



Unannounced Medicines Management Inspection Report 11 July 2018



Home Treatment House

Type of Service: Nursing Home
Address: Old See House, 603 Antrim Road, Belfast, BT15 4DX
Tel no: 028 9504 2873
Inspector: Helen Daly

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 six beds that provides care for patients as detailed in Section 3.0.

3.0 Service details

Registered organization: Belfast HSC Trust Registered person: Mr Martin Joseph Dillon	Registered manager: See below
Person in charge of the home at the time of inspection: Mr Brendan O'Hara, Deputy Manager	Date manager registered: Ms Julia Sheehan Acting – No application required
Categories of care: NH-MP, NH-MP(E)	Number of registered places: 6

4.0 Inspection summary

An unannounced inspection took place on 11 July 2018 from 10.15 to 13.00.

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

No areas for improvement were identified at the inspection.

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 Mr Brendan O'Hara, 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 the action detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 June 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

During the inspection we met with one patient, three registered nurses and the deputy manager.

We provided the deputy manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We also left 'Have we missed you' cards in the foyer of the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the care provided.

We asked the deputy 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
- policies and procedures
- 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 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 27 June 2018

The most recent inspection of the home was an unannounced care inspection. The draft report has been issued. The 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 9 February 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
Requirement 1 Ref: Regulation 13(4) Stated: First time	The registered provider must ensure that all medicines, including controlled drugs, are disposed of in accordance with legislative requirements.	Met
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines, including controlled drugs. Medicines were placed in a disposal bin which was collected by a waste management company. Controlled drugs and medicines liable to abuse were denatured prior to disposal.	

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. 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 the audit process, supervision and annual appraisal. Competency assessments were completed following induction and after any medication errors or audit discrepancies. Records were available for inspection.

In relation to safeguarding, the deputy manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed in accordance with the Trust policy.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and to manage changes to prescribed medicines. Medication regimes and changes to prescribed medicines were confirmed in writing. Personal medication records were verified and signed by two registered nurses.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. There was evidence that newly prescribed medicines had been received into the home without delay. The deputy manager advised that antibiotics would also be received into the home without delay.

A review of the controlled drug record books indicated that records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements had been maintained in a satisfactory manner. Checks had been 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.

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. The temperature of the medicine refrigerator was checked daily.

Areas of good practice

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

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.

The deputy manager 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. The deputy manager was reminded that all currently prescribed medicines, including clozapine, should be recorded on the central personal medication record. It was agreed that this would be implemented immediately and that all registered nurses would be made aware via email following the inspection. Due to the assurances provided an area for improvement was not specified at this time.

Practices for the management of medicines were audited by night staff throughout the month. The findings were reviewed by the management team. This included an audit of patients' medicines within the first ten days of admission and at discharge.

Following discussion with the deputy manager, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping 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.

The administration of medicines to patients had been completed prior to the commencement of this inspection and was not observed. Staff were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

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. The patient spoken to at the inspection was happy with the care provided in the home.

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, their representatives and staff in returned questionnaires received after the return date will be shared with the manager for information and action as required.

Areas of good practice

Staff were observed to engage with patients and were involved in activities.

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 within the Belfast Health and Social Care Trust. The manager was advised to contact the appropriate person within the trust for advice relating to data collection within individual facilities.

Written policies and procedures for the management of medicines were in place. These were not examined in detail at the inspection. 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. The deputy manager advised that staff knew how to identify and report incidents. There was evidence of the action taken and learning implemented following incidents. In relation to the

regional safeguarding procedures, the deputy manager advised that staff were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. The deputy manager advised of the auditing processes completed by staff and management and how areas for improvement were detailed in an action plan, shared with staff to address and the systems in place to monitor improvement.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns were raised with management and any resultant action was discussed at team meetings and/or supervision.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and management.

We were advised that there were effective communication systems in the home to ensure that all staff were kept up to date.

No online questionnaires were completed by staff with 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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