Unannounced Medicines Management Inspection Report
30 May 2018

Lansdowne

Type of Service: Nursing Home
Address: 41-43 Somerton Road, Belfast, BT15 3LG
Tel No: 028 9037 0911
Inspector: Judith Taylor

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 that is registered to provide care for up to 86 patients living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** See box below
Person in charge at the time of inspection: Ms Telma Pinto (Acting Manager)	**Date manager registered:** MsTelma Pinto Acting - application not yet received
Categories of care: Nursing Homes (NH): DE – Dementia 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	**Number of registered places:** 86 including: NH-DE - a maximum of 17 patients to be accommodated in the Dementia Unit

4.0 Inspection summary

An unannounced inspection took place on 30 May 2018 from 10.10 to 17.00

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.

This scheduled inspection was brought forward due to concerns raised with RQIA by the Belfast Health and Social Care Trust (BHSCT). These related to the accurate administration of prescribed medicines.

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 the governance arrangements, training, competency assessment, medicines administration, the standard of record keeping and the management of controlled drugs.

No areas for improvement were identified.

Patients and a relative spoke positively about the staff and the care in the home. The patients were noted to be relaxed and comfortable in their surroundings and interactions with staff.

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 Ms Telma Pinto, Manager and Mrs Una Brady, Support Manager from Four Seasons Health Care, 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 those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 & 10 January 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
- written and verbal communication received since the last medicines management inspection which includes information with respect to potential adult safeguarding issues.

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

During the inspection we met with four patients, one patient's relative, four registered nurses, the nursing sister, the acting manager and the support manager.

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
- policies and procedures
- care plans
- 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 9 & 10 January 2018

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 21 September 2017

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 29

Stated: First time</td><td>The registered person shall develop a system to ensure that personal medication records are kept up to date and accurate.

Ref: 6.4</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
An improvement in the completion of personal medication records was evidenced. These were monitored through the weekly and monthly auditing processes.</td></tr>
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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, including agency nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. A sample of records was provided. There were systems in place to ensure that all staff receive update training in relation to medicines management.

Medicines management for new patients including patients receiving intermediate care was reviewed. There were procedures in place to ensure the safe management of these medicines. Written confirmation of medicine regimens was obtained. Staff advised of the process to ensure that the patient and/or the patient's relative understood the medicine regime at the end of the period of intermediate care.

The stock control of medicines was reviewed. Management and staff advised of the ordering process to ensure that medicines were available for administration. It was acknowledged that where there had been some difficulties in obtaining supplies of medicines, and on occasion, there had been some out of stock situations, these had been reported to RQIA. We were advised of the meetings which had taken place to resolve the issues and the regional manager provided a written report of the planned action to prevent recurrence. Of the patients' medicines examined, all of the medicines were available for administration. However, it was noted that a small number of currently prescribed medicines (non-monitored dosage system) had been disposed of. This was discussed and it was reiterated that medicines should not be unnecessarily wasted and advice was given. It was agreed that this would be reviewed.

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.

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

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. Details were recorded in a care plan. In relation to insulin, two staff were involved in each administration. A running stock balance of anticoagulant injections was maintained. These areas of good practice were 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. For a small number of patients, it was noted that there was more than one opened supply of the same patient's medicines; a supply was held in the medicine trolley and also in the overstock cupboards. This was discussed in relation to the potential risk and it was acknowledged that the staff counted the medicines each month. There was no evidence that the patient had received the incorrect dose. Management provided assurances that this would be followed up and discussed with staff.

Medicine refrigerators and oxygen equipment were checked at regular intervals. It was noted that during this month, the maximum temperatures of one of the three medicine refrigerators were above the accepted upper limit of 8^{o}C; management confirmed that this had already been identified in a recent audit and was being addressed. A new thermometer was to be brought into use after the inspection.

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

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.

Most of the medicines selected for examination had been administered in accordance with the prescribers' instructions. A few discrepancies were observed in liquid medicines; management advised that these would be a focus within the audit process.

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 or three monthly medicines were due.

The management of distressed reactions and pain was examined. The relevant records were being maintained and care plans were in place.

The management of swallowing difficulty for two patients was examined. The administration was recorded and care plans and speech and language assessment reports were in place. However, it was found that one patient's personal medication record and an administration record were not accurate regarding the fluid consistency. These records were updated at the inspection. Following discussion with the registered nurse and a review of the care plan and care plan evaluation notes, it was concluded that the patient was being administered the correct consistency.

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.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate administration records for transdermal patches and analgesic medicines.

Practices for the management of medicines were audited throughout the month. The audit process included the recording of running stock balances for some medicines which were not supplied in the 28 day blister pack system and recording the quantity of stock carried forward to the next medicine cycle. This is good practice and was acknowledged. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the management and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to patients' healthcare needs. They provided examples of when this had occurred recently and of some recent referrals in relation to swallowing difficulty and skincare.

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. Staff were knowledgeable about the patients' 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.

Appropriate arrangements were in place to facilitate patients responsible for the self-administration of medicines.

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 clear from discussion and observation of staff, that they were familiar with the patients' likes and dislikes.

We met with four patients, who expressed their satisfaction with the care, the staff and the manager. They advised that they were administered their medicines on time and any requests e.g. for pain relief, were responded to and stated that they had no concerns. Comments included:

"The staff are very good, they'll come to you anytime."
"I don't know how they pick the staff, they are great; I'm incredibly well looked after and you couldn't complain about anything."
"The food is very good in here."
"Nothing is a bother to them (staff), they are good".
"I'm getting on ok."
"I am a fussy eater and they always offer me something else if I don't like it."

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.

We also met with one relative who spoke very positively about the care provided, the food and her relative's experience in the home.

Of the questionnaires which were left in the home to receive feedback from patients and their representatives, none were returned with the specified time frame (two weeks). Any comments from patients and their representatives in questionnaires received after the return date will be shared with the 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
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.

The management arrangements in the home were discussed. There had been ongoing changes in management over the last year. We were advised of the current management arrangements for the interim period and that recruitment of a permanent registered manager was ongoing. It was agreed that RQIA would be formally informed of the arrangements.

The management of medicine related incidents was examined. There were systems in place to escalate identified medicine incidents to management. Staff confirmed that they knew how to identify and report incidents and advised of the procedures in place to ensure that all staff were made aware and to prevent recurrence. The medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken,

which had included an increase in the frequency of audits and development of new systems; and also that these were reported to the safeguarding team as necessary.

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. We were informed that there were arrangements in place to implement the collection of equality data within Lansdowne.

Written policies and procedures for the management of medicines were in place and were readily available for staff reference. Those in relation to intermediate care had been updated earlier in the year. Staff confirmed that there were systems to keep them updated of any changes.

The governance arrangements for medicines management were reviewed. The manager advised of the daily, weekly and monthly audits which take place and how areas for improvement were identified and followed up. She provided details of the newly developed monitoring systems for medicines management.

Following discussion with the manager and 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 staff individually, at team meetings or supervision.

The staff we met with spoke positively about the home, how they enjoyed their work, the team work and the good working relationships in the home and with other healthcare professionals. They were complimentary about the manager.

We were informed that that there were effective communication systems in the home. These included the verbal and written handover reports which referenced medicines management as applicable e.g. antibiotics, diabetes, dysphagia; and a 24 hour report. The staff and manager advised that this process worked well and that issues were readily reported and followed up in a timely manner.

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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