

Unannounced Medicines Management Inspection Report 31 May 2016



Fishbourne House

Type of service: Nursing Home

Address: 71 Spa Road, Ballynahinch, BT24 8PT

Tel No: 028 9756 1165

Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Fishbourne House took place on 31 May 2016 from 10:00 to 12:55.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern and hence a quality improvement plan (QIP) was not issued.

Is care safe?

No requirements or recommendations were made.

Is care effective?

No requirements or recommendations were made.

Is care compassionate?

No requirements or recommendations were made.

Is the service well led?

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Fishbourne House which provides both nursing and residential care.

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 Rosemary Lunn, Registered Manager, and Ms Lynne Carlisle, Nurse in charge, 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 premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the inspection on 14 January 2016.

2.0 Service details

Registered organisation/registered person: Mr William Brown Mr James Alexander Speers	Registered manager: Mrs Rosemary Lunn
Person in charge of the home at the time of inspection: Ms Lynne Carlisle	Date manager registered: 18 November 2010
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 22

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the incidents register; it was ascertained that no medication related incidents had been reported to RQIA since the last medicines management inspection

In addition to the registered manager and nurse in charge, the inspector met with one resident and one care assistant.

A sample of the following records was examined:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 January 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 21 March 2014

Last medicines management inspection statutory requirements		
Requirement 1 Ref: Regulation 19 (2) Stated: First time	The registered manager must ensure that where care staff are responsible for the administration of external preparations, records of training and competency are maintained.	Met
	Action taken as confirmed during the inspection: Records of training are now maintained; the most recent training had occurred in February 2016.	
Requirement 2 Ref: Regulation 13 (4) Stated: First time	The registered manager must ensure that personal medication records are fully and accurately maintained at all times.	Met
	Action taken as confirmed during the inspection: The personal medication records were observed to be fully and accurately maintained. They had been rewritten in April 2016.	
Requirement 3 Ref: Regulation 13 (4) Stated: First time	The registered manager must ensure that records of the administration of external preparations and thickening agents, by care staff, are maintained on every occasion.	Met
	Action taken as confirmed during the inspection: Separate recording sheets are now available to record the administration of external preparations; they had been accurately maintained. The administration of thickening agents is recorded on the daily intake charts.	

<p>Requirement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that the medicine refrigerator temperatures are maintained within the accepted range of 2°C to 8°C.</p> <hr/> <p>Action taken as confirmed during the inspection: Some readings outside the required range were observed. Guidance on resetting the thermometer was provided for the registered manager and nurse in charge.</p> <p>The registered manager advised that registered nurses would be shown how to reset the thermometer and that the records would be closely monitored. Given these assurances this requirement has not been restated.</p>	<p>Met</p>
<p>Last medicines management inspection recommendations</p>		
<p>Recommendation 1</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should develop a list of the names, sample signatures and initials of the care staff who are trained and deemed competent in delegated medicine related tasks.</p> <hr/> <p>Action taken as confirmed during the inspection: An up to date list was in place.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should ensure that prescription forms are received into the home and checked against the order before being forwarded to the community pharmacy for dispensing.</p> <hr/> <p>Action taken as confirmed during the inspection: Prescription forms are now received into the home and checked against the order before being forwarded to the community pharmacy for dispensing.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered manager should review the process for the disposal of medicines, to ensure that two registered nurses/suitably qualified staff are involved in the disposal of medicines and both persons sign the record book.</p> <hr/> <p>Action taken as confirmed during the inspection: Two registered nurses are now involved in the disposal of medicines and both sign the entries in the disposal book.</p>	<p>Met</p>

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 the auditing system. Competency assessments were completed annually.

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 were up to date and had been verified and signed 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.

No controlled drugs subject to record keeping requirements were currently prescribed. 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. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. The registered manager agreed to risk assess the storage arrangements for the disposal bin to ensure that it was secure. Staff confirmed that 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. There were arrangements in place to alert staff of when doses of weekly, monthly 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, 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. A care plan was maintained. The nurse in charge advised that the reason for and outcome of each administration is recorded in the daily care records when they are administered. There had been no recent administrations.

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 verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment tool is 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. Care plans and speech and language assessment reports were in place. Records of administration were maintained in the daily food charts.

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.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the accurate records which are maintained by care staff.

Practices for the management of medicines were audited throughout the month by the registered manager and registered nurses. As part of the audit activity the registered manager administers the medicines at least twice each week.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medicine related issues.

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.

One patient advised that she was very happy in the home. She stated that she did not want to look after her own medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

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 and revised 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. There had been no medicine related incidents reported since the last medicines management inspection.

A review of the home's audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager, registered nurse and care 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 any resultant action was communicated with all staff.

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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews