Unannounced Medicines Management Inspection Report
5 February 2019

Our Lady's Home

Type of Service: Nursing (NH)
Address: 68 Ard-Na-Va Road, Falls Road, Belfast, BT12 6FF
Tel No: 028 9032 5731
Inspectors: Catherine Glover and Rachel Lloyd

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

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd **Responsible Individual:** Mr Brian Macklin	**Registered Manager:** Miss Heather Joan Maxwell
Person in charge at the time of inspection: Miss Heather Maxwell	**Date manager registered:** 15 May 2018
Categories of care: Nursing Home (NH) I - Old age not falling within any other category DE - Dementia 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:** 98 A maximum of 54 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit and a maximum of 44 patients in category NH-DE to be accommodated in the dementia unit. This home is also approved to provide care on a day basis to four persons in the general nursing unit and one person in the dementia unit.

4.0 Inspection summary

An unannounced inspection took place on 5 February 2019 from 10.00 to 16.45.

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 staff training, the completion of daily progress notes and the management of pain.

Areas for improvement were identified in relation to the completion of medicine records, the management of distressed reactions, the completion of reconciliation checks on controlled drugs and the management of warfarin.

Patients said they were happy and content in the home and that the staff were good. They expressed satisfaction with all aspects of care.

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	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Miss Heather Maxwell, Registered Manager and Mrs Christine Thompson, Regional 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 and premises inspection

Other than those actions detailed in the QIPs no further actions were required to be taken following the most recent inspection on 10 October 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.

During the inspection we met with three patients, three visitors, four registered nurses, the deputy manager and the registered manager. The regional manager attended the home at the conclusion of the inspection for feedback.

We provided the registered manager with 'Have we missed you?' cards 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.

A poster informing visitors that an inspection was being completed was displayed on the front door of the home.

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

The findings of the inspection were provided to the registered manager and the regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 October 2018

The most recent inspection of the home was an announced care and premises inspection. The completed QIPs were returned to the care and estates inspectors. These QIPs will be validated by the relevant inspectors at their next inspections.

6.2 Review of areas for improvement from the last medicines management inspection dated 31 May 2017

There were no areas for improvement identified as a result of the last medicines management 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. Further training in medicines management and accountability was planned following this inspection. The impact of training was monitored through supervision and annual appraisal. Competency assessments were completed. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Safeguarding training was planned for 6 and 7 February 2019.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. However, it was noted that in the Donegall suite, one patient had been without three of their prescribed medicines for three days and another without a prescribed medicine for two days in the previous month. The systems in place to ensure that there are sufficient supplies of medicines should be reviewed to ensure that patients are administered their medicines as prescribed. An area for improvement was identified.

Antibiotics and newly prescribed medicines had been received into the home without delay.

The arrangements in place to manage changes to prescribed medicines should be reviewed. Whilst newly prescribed medicines were added to the personal medication records and were usually signed by two nurses, it was noted that discontinued medicines were not always cancelled from these records in a timely manner. Staff were reminded that handwritten entries on the medication administration record (MAR) sheets should also be verified and signed by two nurses.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. However, For one patient, the personal medication record had not been fully completed with dates and the allergy status was missing.

An area for improvement was identified in relation to personal medication records and is stated in Section 6.5.

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 usually performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs following a recent discrepancy and subsequent safeguarding investigation. However, it was noted on the morning of the inspection that these checks had not been completed in the Donegall suite. Procedures for completing the reconciliation checks on controlled drugs should be reviewed to ensure that they are robust. An area for improvement was identified.

Robust arrangements were observed for the management of insulin. The use of separate administration charts was acknowledged. Staff were reminded that the insulin pens should be dated once opened to enable staff to determine the date of expiry.

The arrangements in place for the management of warfarin should be reviewed. For three of the four records examined in relation to warfarin, written confirmation of the regime had not been obtained. This is recognised best practice. For one patient, there was a delay of three days in obtaining the new dosage regime, however this was discussed following the inspection and the process for obtaining the regime at the weekend was clarified with the general practitioner's surgery. Staff were also reminded that obsolete records should be removed from the file. An area for improvement was identified.

The arrangements in place for administering medicines via PEG tube were examined and found to be generally satisfactory. Staff were reminded that fluid balance charts must be totalled every day to ensure that the patient is meeting the recommended fluid intake.

Appropriate arrangements were in place for administering medicines in disguised form.

Discontinued or expired medicines were disposed of appropriately.

Medicines were mostly stored safely and securely and in accordance with the manufacturer's instructions. Staff were reminded that trolleys should be chained to the wall whilst not in use. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. The temperature of two of the treatment rooms was noted to be above the recommended 25^{o}C. This was brought to the attention of the registered manager and regional manager for resolution.

Areas of good practice

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

Areas for improvement

The systems in place to ensure that there are sufficient supplies of medicines should be reviewed to ensure that patients are administered their medicines as prescribed.

Procedures for completing the reconciliation checks on controlled drugs should be reviewed to ensure that they are robust.

The arrangements in place for the management of warfarin should be reviewed.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

The majority 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 or three monthly medicines were due.

