# Unannounced Medicines Management Inspection Report
# 18 January 2018

# Glenmachan Tower House

**Type of Service: Nursing Home**
**Address: 13 Glenmachan Road, Belfast, BT4 2NN**
**Tel no: 028 9076 3441**
**Inspector: Paul Nixon**

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 39 beds that provides care for patients with a variety of healthcare needs, as detailed in Section 3.0.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Church of God - Glenmachan<br><br>**Responsible Individual:**<br>Dr Albert Alan Stephens | **Registered manager:**<br>Mrs Helen Jane Murphy |
| **Person in charge at the time of inspection:**<br>Mrs Helen Jane Murphy | **Date manager registered:**<br>1 April 2005 |
| **Categories of care:**<br>Nursing Homes<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years.<br>TI – Terminally ill. | **Number of registered places:**<br>39 |

## 4.0 Inspection summary

An unannounced inspection took place on 18 January 2018 from 09.45 to 14.05.

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 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 storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to the administration of injectable medicines, governance arrangements, care planning and the recording of thickening agents.

The patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients spoken to were very complementary about the care provided.

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** | 1 | 3 |

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Helen Jane Murphy, Registered Manager, 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 7 June 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 reported to RQIA since the last medicines management inspection

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with four patients, one registered nurse and one member of care staff.

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
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

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 7 June 2017

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 the next care inspection.

## 6.2 Review of areas for improvement from the last medicines management inspection dated 14 November 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

## 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 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 registered manager informed us that competency assessments should be completed annually in accordance with the home's policy; however, she had not maintained this schedule. She stated that she plans to review staff competencies over the next month. Refresher training in medicines management was provided to the nursing staff within the last two years.

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. 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.

There were satisfactory arrangements in place to manage changes to prescribed medicines.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

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. The use of separate administration charts was acknowledged.

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. The medicine refrigerator and oxygen equipment were checked at regular intervals.

**Areas of good practice**

There were examples of good practice in relation to the management of medicines on admission, the management of controlled drugs and the storage of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

**6.5 Is care effective?**

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

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions. However, unsatisfactory arrangements were in place for the administration of two identified injectable medicines. One injectable medicine, prescribed to be administered every three months had been administered at six monthly intervals. The other injectable medicine, also prescribed to be administered every three months, had 18 and 26 days delays respectively in administrations for two patients. The registered manager gave an assurance that the three observations would be promptly managed as medicine incidents and all relevant persons/departments notified. An area for improvement was identified.

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 mostly recorded. However, for two of three patients whose records were examined, a care plan was not maintained. An area for improvement was identified.

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. A pain assessment tool was used as needed. For two of the three patients whose records were examined, a pain management care plan was maintained; the registered manager gave an assurance that a care plan would be written for the other patient.

The records relating to two patients prescribed a thickening agent for the management of swallowing difficulty were examined. One patient did not have the medicine recorded on their personal medication record and the details of the fluid consistency were not specified on this record for either patient. Administrations by the registered nurses were mostly recorded. Care plans were in place; however, one patient did not have the fluid consistency recorded. An area for improvement was identified.

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. However, this had not occurred in relation to the injectable medicines as stated previously.

Medicine records were mostly well maintained and facilitated the audit process.

Following discussion with the registered manager and staff and from examination of care records, it was evident that other healthcare professionals are contacted when required to meet the needs of patients. 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 maintenance of medicine records and the working relationships with other healthcare professionals.

**Areas for improvement**

Injectable medicines must be administered as prescribed.

A care plan should be in place for each patient prescribed medication for administration on a "when required" basis for the management of distressed reactions.

The arrangements for recording thickening agents should be reviewed.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 2 |

**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 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 patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. From discussion and observation of staff, it was clear that they were familiar with the patients' needs, their likes and dislikes.

The patients we spoke with advised that they were very satisfied with the care provided in the home. Some comments made were:

"Great care; I am very happy here; staff are wonderful and matron is outstanding."
"Care is excellent; the staff are very good."
"Care is very good; staff are okay."
"I am well cared for."

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 process, ten questionnaires were left in the home to facilitate feedback from patients and their representatives. Four were returned within the specified timeframe. Comments received were positive; with responses recorded as 'very satisfied' or 'satisfied' with the management of medicines in the home.

Relatives' comments included:

- "I have never had cause to complain about (my relative's) care. I like the very personal atmosphere of the place."
- "Staff are very caring and nothing is too much trouble."

One patient commented:

- "Don't think there are enough staff at meal times."

The comments received in the questionnaires were shared with the registered manager for any review and consideration.

**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 |
|---|---|---|
| **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.**

Following discussion with staff it was evident that they were familiar with the medicines management policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

There was no recorded evidence that practices for the management of medicines had recently been audited by management. The registered manager stated that she had not performed a medication audit for some time, due to other time pressures. The issues highlighted in this report indicate the need for a robust medicines management auditing system. An area for improvement was identified.

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 staff were open and approachable and willing to listen.

No members of staff shared their views by completing an online questionnaire.

**Areas of good practice**

There were examples of good practice in relation to the management of medicine incidents. There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

Robust arrangements should be in place to audit all aspects of the management of medicines.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 1 |

## 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 Helen Jane Murphy, 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 provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 February 2018 | The registered person shall ensure that injectable medicines are administered as prescribed.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>All relevant persons/departments were noitfied of Medicine Incidents to include families.<br>Nurse who made the error with one Injectable Medicine (which should have been administered 3 monthly and been changed to 6 monthly without GP consent) was interviewed. This nurse has forty years experience and has worked in Glenmachan for the past seven years and this is the first incident.<br>Update on the safe administration of medicines has been completed on the 12 February 2018.<br>There is now a system in place to ensure Injectable Medicines ae administered as prescribed.<br>There is now an Injectable medicine Folder which includes date medication received, how much received, dose & frequency of medication, when given and by whom and when next Injection due. When next Injection due also highlighted in diary and on Mar sheet.<br>A nurses meeting was held on 29 January 2018 to inform nurses of findings on inspection, areas for improvement and to explain new documentation, in place. |
| **Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 February 2018 | The registered person shall ensure that a care plan is in place for each patient prescribed medication for administration on a “when required” basis for the management of distressed reactions.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>Care Plans have been drawn up for each resident who has been prescribed medication on a "when required" basis for distressed reactions.<br>Care plans have also been drawn up for each resident who has been prescribed analgesic patches and medication on a "when required" basis for break through pain. |

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| **Area for improvement 2**<br><br>**Ref**: Standard 29<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 February 2018 | The registered person shall ensure that the arrangements for recording thickening agents are reviewed.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>The consistency of fluids for those residents who are prescribed a thickening agent is now highlighted on the Mar Sheets. |
| **Area for improvement 3**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 February 2018 | The registered person shall ensure that robust arrangements are in place to audit all aspects of the management of medicines.<br><br>Ref: 6.7 |
| | **Response by registered person detailing the actions taken:**<br>There are now arrangements in place to audit all aspects of the Management of Medicines to include:<br>medicines not in MDS<br>Injections<br>Supplements. |

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

The Regulation and Quality Improvement Authority

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