

Unannounced Medicines Management Inspection Report 10 January 2019



Victoria

Type of Service: Nursing Home
Address: 22-24 Windsor Park, Belfast, BT9 6FR
Tel No: 028 9066 8437
Inspector: Rachel Lloyd

www.rqia.org.uk

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 33 beds registered to provide care for patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Dr. Robert Francis Alistair Lynas and Mrs Helen Lynas Responsible Individuals: Dr. Robert Francis Alistair Lynas and Mrs Helen Lynas	Registered Manager: Mrs Helen Chambers
Person in charge at the time of inspection: Mrs Helen Chambers	Date manager registered: 20 November 2008
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: 33 Including a maximum of one named resident receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 10 January 2019 from 09:50 to 13:50.

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 management, medicines records, medicines storage and the management of controlled drugs.

No areas for improvement were identified.

Patients were observed to be relaxed and comfortable in the home and good relationships with staff were evident.

The patients spoken to said they were happy with the care provided and the management of their medicines 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Helen Chambers, 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 finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 September 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 three patients, two registered nurses, the registered manager, and briefly with one of the responsible individuals, Dr Robert Lynas.

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.

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
- policies and procedures

We asked the registered manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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 September 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 13 June 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 review the admission process with all registered nurses to ensure that accurate records of receipt and administration are maintained.	Met
	Action taken as confirmed during the inspection: Staff stated that management of the admission process had been reviewed and discussed following the last medicines management inspection. Accurate records of receipt and administration were maintained for the recent admission examined.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the disposal arrangements for controlled drugs. Controlled drugs must be denatured prior to disposal.	Met
	Action taken as confirmed during the inspection: This was evidenced during the inspection and procedures were discussed and confirmed	

	with staff.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall implement a robust auditing system to monitor all aspects of medicines management, including those medicines not supplied in the monitored dosage system and the standard of completion of the medication administration records.	Met
	Action taken as confirmed during the inspection: Staff confirmed that spot checks are carried out on medicines not supplied in the monitored dosage system. The registered manager also undertakes audits and the supplying pharmacist undertakes occasional audits and both provide feedback to staff. Records of audits were provided.	
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 28 Stated: First time	The registered person shall review the arrangements for the administration of medicines in disguised form to ensure that detailed care plans are in place.	Met
	Action taken as confirmed during the inspection: This had been addressed; however medicines were not being administered in disguised form at the time of the 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. 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. Refresher training in medicines management was provided for registered nurses in February 2018. Competency assessments had been completed. Training in relation to dementia, infection control and PEG feeding had been provided for registered nurses since the last medicines management inspection.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided in November 2018. 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 medication administration records (MARs) were usually updated by two members of staff. This is good practice.

There were satisfactory 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 checks were also performed on other controlled drugs which is good practice.

Discontinued or expired medicines were disposed of appropriately.

Medicines were mostly stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and 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. Staff were reminded that thickening agents should be locked in the trolleys in the dining room and not left on top of the trolleys when unattended. Staff were also reminded that the medicines refrigerator thermometer should be reset after recording temperatures on every occasion. The refrigerator temperature was satisfactory at the time of the inspection. Due to the assurances provided by the registered manager and staff an area for improvement was not stated.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified.

	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 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. Staff were advised to additionally record the date the next three monthly injection is due on the medicine administration record (MAR).

The management of pain, distressed reactions and swallowing difficulties was reviewed 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 discussed with the patient and reported to the prescriber.

Medicine records were mostly well maintained and facilitated the audit process. Areas of good practice were acknowledged. A couple of minor discrepancies were highlighted to registered nurses for attention.

Practices for the management of medicines were audited regularly. In addition, audits were completed by the community pharmacist. Satisfactory outcomes had been recorded.

Following discussion with the staff on duty and a review of the care plans, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. 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 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
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.

We observed the administration of medicines to a small number of patients. The staff involved engaged the patients in conversation and explained that they were having their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. It was clear from discussion and observation of staff, that the staff were familiar with the patients’ likes and dislikes. Patients were observed to be relaxed and comfortable.

We spoke with three patients who were complimentary regarding the care provided and the management of medicines in the home.

Comments included:

- “This place is home, it’s the staff that make it.”
- “They look after me.”
- “I’m very happy; I’m so well looked after. My son is delighted with how much I’ve improved my mobility.”

One patient spoken to was very complimentary about the activity therapist and the time spent with the patient doing crafts and her hair and nails.

Ten questionnaires were left in the home to facilitate feedback from patients and their representatives. None were returned within the specified timescale (two weeks).

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

There was evidence that 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.

Written policies and procedures for the management of medicines were in place. These had been reviewed and updated in June 2018. Following discussion with staff it was evident that they were familiar with policies and procedures and that any updates were highlighted to them.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report incidents and were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken.

Following discussion with the staff on duty, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. We were advised that there

were effective communication systems in the home, to ensure that all staff were kept up to date.

Staff stated that they were well supported by management and that the communication within the home was good. One member of staff commented on the positive impact of training taking place face to face and that it was “very hands on”.

No online questionnaires were completed by staff within the specified time frame (two weeks).

Areas of good practice

There were examples of good practice in relation to governance arrangements and the management of medicine incidents. 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

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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