Unannounced Medicines Management Inspection Report
5 March 2019

Mullaghboy

Type of Service: Nursing Home
Address: 86 Warren Road, Donaghadee, BT21 0PQ
Tel No: 028 9188 3596
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 that provides care for up to 32 patients with a range of care needs, as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Mullaghboy Limited **Responsible Individual:** Mr Robert Maxwell Duncan	**Registered manager:** Ms Anne Dugan
Person in charge at the time of inspection: Ms Anne Dugan	**Date manager registered:** 1 April 2005
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:** 32

4.0 Inspection summary

An unannounced inspection took place on 5 March 2019 from 09.50 to 14.10.

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 medicine administration, care planning and the management of controlled drugs.

An area for improvement was identified in relation to medicines storage.

The patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients and patients' representatives we spoke to were positive about the care provided in the home. They were complimentary about the staff and management.

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*	0

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Anne Dugan, 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 25 June 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 informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with four patients, two patients' visitors/representatives, the registered manager, the deputy manager and two care staff.

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We left 'Have we missed you' cards in the foyer of 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 service provision. Flyers which gave information on raising a concern were also left in the home.

We asked the registered manager 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 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

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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 June 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 11 September 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 person shall ensure that the temperature range of the medicines refrigerator is accurately monitored to ensure it is maintained within the recommended limits of 2°C and 8°C.	**Not met**
	Action taken as confirmed during the inspection: The medicine refrigerator temperature range had not been appropriately monitored. Over the previous few weeks the minimum and maximum temperatures had, respectively, either been consistently recorded as being in excess of 8°C or the humidity level had been recorded. The temperature during the inspection was 12°C. The nursing staff were unable to demonstrate how to reset the thermometer after each reading. Insulin, which must be stored between 2^{o}C and 8^{o}C as specified by the manufacturer, was being stored in the refrigerator. **This area for improvement is stated for a second time.**	
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 person shall ensure that personal medication records and handwritten entries on medicine administration records are routinely updated by two registered nurses.	**Met**
	Action taken as confirmed during the inspection: Personal medication records and handwritten entries on medicine administration records were normally updated by two registered nurses.	

Area for improvement 2 **Ref**: Standard 31 **Stated:** First time	The registered person shall ensure that the denaturing of controlled drugs is fully recorded.	**Met**
	Action taken as confirmed during the inspection: The denaturing of controlled drugs was fully recorded.	
Area for improvement 3 **Ref**: Standard 29 **Stated:** First time	The registered person shall ensure that robust alert mechanisms are in place for injectable medicines.	**Met**
	Action taken as confirmed during the inspection: Robust alert mechanisms were in place for injectable medicines. The next dates of administration were recorded on the medicine administration record sheets.	
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that, when a patient is prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, a care plan is maintained.	**Met**
	Action taken as confirmed during the inspection: For two patients whose records were examined a care plan was in place.	

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. There was a training need for the nursing staff in relation to the monitoring of the temperature range of the medicines refrigerator (see section 6.2).

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration records were normally 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. The registered manager advised that staff receive face-to-face safeguarding training annually.

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.

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. 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. As stated in section 6.2, the medicine refrigerator temperature range had not been appropriately monitored.

Areas of good practice

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

Areas for improvement

No new 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 generally been administered in accordance with the prescriber's instructions. A couple of discrepancies were drawn to the attention of the registered manager, who gave an assurance that the medicines would be closely monitored.

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 medicines prescribed to be administered at atypical intervals were due.

Appropriate records were maintained for medicines prescribed for administration on a "when necessary" basis for the management of distressed reactions and for medicines prescribed for pain management.

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 generally well maintained and facilitated the audit process. A couple of discrepancies in the personal medication records were drawn to the attention of the registered manager who gave an assurance that the relevant record sheets would be updated without delay.

Following discussion with the registered manager and staff and examination of care plans, it was evident that other healthcare professionals were 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 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.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

The patients and patients' representatives we spoke with advised that they were very satisfied with the care provided in the home, including the management of their medicines. They were complimentary regarding staff and management. Comments made included:

- "I am cared for well; everything is all right."
- "I am happy enough with the care."
- "Staff are very accommodating; the care is good; the food is of a good quality."
- The care is fantastic, I am looked after very, very well."

None of the questionnaires that were issued for patients or their representatives to complete were returned within the specified timeframe of two weeks.

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 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 were in place to implement the collection of equality data within Mullaghboy.

Written policies and procedures for the management of medicines were in place. They were not reviewed on this occasion. Following discussion with staff, it was evident that they were knowledgeable with the policies and procedures and that any updates were highlighted to them.

Management advised of the audits which take place and how areas for improvement were identified and followed up. The audit activity included running stock balances for analgesics and some liquid medicines. In addition to the audits performed by management and staff, a periodic audit was completed by the community pharmacist and a report of the outcomes supplied to the registered manager. However, the one area for improvement identified at the last medicines management inspection had not been addressed. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. They provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence. These usually included reflective practice and supervision. 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.

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 in relation to medicines management were raised with the registered manager, and any resultant action was discussed at team meetings and/or supervision.

They spoke positively about their work and advised that there were good working relationships in the home with staff, management and with other healthcare professionals. They stated they felt well supported in their work.

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 governance arrangements. 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Anne Dugan, 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

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** Second time	The registered person shall ensure that the temperature range of the medicines refrigerator is accurately monitored to ensure it is maintained within the recommended limits of 2°C and 8°C. Ref: 6.2
To be completed by: 4 April 2019	**Response by registered person detailing the actions taken:** We have purchased a new thermometer from our pharmacy supplier.Nursing staff have been reminded regarding the importance of recording fridge temperature checks and to report if temperatures are out of the recommended range of 2-8 degrees C. We have also contacted maintenance department to reposition the medicine fridge to allow better circulation of air from the motor.

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

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