Unannounced Medicines Management Inspection Report
29 September 2017

Jordanstown

Type of Service: Nursing Home
Address: 1a Old Manse Road, Jordanstown, BT37 0RU
Tel No: 028 9085 2258
Inspector: Catherine Glover

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 53 beds that provides care for patients over 65 years of age.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Mrs Wendy McMaster
Person in charge at the time of inspection: Mrs Wendy McMaster	**Date manager registered:** 27 June 2017
Categories of care: Nursing Homes I – Old age not falling within any other category	**Number of registered places:** 53

4.0 Inspection summary

An unannounced inspection took place on 29 September 2017 from 10.00 to 14.00.

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 staff training, competency assessment, the management of medicines on admission and the storage of medicines.

Areas requiring improvement were identified in relation to the administration of controlled drugs, ensuring medicines were available for administration and medicine receipt records.

Patients said the staff were very good and the food was excellent.

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	*2

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Wendy McMaster, 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 6 June 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

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

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

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 6 June 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 5 October 2016

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 provider must ensure that a robust system is in place so that medicines with a limited shelf life after opening are not administered once the expiry date is reached.	**Met**
	Action taken as confirmed during the inspection: A sample of medicines with a limited shelf life was examined and all were within the date of expiry.	
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 ensure that the date of opening is recorded on all medicines to facilitate audit.	**Partially met**
	Action taken as confirmed during the inspection: The date of opening had been recorded on the majority of medicines, however, a number of medicines had no date of opening and could not be audited. As discrepancies were noted in some medicines during this inspection and these medicines could not be audited, this area for improvement has been stated for a second time.	

Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	The registered provider should ensure that the measuring of liquid medicines is reviewed to ensure that an appropriate oral syringe is used.	**Met**
	Action taken as confirmed during the inspection: No discrepancies were noted in the audits of liquid medicines. It was concluded that liquids were being appropriately measured.	
Area for improvement 3 **Ref**: Standard 18 **Stated:** First time	The registered provider should ensure that the management of medicines prescribed on a "when required" basis for the management of distressed reactions is reviewed to ensure that all of the appropriate records are maintained.	**Met**
	Action taken as confirmed during the inspection: Protocols and record sheets for the administration of "when required" medicines were in place on the medicines file. Care plans were in place for the relevant patients.	
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time	The registered provider should ensure that a care plan for the management of pain is maintained for all relevant patients.	**Met**
	Action taken as confirmed during the inspection: Care plans were in place for the sample of patients examined during this 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. Competency assessments were completed annually. Samples of supervisions and competency assessments were provided for inspection. Refresher training in medicines management, PEG tubes, dysphagia and external medicines was provided in the last year.

The systems in place to manage the ordering of prescribed medicines to ensure adequate supplies are available must be reviewed. It was noted that three medicines had been out of stock and therefore not administered in recent weeks. One of these had been identified and reported as a medicine incident. Medicines must be available for administration at all times. An area for improvement was identified.

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.

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 completed by staff.

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 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 and insulin. The use of separate administration charts was acknowledged.

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. Medicine refrigerators and oxygen equipment were 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 the storage of medicines.

Areas for improvement

The systems in place to manage the ordering of prescribed medicines must be reviewed to ensure that medicines are available for administration at all times.

	Regulations	Standards
Total number of areas for improvement	1	0

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. However, some discrepancies were noted in several medicines and others could not be audited as the date of opening had not been recorded. The area for improvement identified previously has been stated for a second time.

It was noted that some controlled drugs which were prescribed for administration at 10.00 where not administered until 11.30-12.00. Cross reference with the controlled drug record book indicated staff had signed the administration as 10.00. If these medicines are not administered on time and at the appropriate dosage intervals, patients' pain may not be appropriately managed and this has the potential to affect their health and well-being. This was discussed with the registered manager. An area for improvement was identified.

There was evidence that time critical medicines, for example those used to treat Parkinson's, had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly 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. The reason for and the outcome of administration were recorded. A care plan was maintained.

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.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included extra records for the administration of transdermal patches. However, the records for medicines received into the home should be reviewed and revised to ensure that all medicines are appropriately receipted and the records contain all of the required information. An area for improvement was identified.

Practices for the management of medicines were audited throughout the month by the staff and management. 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 required to meet the needs of patients.

Areas of good practice

There were examples of good practice in relation to the care planning, the administration of "when required" medicines and the administration of transdermal patches.

Areas for improvement

The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit.

The administration of controlled drugs must be reviewed to ensure that they are administered on time and at the appropriate dosage intervals.

The medicine receipt records should be reviewed to ensure that they are fully and accurately maintained.

	Regulations	Standards
Total number of areas for improvement	1	2

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 observed during this inspection. Staff were knowledgeable regarding the patients' needs and preferences. Staff were heard to offer pain relief when appropriate.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report.

Patients said:

"Staff are very good."
"Food is good."
"Staff are very attentive and easy to get on with."
"I'm not afraid to ask for anything, they are brilliant."

It was evident that there were good relationships between staff and patients.

Areas of good practice

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.

The registered manager has been in post for several months and advised at the commencement of the inspection that there were areas of the management of medicines that required improvement. She was implementing an action plan following a recent audit and welcomed the feedback that was provided following the inspection.

Written policies and procedures for the management of medicines were in place. They were not examined during this inspection.

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; they gave an example of when this had occurred.

A review of the audit records indicated that the registered manager had identified issues in relation to the management of medicines and was working to address these issues.

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 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 Wendy McMaster, 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 QIP via 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:** 29 October 2017	The registered person shall review the systems in place to manage the ordering of prescribed medicines to ensure that medicines are available for administration at all times. Ref: 6.4
	Response by registered person detailing the actions taken: Staff have received a supervision in the management of the balance of medication in the home.Stock balances of all medication are now reviewed on a weekly stock audit sheet. Staff are aware of a potential shortfall in medication and can order the required medication in a timely manner.
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 29 October 2017	The registered person shall review the administration of controlled drugs to ensure that they are administered on time and at the appropriate dosage intervals. Ref: 6.5
	Response by registered person detailing the actions taken: The recording of accurate timings in regard to controlled drugs and the theraputic dosage intervals has been discussed with Registered Nurses in a staff meeting following the inspection and isnow being recorded accurately and monitored on the company QOL system
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 30 **Stated:** Second time **To be completed by:** 29 October 2017	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit. Ref: 6.5
	Response by registered person detailing the actions taken: The date of opening on all medications was discussed at a staff meeting following inspection and this practice is now in place. It is reviewed on weekly stock audit and monthly home managers medication audit
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time **To be completed by:**	The registered person shall review the medicine receipt records to ensure that they are fully and accurately maintained. Ref: 6.5
	Response by registered person detailing the actions taken: The medications are now reciepted into the home in an appropriate

29 October 2017	book, which ensures the records are now fully and accurately maintained

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

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