Unannounced Medicines Management Inspection Report
21 February 2018

Lisadian House

Type of Service: Nursing Home
Address: 87 Moira Road, Hillsborough, BT26 6DY
Tel No: 028 9268 9898
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 with 45 beds that provides care for patients living with a range of 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:** See box below
Person in charge at the time of inspection: Mrs Hilary Fleming (Interim Manager)	**Date manager registered:** Mrs Hilary Fleming – Acting no application required
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 TI – Terminally ill	**Number of registered places:** 45

4.0 Inspection summary

An unannounced inspection took place on 21 February 2018 from 10.00 to 16.20.

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

Areas requiring improvement were identified in relation to the disposal of medicines and management of medicines supplied in sachet form.

The patients were noted to be relaxed and comfortable in the home. The patient we spoke with was complimentary about the care provided in the home.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Hilary Fleming, Interim Manager and Ms Grace Penna, 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

The most recent inspection to the home was an announced enforcement monitoring inspection on 18 January 2018 regarding the failure to comply notice **FTC/NH/1264/2017 - 18/01(E)** which was issued on 20 October 2017, in relation to the health and welfare of patients.

The outcome of this inspection indicated that full compliance with the notice had been achieved.

No further actions were required to be taken following 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 records:

- 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 was being conducted.

During the inspection we met with three patients, three staff, the incoming manager and the interim manager.

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

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.

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 18 January 2018

The most recent inspection of the home was an announced enforcement monitoring inspection. This inspection focused solely on the actions contained within the failure to comply notice issued on 20 October 2017. There were no new areas for improvement identified as a result of the inspection.

The areas for improvement identified at the care inspection on 12 October 2017 were not reviewed as part of the inspection and have been carried forward to the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 10 January 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**
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must ensure that robust arrangements are in place for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the management of controlled drugs had been reviewed; robust arrangements were 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		Validation of compliance
Area for improvement 1 **Ref**: Standard 29 **Stated:** First time	The registered provider should review the management of medicine changes, to ensure that two staff are involved in the transcribing of medicines details onto medication administration records and insulin records.	**Met**
	Action taken as confirmed during the inspection: There was evidence that two staff were routinely involved in the transcribing of medicines information on personal medication records, medication administration records and warfarin administration records. This was not always evidenced for the separate records regarding insulin administration; however, staff confirmed that all doses are checked by a second member of staff at each administration. Management advised that this would be addressed and given these assurances this area for improvement was assessed as met.	
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time	The registered provider should ensure that the time of administration of medicines is clearly recorded.	**Met**
	Action taken as confirmed during the inspection: The times of administration were now recorded specifically on the printed medication administration records.	
Area for improvement 3 **Ref**: Standard 30 **Stated:** First time	The registered provider should make the necessary arrangements to ensure that the date of opening is recorded for all medicines which are not supplied in the monitored dosage system.	**Met**
	Action taken as confirmed during the inspection: The date of opening was recorded on all of the medicines examined at the 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 impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. Training in the management of swallowing difficulty and external preparations is planned for March 2018. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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 and also of the recent review of the stock control of medicines and the planned medicine reviews with prescribers'.

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 procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

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.

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.

Largely satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. Care plans were maintained. The use of separate administration charts was acknowledged; management confirmed that all transcribing on the insulin records would involve two staff from the day of the inspection onwards.

The disposal of medicines was reviewed. Discontinued medicines were uplifted by a clinical waste company and controlled drugs were denatured and rendered irretrievable prior to disposal. Two staff were involved in the disposal of controlled drugs; however, this did not occur for other medicines. An area for improvement was identified.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. A review the treatment rooms had been undertaken since the last medicines management inspection and these had been cleared of unnecessary items. The 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 found throughout the inspection in relation to staff training, competency assessment, management of medicine changes, controlled drugs and the storage of prescriptions and medicines.

Areas for improvement

The disposal of medicines should be reviewed to ensure that two staff are involved in the disposal and this is clearly stated in the records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The majority of medicines were supplied in a 28 day monitored dosage systems (MDS). An audit of a sample of these medicines indicated that they had been administered in accordance with the prescriber's instructions.

