

Unannounced Medicines Management Inspection Report 13 December 2017



Madelayne Court

Type of Service: Nursing Home
Address: 1-27 Nursery Avenue, Portstewart, BT55 7LG
Tel No: 028 7083 1014
Inspector: Judith Taylor

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 66 beds that provides care for persons living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr Gavin O'Hare-Connolly	Registered Manager: Mrs Mabel Cole
Person in charge at the time of inspection: Mrs Mabel Cole	Date manager registered: 14 September 2015
Categories of care: Nursing Homes (NH) DE – Dementia I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill Residential Care Homes (RC) I – Old age not falling within any other category	Number of registered places: 66 comprising: NH-DE - 22 in Dunseverick Suite NH-TI (maximum of four)/NH-I/ NH-MP(E)/ NH-PH(E) - 26 in Dunluce Suite RC-I - 18 in Downhill Suite The home is also approved to provide care on a day basis for one person in the Dunseverick Suite and one person in the Downhill Suite.

4.0 Inspection summary

An unannounced inspection took place on 13 December 2017 from 10.00 to 15.30.

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 governance arrangements for medicines, medicines administration, the standard of record keeping and the management of controlled drugs.

No areas for improvement were identified at this inspection.

Patients spoke positively about the management of their medicines and the care provided to them. There was a warm and welcoming atmosphere in the home.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Madelayne Court which at this time, provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Mabel Cole, Registered Manager, and Ms Gemma Boyd, Deputy 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 August 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 three patients, one registered nurse, two senior care staff, one care staff, the activities co-ordinator, the deputy manager and the registered manager.

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

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 completion of an online questionnaire.

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 19 August 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 18 January 2017

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
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered provider must ensure that there are robust arrangements in place for the management of external preparations.	Met
	Action taken as confirmed during the inspection: An improvement in the management of external preparations was observed. Staff had received training and new systems had been developed and implemented. Records were generally well maintained and their completion was monitored within the audit process.	

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
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered provider should make the necessary arrangements to ensure that personal medication records are up to date.	Met
	Action taken as confirmed during the inspection: The sample of personal medication records selected for examination had been maintained in the required manner.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered provider should ensure that a detailed care plan is maintained for any patient responsible for the self-administration of their medicines.	Met
	Action taken as confirmed during the inspection: Two patients' records were examined. A care plan for each patient was in place and evaluated on a monthly basis.	

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 for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. A sample of records was provided. Refresher training in medicines management, dysphagia, dementia and external preparations was provided in the last year.

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 of prescriptions. It was agreed that the storage of prescriptions forms awaiting delivery to the community pharmacy would be reviewed to ensure security.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was 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 and for the management of medicine changes.

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.

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. Oxygen equipment was checked at regular intervals.

The arrangements for the cold storage of medicines were examined. Daily maximum and minimum medicine refrigerator temperatures were monitored and recorded. The recent temperatures for one refrigerator showed maximum temperatures above the accepted level of 8°C. The registered manager advised that she would look into this with immediate effect; and also gave assurances that this issue would be raised with all staff, to ensure that any temperatures which were noted to be outside the accepted range, were reported to management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, the management of medicines on admission and medicines changes, 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.

The sample of medicines examined had been administered in accordance with the prescriber’s instructions.

There were satisfactory arrangements in place to alert staff of when time critical medicines must be administered, such as early morning medicines and also medicines which were prescribed at weekly, fortnightly and three monthly intervals.

On occasion some medicines were required to be crushed prior to administration or administered in disguised form. This was recorded in the patient's care plan. Consent had been obtained from the prescriber.

The management of distressed reactions was reviewed. When a patient was prescribed a medicine for administration on a "when required" basis the dosage instructions were recorded on the personal medication record. Staff confirmed that they 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. Specific charts were available for staff to record the reason for the administration of these medicines. Staff advised that these medicines were rarely required to be administered, however, confirmed that the outcome of any administration was recorded in the patient's daily notes. There was evidence that an audit on the management of distressed reactions was undertaken on a regular basis.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. A care plan was maintained. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that some of the patients could tell staff if they were experiencing pain, and confirmed that a pain assessment tool was used as needed. Staff also advised that a pain assessment was completed as part of the admission process.

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. They confirmed that most patients were generally compliant with their medicine regimes.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the maintenance of separate administration records for transdermal patches, injectable medicines and high risk medicines; and double signatures for the writing and updating of personal medication records and medication administration records.

Practices for the management of medicines were audited on a daily and weekly basis by the staff. This included running stock balances for medicines which were not supplied in the monitored dosage system. Staff routinely recorded the stock balance of medicines carried forward to the next medicine cycle. These records readily facilitated the audit process and this good practice was acknowledged. A quarterly audit was also completed by the community pharmacist.

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals are contacted in response to patients' healthcare needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the administration of medicines, the standard of record keeping and most care planning. Staff were knowledgeable regarding the patients’ medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

There were systems in place to accommodate any patients who wished to manage their own 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.

We noted good interactions between with the patients’ relatives/visitors and it was evident from these that there was a good rapport between them.

The patients we met with spoke positively about their care and the management of their medicines. They were complimentary regarding staff and management. Comments included:

- “I am happy here.”
- “The staff are very good you know, they really are.”
- “I do get on very well”
- “The lunch was nice.”

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.

We met with staff throughout the inspection. Comments included:

- “I feel very supported by my team.”
- “I really enjoy my job and coming to work.”
- “I get any training I need.”
- “The manager is very approachable and her door is always open.”

We also noted the warm and welcoming atmosphere in the home. Christmas decorations were displayed throughout the home and Christmas music was playing in the background. Staff provided details of the programme of Christmas festivities that had already commenced and that were planned.

Of the questionnaires which were left in the home to facilitate feedback from patients and their representatives, three were returned. The responses indicated that they were very satisfied with all aspects of the care provided in the home. One comment was also recorded: “Staff are kind and caring.”

No questionnaires were completed by staff within the specified timeframe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and taking account of the views of patients.

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.

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 them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and advised of how incidents were shared with them to inform learning and change of practice, if necessary. We were also advised that incidents and audit outcomes were also discussed at supervision sessions with 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 team. A robust governance process to oversee medicines management was in place. Management advised of the new auditing system which involved staff auditing medicines in the treatment rooms where they were not working. We were informed that this was system had been positively received by staff and was working well to ensure ongoing improvement.

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 medicines related concerns were raised with management. They advised that management were open and approachable and willing to listen. They also stated that there were good working relationships within the home and with healthcare professionals involved in patient care.

During the inspection we discussed the current processes in relation to part of the nursing home being registered as a separate residential care home. The registered manager confirmed that medicines management would continue to be undertaken by trained and competent care staff. She also confirmed that following completion of this registration process, all staff would be made aware of the procedures for the safe disposal of medicines in residential care homes and that medicines would be returned directly to the community pharmacist for disposal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of medicine incidents and quality improvement. Staff roles and responsibilities were clearly defined.

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

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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