Unannounced Medicines Management Inspection Report
29 October 2018

Bohill House Nursing Home

Type of Service: Nursing Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
Tel No: 028 7032 5180
Inspector: Judith Taylor

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 62 beds that provides care for patients living with healthcare needs as detailed in Section 3.0.

The nursing home is located on the same site as Bohill Residential Care Home, Bohill Bungalows nursing home and Strand House - Bohill Bungalows residential care home.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Limited **Responsible Individual:** Ms Nicola Cooper	**Registered Manager:** Mrs Tracey Henry
Person in charge at the time of inspection: Mrs Tracey Henry	**Date manager registered:** 15 August 2011
Categories of care: Nursing Homes (NH) DE - Dementia I - Old age not falling within any other category PH - Physical disability other than sensory impairment	**Number of registered places:** 62 comprising: NH-DE – 36 patients accommodated (ground floor) NH-I/N-PH – 26 patients

4.0 Inspection summary

An unannounced inspection took place on 29 October 2018 from 10.15 to 14.50.

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 medicines governance, training and competency assessment, the overall standard of record keeping, including care plans and the management of controlled drugs.

Two areas for improvement were identified in relation to medicines administration and thickening agents.

The patients we met with spoke positively about the staff and the care provided. There was a warm and welcoming atmosphere in the home and the patients were observed to be relaxed and comfortable in their environment.

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Tracey Henry, Registered 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 23 May 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 poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with two patients, two registered nurses, the activities co-ordinator, the deputy manager, a manager from another home within the organisation and the registered manager.

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA and we asked the registered manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

We left ‘Have we missed you?’ cards in the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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 23/24 May 2018

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 8 November 2017

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 28

Stated: First time</td><td>The registered person shall closely monitor the management of insulin.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Robust arrangements were in place for the management of insulin. Written confirmation of dosage regimes was obtained and details were clearly recorded on medicine records. Insulin pens were marked with the date of opening.</td></tr>
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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. Staff competency assessments were completed following induction, at least annually or more frequently as required. New documentation regarding specific competency in the management of insulin and swallowing difficulty was being implemented. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided annually. Training in the management of dysphagia was ongoing during the inspection.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records and medication administration records were updated by two trained staff. This is safe practice and was acknowledged.

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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

The management of controlled drugs was reviewed. 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. warfarin and insulin. Care plans were maintained.

Appropriate arrangements were in place for administering medicines in disguised form. A care plan was maintained.

Discontinued or expired medicines including controlled drugs 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. Staff were reminded that sachets of lidocaine plasters must be kept sealed to ensure efficacy of the medicine.

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
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. We observed that a small number of benzodiazepine medicines which were prescribed "for short term use" or "when required" were being administered regularly. This should be referred to the prescriber and detailed in the patient's care plan. An area for improvement was identified.

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 mid-weekly, weekly, monthly or three monthly medicines were due. In addition to the alert on the administration records, this information was highlighted in other records in the treatment rooms.

The management of pain and distressed reactions was reviewed. Medicine details were recorded on the personal medication records. Care plans were maintained. Protocols which included details of the reason for and outcome of each administration were in place. Staff were aware that distressed reactions may be the result of pain and ongoing monitoring was necessary to ensure that the patient was comfortable.

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. Care plans and speech and language assessment reports were in place. Registered nurses and care staff were responsible for administration. A review of the records completed by care staff indicated that the consistency of the fluid and a signature from the staff member were not recorded. An area for improvement was identified. Management advised of the corrective action to be taken immediately after the inspection.

Staff advised 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.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate administration records for "when required" medicines, transdermal patches and high risk medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines and recording the quantity of medicine carried forward to the next medicine cycle. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to patients' healthcare needs.

Areas of good practice

There were some examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

Areas for improvement

Any regular use of medicines intended for "short term use" or "when required" should be referred to the prescriber.

A system should be implemented to ensure that records of thickening agents administered by care staff are fully completed.

	Regulations	Standards
Total number of areas for improvement	0	2

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 during the inspection. Following discussion with staff it was evident they were knowledgeable about the patients' medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients and the patients' representatives. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from observation of staff, that they were familiar with the patients' likes and dislikes.

We met with two patients who were complimentary regarding their experience in the home. We also met with a group of patients who were engaged in activities. Comments included:

- "They (staff) are very good."
- "I have no pain, and can take my tablets ok."
- "I couldn't say anything bad at all."
- "The staff work very hard; it's a hard job for them."
- "If you ask for something you can get 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.

Of the questionnaires which were left for patients/patients' representatives, three were returned within the specified time frame (two weeks). The responses were recorded as satisfied/very

satisfied with the care in the home. Any comments in questionnaires received after the return date will be shared with the registered manager for her attention as required.

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
Total number of areas for improvement	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. We were advised there were arrangements in place to implement the collection of equality data within Bohill House Nursing Home.

Written policies and procedures for the management of medicines were in place. Staff advised that there were procedures in place to ensure that they were made aware of any changes.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, including referral to the safeguarding team as necessary. They provided details of the procedures in place to ensure that all staff were made aware of incidents and systems to prevent recurrence.

The governance arrangements for medicines management were examined. We were advised of the auditing processes completed and how areas for improvement were shared with staff to address and of the systems to monitor improvement. During the inspection, the monthly monitoring audit by an independent manager was also being conducted; this included medicines management.

We were advised that there were effective communication systems to ensure that all staff were kept up to date. The registered manager stated that she completed a walk around of the home every morning and used the outcomes of the written shift handover report to ensure any issues were addressed. She advised that a daily morning meeting was also held with senior staff.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with the management.

The staff spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals. They stated they felt well supported in their work and were complimentary regarding the management team and the training provided.

No online questionnaires were completed by staff with the specified time frame (two weeks).

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
Total number of areas for improvement	0	0

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 Tracey Henry, Registered 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.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 29 November 2018	The registered person shall ensure that regular use of benzodiazepine medicines intended “for short term use” or “when required” is referred to the prescriber. Ref: 6.5 **Response by registered person detailing the actions taken:** The GP has been contacted and the medication reviewed. To continue on dose prescribed.
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 29 November 2018	The registered person shall closely monitor the administration records relating to thickened fluids to ensure these are fully completed. Ref: 6.5 **Response by registered person detailing the actions taken:** Records reflecting the consistencies prescribed are in place and have been reviewed to ensure staff record signature. Dysphagia training is currently being rolled out with all staff in line with new recommendations and consistencies. Supervision completed with staff with regard to the aformentioned.

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

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