25 residents in category RC-DE; 11 accommodated on the Ground Floor and 14 accommodated on the First Floor.

### 4.0 Inspection summary

An unannounced inspection took place on 11 June 2018 from 10.30 to 14.00. Dakota and Scrabo nursing units were inspected as the Blair Mayne residential unit and is in the process of registering as a separate residential care home. Blair Mayne will have a medicines management inspection after the registration process is complete.

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 staff training and competency assessments, the management of controlled drugs, pain and distressed reactions.

Areas requiring improvement were identified in relation to medicine records and auditing arrangements. The regional manager was contacted by telephone to discuss the nursing practice evidenced during the inspection.

Patients were relaxed and comfortable in the home. There was a warm and welcoming atmosphere. Good relationships were evident between patients and staff.

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>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jacqueline Bowen, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 and 6 December 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with two patients, the registered manager the house manager and two registered nurses.

Ten 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
- 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

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 5 and 6 December 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and 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 5 September 2017

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 30 <b>Stated:</b> First time	The registered person shall review the storage of medicines within the Dakota suite to ensure that the room temperature is below 25°C and the refrigerator is maintained within the required temperature range of 2°C to 8°C.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicines refrigerator has been replaced and is now maintained within the required temperature range.  The treatment room temperature has generally been below 25°C until the recent spell of warm weather. This was identified and was being monitored by the registered manager. Additional fans had been brought into use to control the temperature.	

### 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. The impact of training was monitored through team meetings, regular supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed in the last year.

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. 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 and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged. Staff were reminded that completed courses of antibiotics should be promptly cancelled from the personal medication records.

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 insulin. The use of separate administration charts was acknowledged.

The management of warfarin should be closely monitored. The written regime that was held on file was out of date. Although the regime had not changed, this was not clearly documented. When auditing this medicine, it was noted that the strengths of warfarin tablets had been mixed in the boxes. This could lead to the incorrect dosage being administered. An area for improvement was identified.

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 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

The management of warfarin should be closely monitored.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

On commencement of the inspection at 11.00 it was noted that on one of the medicine files, all of the medicines that were due to be administered up until 17.00 had been signed as administered. This included antibiotics, analgesics and Parkinson's medicines. For one patient, it was recorded that they did not require pain relief at 13.00 and 17.00. This is unsafe practice. The NMC Standards for the Administration of Medicines states that registered nurses "must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient". The registered person must ensure that the registered nurses adhere to the NMC Standards for the administration of medicines. This matter was also discussed with the regional manager by telephone after the inspection. An area for improvement was identified.

The majority of audits completed in the Scrabo unit on randomly selected medicines, which were not contained within the medicine system produced satisfactory outcomes indicating that medicines were being administered as prescribed. Audits completed in the Dakota unit provided unsatisfactory outcomes. There was a surplus of some medicines (liquids and inhaled medicines), indicating that although the medicines had been recorded as administered, they had not been administered as prescribed. The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions. An area for improvement was identified.

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 and a protocol for administration was held on file. 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. Staff advised that most of the patients could verbalise any pain, and a pain tool was used as needed. A care plan was maintained.

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.

Apart from the concern noted above, the medicine records were generally well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for transdermal patches and protocols for the administration of “when required” medicines.

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 care planning and the management of pain and distressed reactions.

### Areas for improvement

The registered nurses must adhere to the NMC Standards for the administration of medicines.

The administration of medicines in the Scrabo unit must be closely monitored to ensure that they are administered in strict accordance with the prescriber’s instructions.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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 was not observed during this inspection. However, staff were familiar with the medication prescribed for patients and knowledgeable about their healthcare needs.

Throughout the inspection, it was found that there were good relationships between the staff and patients. Staff were noted to be friendly and courteous. It was clear, from discussion and observation of staff, that they were familiar with the patients’ likes and dislikes. Staff were observed helping patients with their lunch, encouraging them to eat and offering alternatives or extra portions when appropriate.

We spoke to one patient who advised that the staff in the home were good and that they liked the food. One patient was heard telling a staff member “You are just an angel and that’s all there is to it”.

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.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report (two weeks).

Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.



## Areas of good practice

Staff listened to patients 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.**

The inspector discussed 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 within Blair House.

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly. 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. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following 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. However, the outcome of medicine audits completed during this inspection indicated that some medicines had not been administered as prescribed. This was not identified by staff or management within the home. The audit process should be reviewed and revised to ensure that it is robust in identifying discrepancies. An area for improvement was identified.

Following discussion with the manager, house 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. One of the nurses advised that they were very happy in the home and were treated as how they would be expected to treat someone else. They advised that the management were open and approachable.

No responses were received from the staff on-line questionnaire.

## Areas of good practice

There were examples of good practice in relation to medicine policies and there were clearly defined roles and responsibilities for staff.

## Areas for improvement

The auditing and governance arrangements should be reviewed to ensure that medicine discrepancies are identified and appropriately managed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jacqueline Bowen, 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 via the Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25  <b>Stated:</b> First time  <b>To be completed by:</b> 11 July 2018	<p>The registered person shall ensure that the registered nurses adhere to the NMC Standards for the administration of medicines</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Nursing staff have received clinical supervision when required which reflects the NMC standards for the administration of medicines. Nursing staff are up to date with Boots medication training or have been allocated training dates as needed. Medication management and good practise will be discussed as part of staff meetings</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 11 July 2018	<p>The registered person shall ensure that all medicines are administered in strict accordance with the prescriber's instructions</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            end of shift medication checks have been commenced. there are also spot checks in place to monitor compliance. medication quality walkrunds and the monthly medication audit identify any discrepancies or issues</p>
<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>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 11 July 2018	<p>The registered person shall ensure that the management of warfarin is closely monitored.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            the management of boxed medication is reviewed as part of quality walk rounds and end of shift medication check Additional spot checks on the administration of warfarin has been commenced .</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 11 July 2018	<p>The registered person shall ensure that an effective medicines auditing system is in place that identifies any discrepancies in the administration of medicines.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            there is an end of shift medication checklist now in place. A weekly medication quality walkround and a monthly medication audit completed with an action plan</p>

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



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