

Unannounced Medicines Management Inspection Report 16 April 2018



Ravenhill

Type of Service: Nursing Home
Address: 79-81 Shore Road, Greenisland, BT38 8TZ
Tel No: 028 9086 2169
Inspector: Judith Taylor

www.rqia.org.uk

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 which is registered to provide nursing care for up to 38 persons.

3.0 Service details

Organisation/Registered Provider: Ravenhill Private Nursing Home Responsible Individual: Mr William Trevor Gage	Registered Manager: Mrs Isabella Christine Kim
Person in charge at the time of inspection: Mrs Isabella Christine Kim	Date manager registered: 1 November 2007
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category PH – Physical disability other than sensory impairment	Number of registered places: 38 including: there shall be a maximum of one named person receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 16 April 2018 from 10.50 to 15.20.

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 the governance arrangements, training, the completion of most records, the administration of medicines and the management of controlled drugs.

Areas requiring improvement were identified in relation to care planning.

Patients said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Isabella Christine Kim, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 August 2017. 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 was displayed to inform visitors to the home that an inspection was being conducted.

During the inspection we met with two patients, three registered nurses and the registered manager.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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
- policies and procedures
- care plans
- 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 2 August 2017

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 May 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: Second time	The registered provider must put robust arrangements in place for the management of records pertaining to external preparations.	Met
	Action taken as confirmed during the inspection: Some improvement in the management of external preparations was noted. Most of the external preparations selected for audit were prescribed for administration on a “when required” basis. Following the last medicines management inspection, a new system for care staff to record administration of external preparations had been developed; however, this had not been fully implemented and different system was in use. Some but not all of the administrations had been recorded. This was discussed with staff and the registered manager, who confirmed that external preparations were being administered as prescribed.	
	The registered manager gave assurances that this would be addressed with immediate effect and also advised that this area would form part of the management audit and the regulation 29 monitoring visits in the home.	

	Given these assurances the area for improvement has been assessed as met.	
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 30 Stated: First time	The registered provider should monitor and record the room temperature of medicine storage areas to ensure temperatures do not exceed 25°C.	Met
	Action taken as confirmed during the inspection: The room temperature of the medicine storage areas was monitored and recorded every day. Satisfactory temperatures were observed.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered provider should make the necessary arrangements to ensure that patients are administered medicines from their own supply.	Met
	Action taken as confirmed during the inspection: The registered manager advised of the action taken after the last medicines management inspection. The inspection findings indicated that patients were administered medicines from their own supplies.	
Area for improvement 3 Ref: Standard 18 Stated: First time	The registered provider should ensure that a record of the reason for and the outcome of the administration of medicines prescribed on a 'when required' basis for distressed reactions is maintained on every occasion.	Met
	Action taken as confirmed during the inspection: A review of records indicated that one patient required the use of these medicines. Details of the reason for and the outcome of the administration were recorded on some but not all occasions. We were informed that the staff would be reminded to do this on every occasion. Following discussion with staff and management and the assurances provided, this area for improvement was assessed as met.	

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. A process was in place to ensure that all staff were kept up to date with training in medicines management. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was completed each year.

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.

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 were updated by two registered nurses. This safe practice was acknowledged.

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.

The management of high risk medicines was examined e.g. oral and injectable anticoagulants. Written confirmation of warfarin dosage regimes was in place and a daily stock balance was maintained. The use of separate administration charts for both formulations was acknowledged. It was suggested that a daily stock balance for the injections should be maintained. These medicines were not included in the patients' care plans and an area for improvement was identified.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

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 temperature of medicine storage areas was monitored and recorded on a daily basis. On occasion, the medicine refrigerator temperatures were recorded as slightly outside the accepted range of 2°C to 8°C. We were advised of the action already taken and it was

agreed that this would continue to be monitored. Oxygen equipment was checked at regular intervals.

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

When a patient is prescribed warfarin/anticoagulant injections, the management of these medicines should be referenced in the patients' care plan.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Most of the sample of medicines examined had been administered in accordance with the prescribers' instructions. A few discrepancies were observed and discussed for close monitoring.

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.

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. A care plan was maintained. 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. See also Section 6.2.

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. It was agreed that the prescribed pain relieving medicines would be added to the care plans. Staff also advised that a pain assessment was 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 and included details of the fluid consistency. Each administration was 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 well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate administration records for transdermal patches. A new style of personal medication record had been developed and implemented. See also Section 6.2.

Practices for the management of medicines were audited throughout the month by the staff and management. A permanent record of the date of opening of medicines was maintained and this good practice was acknowledged.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to patients’ healthcare needs.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, the completion of most care plans and the administration of medicines. Staff were knowledgeable about the patients 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.

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. The registered nurse explained the medicine and encouraged the patients to take their medicines.

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. It was clear from discussion and observation of staff, that they were familiar with the patients’ likes and dislikes.

We met with two patients, who expressed their satisfaction with the staff and the care provided. They advised that they were administered their medicines on time and any requests e.g. for pain relief, were adhered to.

Patients were noted to be enjoying the activities in the lounge during the inspection.

Of the questionnaires which were left in the home to facilitate feedback from patients and their representatives, eight were returned within the timeframe (two weeks). The responses indicated that they were very satisfied / satisfied with the care provided 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.

The inspector 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 within Ravenhill.

Written policies and procedures for the management of medicines were in place.

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 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. We noted that on occasion, there had been some significant discrepancies, this was discussed and the registered manager agreed to notify RQIA of any further significant discrepancies.

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.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. The registered manager advised of her attendance at shift handovers and the use of a communication book which was in used to highlight changes, including medicines management to staff.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was discussed at team meetings and supervision. They advised there were good working relationships in the home with staff and the registered manager. They spoke positively about their work.

There were no online questionnaires completed by staff with the specified time frame (two weeks).

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 Isabella Christine Kim, 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 via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
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 4 Stated: First time To be completed by: 16 May 2018	The registered person shall ensure that when high risk medicines are prescribed, these are referenced in the patients' care plans. Ref: 6.4 Response by registered person detailing the actions taken: Medicines have been reviewed and care plans put in place for residents on prescribed high risk medications such as warfarin or anti-coagulant injections.

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



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