A variety of medicines which were not stored in these MDS packs was also audited. With the exception of medicines sachets, satisfactory audit outcomes had been achieved. It was not possible to audit medicines which were supplied in sachet form as there was no date of opening or carried forward stock balance. An area for improvement was identified.

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 mid-weekly, weekly and monthly medicines were due.

The management of medicines prescribed for distressed reactions was reviewed. Two patients' records were examined. The dosage instructions were recorded on the patient's personal medication record. A care plan was in place for one patient. The care plan in place for the second patient needed reviewed and updated. It was agreed that this would be addressed with immediate effect. 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 usually recorded.

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 was 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. Each administration was recorded and care plans and speech and language assessment reports were in place.

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. Staff and management advised of the plans to revise some of the recording systems in place. Several of the personal medication records had been rewritten in the last month.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with management and staff and a review of care records, it was evident that when applicable, other healthcare professionals were contacted in response to the patient's healthcare needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the administration of medicines, the standard of record keeping and care planning.

Areas for improvement

The necessary arrangements should be made to ensure that audit trails can be completed on medicines sachets.

	Regulations	Standards
Total number of areas for improvement	0	1

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. The registered nurse explained the medicine and encouraged the patients to take their 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 the staff were familiar with the patients' likes and dislikes.

We met with three patients. It was not possible to obtain the views and opinions of two of the patients; however, they were noted to be relaxed and comfortable in their surroundings and in their interactions with staff. In relation to other patient, she spoke positively about her care, well-being and the food in the home.

Of the questionnaires which were left in the home to facilitate feedback from patients and their representatives, two were returned within the timeframe (two weeks). The responses in one questionnaire indicated that they were very satisfied with the care provided in the home. In relation to the other questionnaire, the responses were recorded as undecided or satisfied, and some comments were made regarding the care provided in the home. These were shared with the manager and the care inspector for the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and taking account of the views of patients.

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 manager Ms Penna had just commenced her new role in the last few days. She was undergoing induction at the time of the inspection.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the 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. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following 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 lead and safeguarding team.

Management advised of the auditing systems in place and that as part of the governance arrangements, a walk around the home was completed each morning and evening to review the

patients and the delivery of care. A review of the medicine audit records indicated that largely satisfactory outcomes had been achieved. There was evidence that some of the areas for improvement noted in the January 2018 audits had been effectively addressed. To enhance the audit process, the benefit of maintaining records of running stock balances throughout the medicine cycle and carried forward stock balances at the commencement of a medicine cycle, for non-MDS medicines, was discussed.

Following discussion with management and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

It was observed that there were effective communication systems in place. In addition to the diary, a communication book was used to inform staff about the patients e.g. medicine changes. As well as verbal handovers reports, written handover reports were completed at each shift change and detailed the patients' healthcare needs e.g. swallowing difficulty, diabetes, antibiotic therapy. Staff confirmed that this system worked well and readily facilitated the delivery of care.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated through team meetings, supervision or individually with staff. They advised that management were open and approachable and willing to listen; and stated that there were good working relationships within the home and with healthcare professionals involved in patient care.

No staff had completed the online questionnaire within the two week timeframe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements, management of medicine incidents, quality improvement and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Hilary Fleming, Interim Manager and Ms Grace Penna, 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 Web Portal for assessment by the inspector.

Quality Improvement Plan

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 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 23 March 2018	The registered person shall ensure that two staff are involved in the disposal of all medicines and both staff sign the disposal record. Ref: 6.4
	Response by registered person detailing the actions taken: Two staff are now involved in the disposal of all medicines and both staff sign the disposal record accordingly.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 23 March 2018	The registered person shall make the necessary arrangements to ensure that medicine sachets are administered as prescribed and that they can be audited. Ref: 6.5
	Response by registered person detailing the actions taken: Medicine sachets are now being dispensed in skillets to enable accurate auditing. The date of opening will be on skillet.

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

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