



Unannounced Medicines Management Inspection Report 5 December 2018



St James' Lodge Care Home

Type of Service: Nursing Home
Address: 15 - 17 Coleraine Road, Ballymoney, BT53 6BP
Tel No: 028 2766 8212
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 44 beds that provides care for patients living with healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: St James' Lodge Limited Responsible Individual: Mr Francis Donal McKenna	Registered Manager: Miss Bronagh Barker
Person in charge at the time of inspection: Miss Bronagh Barker	Date manager registered: 4 October 2013
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: 44 comprising: <u>Ground Floor</u> NH-DE - a maximum of 20 patients <u>First Floor</u> NH-I - a maximum of 21 patients NH-PH – a maximum of 3 patients

4.0 Inspection summary

An unannounced inspection took place on 5 December 2018 from 10.40 to 14.35.

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 management of controlled drugs, the standard of record keeping, care planning and the safe storage of medicines.

No areas for improvement were identified at the inspection.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Bronagh Barker, Registered 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 20 September 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 three patients, two registered nurses 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 books
- 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 20 September 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 11 December 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
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall review the management of eye preparations as detailed in the report.	Met
	Action taken as confirmed during the inspection: Robust arrangements were observed for the management of eye preparations.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall develop a system to ensure that liquid medicines and inhaled medicines are closely monitored to ensure these are administered as prescribed.	Met
	Action taken as confirmed during the inspection: These medicines were included in the daily and monthly auditing processes. There was evidence that these medicines were administered as prescribed. No further concerns regarding these medicines were identified.	

Area for improvement 3 Ref: Standard 18 Stated: First time	The registered person shall review the systems in place for the management of distressed reactions to ensure that details of administration are fully recorded.	Met
	Action taken as confirmed during the inspection: The registered manager had reviewed this area of medicines management with staff. A small number of patients were prescribed these medicines; they were rarely administered. There was evidence that when administered the reason for and the outcome of the administration were recorded.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided annually. Other training completed this year included swallowing difficulty.

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.

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 robust systems to manage medicines which required cold storage and medicines with a limited shelf life once opened. Oxygen equipment was checked on a regular basis.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and high risk medicines.

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 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 or three monthly medicines were due.

The management of pain and distressed reactions was reviewed. Medicine details were recorded on the personal medication records. Care plans were maintained. Staff were aware that distressed reactions may be the result of pain and ongoing monitoring was necessary to ensure that the patient was comfortable. Analgesic administration records were in use to enable staff to record the reason for and outcome of any administration. See also Section 6.2.

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. Records of administration were completed by registered nurses and care staff. Following the introduction of the new swallowing difficulty guidance, a specific patient reference list was developed to facilitate implementation. This area of good practice was acknowledged.

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 patient's family and prescriber. We were provided with examples of when this had occurred and had resulted in change of times of administration to promote patient compliance.

The medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate administration records for 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. A quarterly audit was also completed by the community pharmacist. In addition to these audits, the registered manager advised of the daily walk round the home which included a review of the medicine round.

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

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 at 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.

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 and how the patients preferred to take their medicines.

We noted the warm and welcoming atmosphere in the home. Christmas decorations were displayed throughout the home. Some of the patients were listening to the musician playing.

We met with three patients who spoke positively about the care provided, the food and the staff. They stated that staff responded to any requests they had and advised they had no concerns. One patient provided details of the activities that she had completed and the planned visit by the musician. Other comments included:

- “The staff are very good here.”
- “I am well looked after. I am happy to be here.”
- “Staff are ever so good and kind.”
- “I have no pain.”
- “This is the best home to be in.”

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.

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

Of the questionnaires which were left for patients/patients' representatives, none were returned within the specified time frame (two weeks). Any comments in questionnaires received after the return date will be shared with the registered manager as necessary.

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.

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. We were advised that there were arrangements in place to implement the collection of equality data within St James' Lodge Care Home.

The governance arrangements for medicines management were examined. There was evidence of comprehensive auditing and monitoring systems to ensure sustained improvement. We were advised of the daily, weekly and monthly audits completed and how areas for improvement were shared with staff to address. A sample of audit records and resultant action plans was made available at the inspection.

Written policies and procedures for the management of medicines were in place. These had been updated in February 2018. 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.

We were advised that there were effective communication systems to ensure that all staff were kept up to date. In addition to shift handover reports, a 24 hour report was shared with the registered manager for her attention and action as required.

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 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 stated they had no concerns.

No online questionnaires were completed by staff within 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

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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