

Unannounced Medicines Management Inspection Report 22 January 2019



Gortacharn Nursing Home

Type of Service: Nursing Home
Address: 21 Nutfield Road, Lisnaskea, BT92 0LB
Tel No: 028 6772 1030
Inspector: Helen Daly

www.rqia.org.uk

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 that provides care for up to 40 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Gortacharn Responsible Individuals: Mr Richard James Trimble & Mrs Robena Heather Trimble	Registered Manager: Ms Jill Trimble
Person in charge at the time of inspection: Ms Jill Trimble	Date manager registered: 20 November 2015
Categories of care: Nursing Homes (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill LD – learning disability	Number of registered places: 40 This figure includes a maximum of four persons in category NH-LD.

4.0 Inspection summary

An unannounced inspection took place on 22 January 2019 from 10.40 to 15.40.

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 administration, medicine records, medicine storage and the management of controlled drugs.

No areas for improvement were identified at this inspection.

We spoke with one patient who was complimentary regarding the care and staff 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.

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 Ms Jill Trimble, 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

No further actions were required to be taken following the most recent inspection on 19 September 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the following:

- recent inspection reports
- recent correspondence with the home
- the management of medicine related incidents; prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

During the inspection we met with one patient, three care assistants, one registered nurse, the deputy manager and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

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 requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- 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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 September 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 19 February 2018

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 person shall ensure that accurate records for the administration of thickening agents are maintained.	Met
	Action taken as confirmed during the inspection: Recording sheets were in place to facilitate the recording of all administrations of thickening agents by registered nurses and care assistants. The recommended consistency level was recorded for each patient.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall implement a robust audit system for the management of medicines.	Met
	Action taken as confirmed during the inspection: The auditing system had been reviewed and revised. The deputy manager was responsible for completing monthly audits on the management and administration of medicines. The audits covered the areas for improvement which were identified and discussed at the last medicines management inspection i.e. the administration of liquid medicines, distressed reactions,	

	<p>thickening agents, insulin and the disposal of controlled drugs.</p> <p>There was evidence that any shortfalls had been discussed with registered nurses to address. The deputy manager advised that a copy of all action plans would be retained in the audit file from the date of the inspection onwards.</p>	
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 18 Stated: Second time	<p>The registered provider should review and revise the management of medicines prescribed on a “when required” basis; care plans should be in place, staff should record the reason why each dose was administered and the noted effect and the parameters for administration of “when required” medicines should be clearly recorded on the personal medication records.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Care plans for the management of distressed reactions were in place. The parameters for administration of “when required” medicines were clearly recorded on the personal medication records. Protocols for their use were also in place. The reason for and effect of each administration was recorded in the progress notes.</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 registered nurses who have been trained and deemed competent to do so. Two registered nurses were currently undertaking their induction. Competency assessments were completed annually or more frequently if a need was identified. Care assistants had received training and been deemed competent to administer thickening agents. Further training was planned for March 2019.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training was provided annually.

There were procedures in place to ensure the safe management of medicines during a patient’s admission to the home and to manage medication changes. Personal medication records were verified and signed by two registered nurses. This safe practice was acknowledged.

There were systems in place to ensure that patients had a continuous supply of their prescribed medicines. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

The management of high risk medicines e.g. insulin and warfarin was reviewed. Dates of opening were recorded on all insulin pens to facilitate audit and disposal at expiry. Daily running stock balances were recorded for warfarin tablets and the audits which were completed at the inspection gave satisfactory outcomes. The deputy manager was reminded that obsolete warfarin dosage directions should be cancelled and archived.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balance checks were performed on controlled drugs which require safe custody, at the end of each shift.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines. There was evidence that controlled drugs in Schedules 2, 3 and 4 (Part 1) were being denatured 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 and oxygen equipment were checked at regular intervals. Satisfactory recordings were observed for the daily room and refrigerator temperatures.

Areas of good practice

There were examples of good practice in relation to staff training, 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.

The sample of medicines examined had been administered in accordance with the prescriber’s instructions. Some minor discrepancies were discussed with the deputy manager for ongoing monitoring.

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 three monthly medicines were due.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. Care plans were in place. Registered nurses were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that a pain assessment tool was used with patients who could not verbalise their pain.

The management of distressed reactions and swallowing difficulty was reviewed and found to be satisfactory. See Section 6.2.

Registered nurses 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.

Medicine records were well maintained and facilitated the audit process.

Following discussion with the registered manager, deputy manager and registered nurse, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

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 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.

We did not observe the administration of medicines during the inspection. It was clear from discussion with the registered nurses that they were familiar with the patients' healthcare needs and were aware of how they liked to take their 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. Patients were observed to be relaxed and comfortable. Patients in one of the lounges were enjoying a game of bingo.

We spoke with one patient who was complimentary regarding the care provided and staff in the home. The patient made the following comments:

“I could not be treated better. I can have whatever I want. I am in no pain. I am very well looked after here. I like to go to bed at about half past nine and the staff help me to do that.”

As part of the inspection process, we issued 10 questionnaires to patients and their representatives, none were returned within the specified time frame.

Any comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

Areas of good practice

Staff were observed to listen to patients, engage in conversation and respond promptly to requests.

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 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 were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

We discussed the management of medication related incidents with the registered manager and deputy manager. Both advised that they were aware that medicine related incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by both staff and management. Areas identified for improvement were detailed in an action plan which was shared with staff to address and there were systems in place to monitor improvement. See Section 6.2.

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

The registered nurses and care assistants we met with spoke positively about their work and advised there were good working relationships in the home with staff and the management team. They stated they felt well supported in their work.

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 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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