Improvement is required in the completion of medicine records. Some of the personal medication records had not been fully and accurately completed. As stated in Section 6.4, medicines had not been cancelled from the records when they were discontinued and details of patients' allergy status had not been completed. On occasion, the records had not been updated when the dosage of a medicine had been changed. An area for improvement was identified.

Medicine administration records in relation to most medicines were generally well completed. However, in the Donegall suite the administration of topical medicines by care assistants required significant improvement. Records of administration had not been completed or could not be located by staff. The registered manager was asked to investigate the administration of creams to two patients to see if non-administration of creams had led to adverse outcomes for the patients involved. This investigation was completed and received by RQIA on15 February 2019. An area for improvement in relation to the administration of topical medicines 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. The reason for and the outcome of administration were usually recorded and a care plan was usually maintained. However, in the Donegall suite, it was sometimes difficult to determine when these medicines had been administered due to the complexity and duplication of the records. When more than one anxiolytic was prescribed it was not always clear which should be administered first line and under what circumstances the second medicine should be used. The management of distressed reactions should be reviewed to ensure that the care plans contain sufficient detail to direct the care required and the administration of anxiolytics is clearly documented and can be audited. 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. 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 is completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was usually recorded on their personal medication record. Each administration was recorded and care plans and speech and language assessment reports were in place. Staff were reminded that the fluid consistency should be recorded on all personal medication records and administration records.

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.

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

Areas of good practice

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

Areas for improvement

Personal medication records must be fully and accurately completed.

Records of administration for topical medicines must be completed.

The care plans and the medicine administration records in relation to the management of distressed reactions should be reviewed.

	Regulations	Standards
Total number of areas for improvement	2	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 not observed on this occasion, however the registered nurses were knowledgeable about the patients' medicines and their healthcare needs.

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 spoke to three patients. 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 three patients' visitors. They were very happy with the care provided in the home. They said that the staff were good and very attentive. They said that communication with the home was good.

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. They were not reviewed during this inspection. 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. 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 team.

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. However, the issues noted during this inspection had not been identified by the management within the home. The audit systems should be reviewed to ensure that issues are identified and resolved. An area for improvement was identified.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas of good practice

There were examples of good practice in relation to the management of medicine incidents and there were clearly defined roles and responsibilities for staff.

Areas for improvement

The audit and governance arrangements within the home should be reviewed.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Heather Maxwell, Registered Manager and Mrs Christine Thompson, Regional 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:** First time **To be completed by:** 5 March 2019	The registered person shall ensure that personal medication records are fully and accurately completed. Ref: 6.5
	Response by registered person detailing the actions taken: All medication Kardexes have been revised to ensure accuracy along side MARS. All staff have received a full days training in relation to the policies and procedures in the home and recording and reporting. Records are monitored frequently to ensure accuracy.
Area for improvement 2 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 5 March 2019	The registered person shall ensure that the administration of topical medicines is reviewed. Ref: 6.5
	Response by registered person detailing the actions taken: Topical medication application has been reviewed. Recording of same has been revised and is being monitored by the deputy managers and manager.
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 **To be completed by:** 5 March 2019	The registered person shall review the systems in place to ensure that there are sufficient supplies of medicines to ensure that patients are administered their medicines as prescribed. Ref: 6.4
	Response by registered person detailing the actions taken: Staff have received further training in medicaiton and are aware of their responsibility to ensure medication does not run out. This is now integrated into daily reporting mechanisms.
Area for improvement 2 **Ref**: Standard 31 **Stated:** First **To be completed by:** 5 March 2019	The registered person shall ensure that procedures for completing the reconciliation checks on controlled drugs are reviewed to ensure that they are robust. Ref: 6.4
	Response by registered person detailing the actions taken: Procedures for completeing the reconciliation checks of control drugs has been reviewed and is monitored closely to ensure adherance to procedures.
Area for improvement 2	The registered person shall review the arrangements in place for the management of warfarin.

Ref: Standard 28 **Stated:** First **To be completed by:** 5 March 2019	Ref: 6.4 **Response by registered person detailing the actions taken:** Warfarin is managed within local constraints. The issues raised have been discussed with the prescriber to minimise the incident where issues arise. The training provided for all staff administering warfarin included the actions that they must take if there is a delay in prescribing and continue to recorded and signed by two nurses.

Area for improvement 3 **Ref**: Standard 29 **Stated:** First **To be completed by:** 5 March 2019	The registered person shall review the care plans and the medicine administration records in relation to the management of distressed reactions. Ref: 6.5 **Response by registered person detailing the actions taken:** All staff have received further training in the recording and monitoring of medications and distress reactions. All residents with distressed reaction have a care plan in place.
Area for improvement 4 **Ref**: Standard 28 **Stated:** First **To be completed by:** 5 March 2019	The registered person shall review the audit and governance arrangements within the home. Ref: 6.7 **Response by registered person detailing the actions taken:** Audit and governance arrangements have been reviewed. Initial increased auditing has been integrated into daily record checks as part of the overall reporting systems within the home.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews