



# Unannounced Medicines Management Inspection Report 17 December 2018



## Nicholson House

**Type of Service: Nursing Home**  
**Address: 8 Antrim Road, Lisburn, BT28 3DH**  
**Tel No: 028 9267 4126**  
**Inspector: Catherine Glover**

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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 33 patients with a range of needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Nicholson House  <b>Responsible Individuals:</b> Mr Joseph Andrew Johnston Mrs Ruth Mary Johnston	<b>Registered Manager:</b> Mrs Ruth Mary Johnston
<b>Person in charge at the time of inspection:</b> Mrs Ruth Johnston	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 33

### 4.0 Inspection summary

An unannounced inspection took place on 17 December 2018 from 10.15 to 13.30.

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 administration, medicine records, the storage of medicines and controlled drugs.

No areas for improvement were identified.

Patients were relaxed and comfortable in the home. They told us they were happy and that the staff were very good.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. 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.

## 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 24 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; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection we met several patients in the dining room after breakfast, one visitor, two registered nurses and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home. Staff were invited to share their views by completing an online questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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 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 24 July 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 3 August 2017

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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time <b>To be completed by:</b> 3 September 2017	The registered person shall closely monitor the administration of inhaled medicines to ensure that they are administered as prescribed.  <b>Action taken as confirmed during the inspection:</b> The administration of inhaled medicines had been monitored by the registered manager.	<b>Met</b>

## 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. Samples of training and competency assessments were provided for inspection. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided in December 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. 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 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 and discharge from the home. This paragraph should be before previous one - as need admitted before make changes

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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. 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. Medicine refrigerators and oxygen equipment were checked at regular intervals. The registered manager advised that she had been monitoring the temperature of the medicines refrigerator on the first floor as it had been outside of the acceptable range of 2°C to 8°C. It was agreed that the appropriate action would be taken should this not be resolved.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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 medicines were due.

The management of distressed reactions, pain and thickening agents was examined and found to be satisfactory.

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 administration of medicines prescribed on a "when required" basis and transdermal patches.

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

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

### 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
<b>Total number of areas for improvement</b>	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 completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

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 chatted to patients in the lounge after breakfast. Patients were relaxing and looking forward to a local school visiting for a carol concert in the afternoon. They were happy with the care that was provided and said that the staff were very kind and helpful. They said that the food was good and the home was comfortable.

We spoke to one visitor who advised that they were very impressed with the care provided in the home. They said that they were made to feel welcome and that the staff were very caring.

One questionnaire was returned within the specified time frame (two weeks) and the respondent was very satisfied with the care provided.

Any comments from patients and their representatives in questionnaires received after the return date will be shared with the registered manager for information and action as required.

### 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
<b>Total number of areas for improvement</b>	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. Arrangements are in place to implement the collection of equality data.

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

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 team.

The registered manager advised that, with the exception of monitoring daily stock balances of some medicines, the completion of in house medicines audits had lapsed in recent months. The community pharmacist had completed a medicine audit in the previous few weeks and satisfactory outcomes had been achieved. The registered manager and deputy manager are

involved in the medicines management process and address any issues when they arise. It was agreed that the regular monthly audits would be recommenced.

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. They advised that there were good working relationships within the home and that they enjoyed working there.

One response was submitted to the online staff survey. The response indicated that the staff member thought that the care was safe effective and compassionate and the service was well led. The comment made was: "Great Nursing Home, great staff, great teamwork".

### 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
<b>Total number of areas for improvement</b>	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.



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