Unannounced Medicines Management Inspection Report
11 September 2017

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 with 32 beds that provides care for patients with a variety 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 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 11 September 2017 from 09.40 to 13.10.

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 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 medicine administration.

Areas requiring improvement were identified in relation to medicine records, medicines storage and care planning.

The patients we spoke with were very complimentary about the management of their medicines and 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	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs 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

No further actions were required to be taken following the most recent inspection on 17 May 2017.

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 incidents; it was ascertained that no incidents involving medicines had been 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 two patients, the registered manager, one registered nurse and two care staff.

A total of 15 questionnaires were provided for distribution to patients, their representatives, and staff for completion and return to RQIA.

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 improvements 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 17 May 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 12 May 2016

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 29 **Stated:** Second time	It is recommended that the patient's medicine allergy status should be routinely declared on their personal medication record sheet.	**Met**
	Action taken as confirmed during the inspection: The patient's medicine allergy status was declared on their personal medication record sheet.	

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.

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.

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. However, personal medication records and handwritten entries on medicine administration records were not always updated by two registered nurses. An area for improvement was identified.

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. However, for two controlled drugs, their denaturing had not been recorded in the controlled drugs record book and disposal of medicines record and for one other controlled drug the denaturing had not been recorded in the disposal of medicines record. An area for improvement was identified.

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.

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 temperature range had not been appropriately monitored. Over the previous few weeks the minimum and maximum temperatures had, respectively, been consistently recorded as being -1.1°C and 20.8°C. This indicated that the digital thermometer had not been reset after each reading. The temperature during the inspection was 9.8°C. Insulin was being stored in the refrigerator. The refrigerator temperature must be maintained between 2°C and 8°C to ensure that medicines within it are stored at the appropriate temperature. An area for improvement was identified.

Areas of good practice

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

Areas for improvement

Personal medication records and handwritten entries on medicine administration records should be routinely updated by two registered nurses.

The denaturing of controlled drugs should be fully recorded.

The temperature range of the medicines refrigerator must be accurately monitored to ensure it is maintained within the recommended limits of 2°C and 8°C.

	Regulations	Standards
Total number of areas for improvement	1	2

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. One audit discrepancy was drawn to the attention of the registered manager, who gave an assurance that the administrations of the identified medicine 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 weekly medicines were due. However, robust alert mechanisms were not in place for injectable medicines. The date of the injectable medicine's next administration was not recorded for one patient, and for another patient it was only written on a whiteboard. 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. These medicines were rarely required to be administered. However, for two 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. A care plan was generally maintained. Staff also advised that a pain assessment is 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; however, details of the fluid consistency were not specified. The registered manager gave an assurance that this matter would be rectified without delay. Administrations were 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 mostly well maintained and facilitated the audit process.

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 the registered manager and staff, it was evident that, when applicable, other healthcare professionals are contacted in response to medication related issues. Staff advised that they had good working relationships with the GP practices and the Health and Social Care Trust.

Areas of good practice

There were examples of good practice in relation to the administration of medicines.

Areas for improvement

Robust alert mechanisms should be in place for injectable medicines.

When a patient is prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, a care plan should be maintained.

	Regulations	Standards
Total number of areas for improvement	0	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 morning medications had been administered before the commencement of the inspection. No medicines were administered during the inspection.

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.

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

"The care here is wonderful; staff are excellent; the food is lovely"
"The care is excellent; I am very comfortable here"

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, we issued questionnaires to patients, patients' representatives and staff. Two patient's representatives completed and returned questionnaires within the specified timeframe. Comments received were positive; with responses recorded as 'very satisfied' or 'satisfied' with the management of medicines in the home.

Areas of good practice

Staff listened to patients 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.

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. 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.

A review of the audit records indicated that satisfactory outcomes had been achieved. As a result of the areas for improvement identified during this inspection, it was suggested that the registered manager introduce an audit checklist that covers all aspects of the management of medicines.

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.

Three members of staff completed a questionnaire. The responses were positive and raised no concerns about the management of medicines in the home.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen.

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

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 QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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:** First time **To be completed by:** 11 October 2017	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: 6.4
	Response by registered person detailing the actions taken: A new fridge thermometer has been purchased and satff have been trained in the correct usage.
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 29 **Stated:** First time **To be completed by:** 11 October 2017	The registered person shall ensure that personal medication records and handwritten entries on medicine administration records are routinely updated by two registered nurses. Ref: 6.4
	Response by registered person detailing the actions taken: Nursing staff have been reminded that 2 signatures must be on each record of a new entry on the kardex. On occasion where there is only one nurse on duty i.e. 5pm-8pm, a second signature will be obtained at day/night duty handover time.
Area for improvement 2 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 11 October 2017	The registered person shall ensure that the denaturing of controlled drugs is fully recorded. Ref: 6.4
	Response by registered person detailing the actions taken: All nursing staff have been reminded to sign each relevant document, eg. controlled drug register, drug returns ledger and day/night staff checklist.
Area for improvement 3 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 11 October 2017	The registered person shall ensure that robust alert mechanisms are in place for injectable medicines. Ref: 6.5
	Response by registered person detailing the actions taken: The pharmacist has been advised to label both the injection syringe and packaging with the patients details.

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. Ref: 6.5
To be completed by: 11 October 2017	**Response by registered person detailing the actions taken:** Care plans have been reviewed and updated as necessary in relation to pharmaceutical management of distressed reactions.

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

The Regulation and Quality Improvement Authority

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