

Unannounced Medicines Management Inspection Report 16 May 2016



Nicholson House

8 Antrim Road, Lisburn, BT28 3DH

Tel No: 028 9267 4126

Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Nicholson House took place on 16 May 2016 from 09.30 to 12.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern and a quality improvement plan (QIP) has not been included in this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been made.

This inspection was underpinned by 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Ruth Johnston, Registered Manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent care inspection on 16 December 2015.

2.0 Service details

Registered organisation/registered person: Nicholson House Mr Joseph Andrew Johnston Mrs Ruth Mary Johnston	Registered manager: Mrs Ruth Mary Johnston
Person in charge of the home at the time of inspection: Mrs Ruth Mary Johnston	Date manager registered: 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 32

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with three residents, two registered nurses and one member of care staff.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 December 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 13 January 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	The registered provider must introduce robust audit arrangements for ensuring that liquid formulation medicines are being administered as prescribed.	Met
	Action taken as confirmed during the inspection: Liquid medicines that were audited during the inspection had been administered as prescribed.	
Requirement 2 Ref: Regulation 13(4) Stated: First time	The registered provider must submit written monthly reports to RQIA for four months, detailing the outcomes of the audits performed on liquid formulation medicines.	Met
	Action taken as confirmed during the inspection: These reports were received as required.	

<p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that the temperature of each medicine refrigerator is appropriately managed in order to ensure that medicines needing cold storage are kept under the conditions recommended by the manufacturers.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The temperature of the medicines refrigerator on the ground floor had been maintained within the required range. The refrigerator on the first floor had showed some deviation from the required temperature range. Following the inspection, the registered manager gave assurances by email that a new refrigerator would be installed later in the week and that the temperature would be closely monitored to ensure that medicines were being stored in accordance with the manufacturers' recommendations. This requirement has therefore not been restated.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that staff record the use of thickening agents.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>At the time of this inspection there were no patients that required thickened fluids. The registered manager advised that all nurses and care staff would record the use of thickening agents when they are prescribed.</p>		
<p>Last medicines management inspection recommendations</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the Standard Operating Procedures for the management of controlled drugs are updated with respect to ordering, transport, receipt, disposal and incident reporting.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Standard Operating Procedures for the management of controlled drugs were in place.</p>		

<p>Recommendation 2</p> <p>Ref: Standard 37, 38</p> <p>Stated: First time</p>	<p>The registered provider should ensure that two registered nurses witness medicines being placed in the medicines disposal bin and sign the disposal record.</p> <hr/> <p>Action taken as confirmed during the inspection: Two registered nurses had signed the majority of entries in the disposal record book.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered provider should ensure that discontinued medicine entries on the personal medication record sheets are routinely cancelled.</p> <hr/> <p>Action taken as confirmed during the inspection: Discontinued medicines had been appropriately cancelled on the personal medication records.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered provider should ensure that handwritten entries on the personal medication record sheets are routinely verified and signed or initialled by two registered nurses.</p> <hr/> <p>Action taken as confirmed during the inspection: The majority of these records had been signed and verified by two registered nurses.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered provider should ensure that in use Calogen and Procal bottles are kept in the medicine refrigerator.</p> <hr/> <p>Action taken as confirmed during the inspection: These medicines were appropriately stored.</p>	<p>Met</p>

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed. Refresher training in medicines management was provided regularly.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines audited during the inspection were in stock.

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.

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. Additional running balance checks were also performed on other controlled drugs which is good practice.

During the inspection, it was noted that two supplies of controlled drugs had not been denatured when they were no longer required. This was discussed with the registered manager who agreed to discuss this with the registered nurses and remind them of the requirement to denature all controlled drugs prior to disposal.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

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. Medicine refrigerators and oxygen equipment were checked at regular intervals. The refrigerator on the first floor had showed some deviation from the required temperature range. Following the inspection, the registered manager gave assurance by email that a new refrigerator would be installed later in the week and that the temperature would be closely monitored to ensure that medicines were being stored in accordance with the manufacturers’ recommendations.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber’s instructions. 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, monthly or three monthly medicines were due.

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. A care plan was maintained. The reason for and the outcome of administration were recorded on most occasions. The registered manager agreed to remind staff that this must be recorded on every occasion that these medicines are administered.

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 tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

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. They included extra records for the site of application of transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines not contained in the monitored dosage system. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that, other healthcare professionals are contacted when necessary to meet the healthcare needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The administration of medicines to several patients was observed. Medicines were administered in the dining room with breakfast or in the bedrooms. The nurses administering the medicines spoke to the patients in a kind and caring manner.

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

Medicines management was discussed with a small number of patients. All responses were positive regarding the administration of medicines. Patients stated that they were given medicines promptly, for example, pain relief medicines when they requested them outside of the regular medicine round.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

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.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. There had been no recent medicine related incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager and registered nurses, 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews