# Unannounced Medicines Management Inspection Report
# 15 February 2017

# Bohill Bungalows

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

## 1.0 Summary

An unannounced inspection of Bohill Bungalows took place on 15 February 2017 from 10.55 to 14.35.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

**Is care safe?**

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations were made.

**Is care effective?**

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. Specific areas of medicines management were detailed in the patients' care plans. No requirements or recommendations were made.

**Is care compassionate?**

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. No requirements or recommendations were made.

**Is the service well led?**

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations were made.

This inspection was underpinned by 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.

Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

## 1.1 Inspection outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Yvonne Diamond, Registered Manager and Mrs Hazel McMullan, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 December 2016.

## 2.0 Service details

| | |
|---|---|
| **Registered organisation/registered person:**<br>Parkcare Homes No2 Ltd/Mrs Sarah Hughes | **Registered manager:**<br>Mrs Yvonne Diamond |
| **Person in charge of the home at the time of inspection:**<br>Mrs Hazel McMullan until 13.00 and<br>Mrs Yvonne Diamond thereafter | **Date manager registered:**<br>26 February 2016 |
| **Categories of care:**<br>NH-PH, NH-PH(E), NH-LD, NH-LD(E) | **Number of registered places:**<br>18 |

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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.

We met with two registered nurses, the deputy manager and the registered manager.

A poster indicating that the inspection was taking place was displayed in the Dunluce Bungalow and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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

Twenty questionnaires were issued to patients, relatives/patient representatives and staff, with a request that these were completed and returned within one week of the inspection.

## 4.0 The inspection

## 4.1 Review of requirements and recommendations from the most recent inspection dated 12 December 2016

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 their next inspection.

## 4.2 Review of requirements and recommendations from the last medicines management inspection 5 October 2015

| Last medicines management inspection recommendations | | Validation of compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 39<br><br>**Stated:** Second time | The registered manager should make the necessary arrangements to ensure the room temperature does not exceed 25$^{o}$C in the treatment room in the Dunluce Bungalow. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>This had been reviewed. A large fan was in use to ensure adequate temperatures were maintained. On the day of the inspection, preparations were being made to install air conditioning units in each treatment room. | |
| **Recommendation 2**<br><br>**Ref**: Standard 29<br><br>**Stated:** First time | It is recommended that the completion of personal medication records should be closely monitored to ensure that these records are accurately maintained. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>These records were reviewed on a regular basis as part of the audit process. An improvement was noted in the completion of these records. | |

## 4.3 Is care safe?

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, quarterly supervision and annual appraisal. Competency assessments were

completed annually. Refresher training in was provided in the last year. The most recent training was completed on 13 February 2017.

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.

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.

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. To assist with these processes, each patient has a 'communication dictionary' and a 'hospital passport'.

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 medicines administered via the enteral route and for medicines which were required to be crushed/capsules opened prior to administration. Care plans were maintained.

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. Medicine refrigerators and oxygen equipment were checked at regular intervals.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| **Number of requirements** | 0 | **Number of recommendations** | 0 |
|---|---|---|---|

## 4.4 Is care effective?

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.

Although there were arrangements in place to alert staff of when doses of weekly and monthly medicines were due, it was noted that one weekly patch had been administered one day late in early January. The management of this patient's pain during the time of delay was reviewed and discussed. Management advised that this would be followed up after the inspection; a written response of the findings and action taken was received by us on 20 February 2017.

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. 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. The reason for and the outcome of administration were recorded. A care plan was maintained.

With the exception of the patch detailed above, 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 they were very familiar with the patients and knew how patients would express pain. This information was detailed in a protocol and care plan. A separate record detailing the reason for and the outcome of administration was also maintained. This is best practice. 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. A care plan was maintained.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate administration records for transdermal patches, injections and protocols for medicines prescribed on a 'when required' basis.

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

| **Number of requirements** | 0 | **Number of recommendations** | 0 |
|---|---|---|---|

## 4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

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 not possible to ascertain the views and opinions of patients.

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.

As part of the inspection, questionnaires were issued to patients, relatives/patient representatives and staff. One questionnaire was received at the time of issuing the report. The responses were recorded as 'very satisfied' with the management of medicines in the home.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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|---|---|---|---|
| **Number of requirements** | 0 | **Number of recommendations** | 0 |

## 4.6 Is the service well led?

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 staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A comprehensive auditing system for medicines management was in place. It included daily, weekly and monthly audits. Running stock balances were maintained for a number of medicines including nutritional supplements, liquids, laxatives and analgesics. An overarching audit was completed by the registered manager every month and in addition audits were completed by the community pharmacist. A review of the internal audit records indicated that largely satisfactory outcomes had been achieved. Staff advised of the procedures undertaken when discrepancies or areas for improvement were identified.

Following discussion with the registered manager and registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The staff spoken to at the inspection were very positive about their work, the relationships between staff and the support provided by the staff team and the registered manager. They advised that the registered manager was always available and willing to listen.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff individually, through information notices and at team meetings.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | | | |
|---|---|---|---|
| **Number of requirements** | 0 | **Number of recommendations** | 0 |

## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.

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