

# Unannounced Medicines Management Inspection Report 31 May 2018



## Fishbourne House

**Type of Service: Nursing Home**  
**Address: 71 Spa Road, Ballynahinch, BT24 8PT**  
**Tel No: 028 9756 1165**  
**Inspector: Helen Daly**

[www.rqia.org.uk](http://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 with 22 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Providers:</b> Mr William Brown Mr James Alexander Speers	<b>Registered Manager:</b> Mrs Rosemary Lunn
<b>Person in charge at the time of inspection:</b> Mrs Margaret Grant, Registered Nurse	<b>Date manager registered:</b> 18 November 2010
<b>Categories of care:</b> Nursing Care (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	<b>Number of registered places:</b> 22

### 4.0 Inspection summary

An unannounced inspection took place on 31 May 2018 from 10.30 to 13.45.

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.

One area for improvement was identified in relation to ensuring that medicines are not omitted due to being unavailable in the home.

Patients commented that the “place could not be better”.

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>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Grant, Nurse in Charge, and Mrs Rosemary Lunn, Registered Manager, via telephone call on 8 June 2018, 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 9 November 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 management of medicine related incidents; 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 two patients, one relative, one general practitioner, two care assistants and the registered nurse.

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
- personal medication records
- medicine administration records
- care plans
- medicines storage temperatures
- controlled drug record book

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 9 November 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. 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 7 June 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person shall ensure that complete records for the administration of thickening agents are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of administration were maintained in the daily nutritional charts.  Each patient's dietary recommendations was clearly recorded on these charts.	
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 18 <b>Stated:</b> First time	The registered person shall ensure that care plans for the management of distressed reactions are in place; care plans should include details of any prescribed medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans for the management of distressed reactions were in place and included details of prescribed medicines.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that detailed care plans for the management of pain are in place; care plans should include details of any prescribed medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans for the management of pain were in place and included details of prescribed medicines.	

### 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.**

The registered manager advised that registered nurses have been trained and deemed competent to manage medicines in Fishbourne House. 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. Competency assessments were completed annually; they were currently being updated. 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 had been completed.

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. Personal medication records were updated by two registered nurses. This safe practice was acknowledged.

All currently prescribed medicines were available for administration on the day of the inspection. However, a review of the medication administration records indicated that a small number of medicines had been omitted for up to four days as they were out of stock. This was discussed with the nurse in charge and registered manager. The stock control system should be reviewed to ensure that currently prescribed medicines are available on all occasions. An area for improvement was identified.

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.

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 high risk medicines e.g. warfarin and insulin.

Appropriate arrangements were in place for administering medicines in disguised form.

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 of good practice**

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

**Areas for improvement**

The ordering system should be reviewed and revised to ensure that currently prescribed medicines are available on all occasions.

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

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

With the exception of the small number of medicines which had been omitted due to being out of stock, 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 alternate day and weekly medicines were due.

The management of distressed reactions, pain and swallowing difficulty was examined and found to be satisfactory. Appropriate care plans, records of prescribing and administration and monitoring were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any refusals likely to have an adverse effect on the patient’s health were reported to the prescriber. This was evidenced during the inspection.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the registered nurse, 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, care planning and the administration of medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 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.**

Appropriate arrangements were in place to facilitate patients responsible for the self-administration of 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. It was clear from discussion and observation of staff, that they were familiar with the patients' likes and dislikes.

The patients spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines and they were happy for the staff to administer their medicines. They were complimentary regarding the staff and management.

One relative commented: "it is great, a home from home".

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

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

### 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.**

The inspector 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 are in place to implement the collection of equality data within Fishbourne House.

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

Staff confirmed that they knew how to identify and report incidents. The registered manager was reminded that the ongoing omission of medicines due to stock supply issues should be regarded as a medication incident which should be reported to the prescriber for advice and may need to be reported to the safeguarding team. Due to the assurances provided an area for improvement was not identified.

The internal audits were not reviewed during the inspection but were discussed with the registered manager via telephone call. The registered manager advised that any shortfalls were addressed with staff for learning and improvement. It was agreed that stock management would be included in the audit process.

Following discussion with the registered manager, registered nurses 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 for improvement. We spoke with three staff who were complimentary regarding the management of the home.

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 and quality improvement. There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 Margaret Grant, Nurse in Charge, and Mrs Rosemary Lunn, 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 providers should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall review the stock ordering system to ensure that medicines are not omitted due to being out of stock.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A new section has been added to our daily shift report advising all nurses to record if a medicine is low in stock, also to think ahead and consider weekends/bank holidays. All nurses advised to liaise with relevant clinic/pharmacy if a medicine is not issued when ordered.</p>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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