

# Unannounced Medicines Management Inspection Report 30 January 2018



## Templemoyle

**Type of Service: Nursing Home**  
**Address: 41a Whitehill Road, Eglinton, BT47 3JT**  
**Tel No: 028 7181 1461**  
**Inspector: Judith Taylor**

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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 30 beds that provides care for patients with care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mrs Elizabeth Kathleen Mary Lisk	<b>Registered Manager:</b> Mrs Jeya Pratheeksha
<b>Person in charge at the time of inspection:</b> Mrs Jeya Pratheeksha	<b>Date manager registered:</b> 9 January 2015
<b>Categories of care:</b> Nursing Homes (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment	<b>Number of registered places:</b> 30

### 4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 10.50 to 14.00.

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 governance arrangements, the completion of most medicine records, medicines administration, the management of medicines on admission and safe storage of medicines.

Areas requiring improvement were identified in relation to personal medication records and warning alerts.

The patient we met with spoke very positively about the care provided by staff and the management of their medicines.

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>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jeya Pratheeksha, 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 11 May 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 incidents register: it was ascertained that no incidents involving medicines had been 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 one patient, one registered nurse, one member of care staff, the registered manager and two members of the organisation's senior management.

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     | • medicine audits                |
| • personal medication records          | • policies and procedures        |
| • medicine administration records      | • care plans                     |
| • medicines disposed of or transferred | • training records               |
| • controlled drug record book          | • 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 11 May 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 31 January 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 29 <b>Stated:</b> First time	The registered provider should ensure that the management of the inhaler preparations detailed in the report is reviewed to ensure that these medicines are administered as prescribed or a reason for the omission recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The outcomes of the audit trails performed on a sample of inhaled medicines indicated that they had been administered as prescribed. Staff had recorded a running stock balance to assist with audit and monitoring.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The registered provider should ensure that the management of medicines prescribed for use 'when required' for distressed reactions is reviewed to ensure that the reason for and the outcome of administration are recorded in a consistent manner on every occasion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These medicines were rarely required to be administered. Staff assured that when administered, details of the reason for and the outcome were recorded in the patient's daily progress notes. They advised that as the	

	<p>medicines were checked on a daily basis to ensure stocks were correct they could also identify when they were administered and review notes accordingly.</p> <p>Given these assurances this area for improvement has been assessed as met.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the assessment of pain on admission and the detail recorded in the care plan is reviewed to ensure that the appropriate information is recorded.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Staff advised that all new patients' pain was assessed at admission and where a patient could not express pain, a pain assessment tool was used. A detailed care plan was in place for all but one of the patients records examined. It was agreed that this would be updated with immediate effect.</p> <p>Given these assurances this area for improvement has been assessed as met.</p>	

### 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. A list of the trained staff names was displayed. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. Further training was planned in the next month.

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 procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

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.

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 annually.

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 and high risk medicines which is good practice.

Some patients were prescribed one to three medicines containing paracetamol. Whilst there was no evidence that these were being administered at the same time, a warning alert should be in place to remind staff of the potential risk. An area for improvement was identified.

Discontinued or expired medicines were disposed of appropriately. Most of the discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. However, this was not observed for zopiclone tablets. Staff were reminded that zopiclone is a Schedule 4 (Part 1) controlled drug and must be denatured prior to disposal. The registered manager advised that she would raise this at the staff meeting which was planned for 31 January 2018.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean; however, the treatment room was not tidy and required decluttering. Staff advised of the limited space and the plans to tidy this room at the earliest opportunity.

There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The medicine refrigerator and oxygen equipment were checked at regular intervals.

### **Areas of good practice**

There were examples of good practice in relation to staff training, the management of medicines on admission, medicine changes and safe storage of medicines.

### **Areas for improvement**

Where a patient is prescribed more than one medicine containing paracetamol, this should be clearly highlighted on the patient's medicine records.

	<b>Regulations</b>	<b>Standards</b>
<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.**

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were arrangements in place to alert staff of when doses of weekly or three monthly medicines were due.

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. A detailed care plan was maintained and evaluated each month. 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. See also Section 6.2.

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 tell staff if they were in pain. They stated that each patient's pain relief was monitored at medicine rounds or more frequently as needed. 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. 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.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate administration records for injectable medicines and transdermal patches. However, it was found that some entries on the personal medication records were not up to date and several required rewriting. An area for improvement was identified. It was agreed that the strength of one medicine would be followed up with the prescriber after the inspection. The registered manager confirmed that she had identified that these records needed rewriting and this was planned for next month.

Following discussion with the registered manager and staff, 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 in relation to the completion of most records, care planning and the administration of medicines. Staff were knowledgeable regarding the patients' medicines.

## Areas for improvement

The completion of personal medication records should be closely monitored to ensure that they are accurately maintained.

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

### 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 a small number of patients was observed at the inspection. It was found that the medicines were administered in a caring manner and as discreetly as possible. The patients were given time to take their medicines.

Throughout the inspection, it was found that there were good relationships between the staff, the patients and their relatives/visitors. It was clear from discussions and observations, that staff were familiar with the patients' likes and dislikes.

The patient we met with advised that they had no concerns in relation to the management of their medicines and expressed their satisfaction with the staff and care provided. Comments included:

"They (staff) are more than good to you."

"I am happy in this home."

"The food is good and the staff are friendly."

"It's safer for me to be here rather than at my home, as I have fallen a lot."

Of the questionnaires which were left to receive feedback from patients and their representatives, six were returned. The responses indicated that they were very satisfied/satisfied with the care provided in the home. One comment was made:

"The staff here have come to know my (relative) on a personal basis and tailor their care to (relative) individual needs."

We met with staff who also spoke positively about the care provision and their work; comments included:

"It's like a family here."

"There care is good in this home."

"There is great support among the staff."

"I love my job, the patients and their families."

"We all know the patients well and some staff have worked here for years."

## 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
<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.**

Written policies and procedures for the management of medicines were in place. These were not examined in detail. Staff advised that they were aware of these and that any updates were highlighted to them at team meetings and supervision. There was evidence that changes in procedures were also displayed in the treatment room for staff reference.

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 that team meetings and supervision sessions were used to share incidents and detail any learning. 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.

Satisfactory systems were in place to oversee the management of medicines. Audits were completed throughout the month by the staff and management. This included running stock balances for several solid dosage medicines, nutritional supplements and inhaled medicines. Staff had also routinely recorded the stock balance of medicines carried forward to the next medicine cycle. These records readily facilitated the audit process and the good practice was acknowledged. As part of the governance arrangements in the home, a daily quality check of medicine administration records was completed to ensure that medicines were administered as prescribed. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, 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. 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.

No staff had completed the online questionnaire with the specified time frame of 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
<b>Total number of areas for improvement</b>	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 Jeya Pratheeksha, 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.

<b>Quality Improvement Plan</b>	
<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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2018</p>	<p>The registered person shall ensure that a paracetamol warning alert is in place for any patient prescribed more than one medicine containing paracetamol.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been fully actioned and is now in place. A meeting was held with trained staff and all staff have been aware of this issue.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2018</p>	<p>The registered person shall ensure that the completion of personal medication records is closely monitored to ensure that they are accurately maintained.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff have been made aware of this issue. Staff have been instructed to rewrite Kardex's at least once a year or if there are a lot medication changes during this time.</p>

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



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