



Unannounced Medicines Management Inspection Report 3 January 2019



Lisadian House

Type of Service: Nursing Home
Address: 87 Moira Road, Hillsborough, BT26 6DY
Tel No: 028 9268 9898
Inspector: Judith Taylor

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 that provides care for up to 45 patients living with healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Elim Trust Corporation Responsible Individual: Pastor Edwin Michael	Registered Manager: Ms Grace Pena
Person in charge at the time of inspection: Mrs Simona Birsanu (Clinical Lead)	Date manager registered: 14 June 2018
Categories of care: Nursing Homes (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 NH-TI -Terminally ill	Number of registered places: 45

4.0 Inspection summary

An unannounced inspection took place on 3 January 2019 from 10.15 to 15.00.

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 governance, training and competency assessment, the management of controlled drugs, the standard of record keeping, care planning and the safe storage of medicines.

No areas for improvement were identified at the inspection.

The patients and relative we met with spoke positively about the staff and the care provided. There was a warm and welcoming atmosphere in the home and the patients were observed to be relaxed and comfortable in their environment.

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
	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Simona Birsanu, Clinical Lead, 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 finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 July 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

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with three patients, one relative, two registered nurses, the nursing sister and the clinical lead.

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA; we asked the clinical lead 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 received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record books
- medicine audits
- care plans
- training records
- medicines storage temperatures

We left 'Have we missed you?' cards in the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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 19 July 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 21 February 2018

Areas for improvement from the last medicines management inspection		
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
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall ensure that two staff are involved in the disposal of all medicines and both staff sign the disposal record.	Met
	Action taken as confirmed during the inspection: There was evidence that the disposal of medicines involved two staff.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall make the necessary arrangements to ensure that medicine sachets are administered as prescribed and that they can be audited.	Met
	Action taken as confirmed during the inspection: The supply of medicine sachets had been reviewed to enable auditing.	

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.

We were advised of the new medicine system which had commenced in the last few weeks. Staff had received training on the new medicines system and refresher training in general medicines management. Staff competency assessments were completed following induction, at least annually or more frequently as required. The impact of training was monitored through team meetings, supervision and annual appraisal. Other training completed this year included swallowing difficulty and palliative care.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records and medication administration records were updated by two trained staff. This is safe practice and was acknowledged.

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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was completed annually and the next training was planned for February 2019.

The management of controlled drugs was reviewed. 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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. Care plans were maintained.

Discontinued or expired medicines including controlled drugs were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. It was acknowledged that following the change in medicines system, a review of storage and stock supplies had been undertaken. We noted that the medicine storage areas were clean, tidy and well organised and patients' medicines were clearly segregated. There were robust systems to manage medicines which required cold storage and medicines with a limited shelf life once opened. Oxygen equipment was checked on a regular basis.

Areas of good practice

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

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A few discrepancies were observed for close monitoring and this was being implemented during the inspection.

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 pain was reviewed. Medicine details were recorded on the personal medication records. Care plans and pain assessments were maintained. Analgesic administration records were in use to enable staff to record the reason for and outcome of any administration. This is good practice.

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. Records of administration, care plans and speech and language assessment reports were in place.

Staff 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 patient's family and prescriber. There were examples of when this had occurred and had resulted in changing times of administration to promote patient compliance.

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 high risk medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included a record of running stock balances for a small number of medicines. We were advised that with this new system, it was expected that staff would record the quantity of any medicine carried forward to the next medicine cycle. The community pharmacist also visited the home to complete audits.

Following discussion with the staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to patients' healthcare needs. Examples of this in relation to dietary needs, infection and pain management were provided.

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
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 was not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the patients' medicines and how the patients preferred to take their medicines.

We noted the warm and welcoming atmosphere in the home. Throughout the inspection, it was found that there were good relationships between the staff, the patients and the patients' representatives. Staff were noted to be friendly and courteous and engaged with the patients; they treated the patients with dignity. It was clear from observation of staff, that they were familiar with the patients' likes and dislikes.

We met with three patients who spoke positively about the care provided, the food and the staff. They stated that staff responded to any requests they had and advised they had no concerns. Other comments included:

- "The staff are very good."
- "I know the staff well and have no complaints."
- "I happy enough and like it."
- "We are looked after well."
- "The food is good and very nice."

We met with one visitor who was complimentary regarding their experience in the home and the care provided to their relative.

Of the questionnaires which were left for patients/patients' representatives, six were returned within the specified time frame (two weeks). The responses were recorded as "very satisfied" or "satisfied" with the care provided. One comment was made:

- "Find all staff very good, kind and respectful."

Any comments in questionnaires received after the return date will be shared with the registered manager as necessary.

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.

We discussed the 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 advised that there were arrangements in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. These were currently being updated to reflect the new medicines system. Staff advised that there were procedures in place to ensure that they were made aware of any changes.

The governance arrangements for medicines management were examined. There was evidence of comprehensive auditing and monitoring systems to ensure sustained improvement. We were advised of the daily, weekly and monthly audits completed and how areas for improvement were shared with staff to address. This was usually through team meetings and supervision. A sample of audit records was made available at the inspection.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, including referral to the safeguarding team as necessary. We discussed those reported since the last medicines management inspection and were provided with details of the procedures in place, to ensure that all staff were made aware of incidents and the systems to prevent recurrence.

Staff confirmed that there were effective communication systems to ensure that they were kept up to date. A communications book was also in use. The staff notice board had also been reviewed in relation to information displayed.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns were raised with management.

The staff spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals. They stated they felt well supported in their work and stated they had no concerns.

No online questionnaires were completed by staff within 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.



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
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care