



The Regulation and
Quality Improvement
Authority

Unannounced Follow Up Medicines Management Inspection Report 28 February 2019



Ben Madigan Care Home

Type of Service: Nursing Home

Address: 36 Mill Road, Newtownabbey, BT36 7BH

Tel No: 028 9086 0787

Inspector: Catherine Glover

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 provider 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 64 patients with a range of healthcare needs as described in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Limited Responsible Individual: Mrs Nicola Cooper	Registered Manager: See below
Person in charge at the time of inspection: Mrs Elaine Allen	Date manager registered: Mrs Elaine Allen – application not yet submitted
Categories of care: Nursing Homes 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: 64 Including a maximum of 34 patients within category of care NH-DE and nursed within the dementia unit.

4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 10.00 to 13.00.

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/ the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection was undertaken following a significant number of medication-related notifiable events being reported to RQIA. A number of incidents stated that medicines could not be administered to the patient as there was insufficient stock.

As a result of these incidents, the following areas of medicines management were examined during the inspection:

- Stock control
- Audit and governance
- Staff induction and competency assessment

The patient that we spoke to was happy living in the home and said that the staff were very good. We observed patients to be relaxed and comfortable in the home. There were friendly and warm relationships between staff and visitors.

The findings of this report will provide the management of 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 Elaine Allen, Manager and Ms Sharon Butler, 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 inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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.

We met with one patient, the manager, the regional manager, a deputy manager who had been seconded from another home in the company and three registered nurses (all of whom were agency nurses).

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
- medicine audits
- training records

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 3 December 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned to 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 31 May 2018

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
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans for the management of distressed reactions are completed.	Met
	Action taken as confirmed during the inspection: Care plans had been completed for the relevant patients.	

6.3 Inspection findings

Stock control

A review of all of the medicine administration records for the previous month was completed. This showed that medicines had been in stock and available for administration as prescribed to patients. These records had been fully completed and codes for non-administration of medicines had been used appropriately. Staff were reminded that codes for non-administration should be circled to differentiate them from staff initials.

The notifiable incidents that had been reported to RQIA regarding out of stock medicines were discussed with the manager. She advised that this had been closely monitored over the previous few weeks and there had been no further incidents. A meeting with the community

pharmacist was planned to ensure that they were working collaboratively to ensure that patients had a supply of their medicines at all times.

Audit and governance

Running stock balance sheets were completed for those medicines not contained within the blister pack system. A sample of these sheets was audited on the ground floor and the balances were found to be accurate. The sheets had not been fully completed on the first floor.

A medicines management audit had been completed on 26 February 2019 by staff in the home, however the audits had not been regularly completed before that date. The manager advised that the regular programme of auditing had now been recommenced and she would be closely monitoring the outcome.

Induction and competency assessment

The induction documentation for the agency staff that were on duty during the inspection was requested. This was provided for inspection and had been appropriately completed. The agency nurses that we spoke to during the inspection said that they had received a good induction.

Three registered nurses are currently employed by the home. One competency assessment was provided for inspection. This was dated July 2016. The manager advised that they were in the process of reviewing staff competency. This process should be completed without delay.

One certificate for completion of the foundation course in the management of medicines was supplied for inspection. The manager advised that further training was planned and would include agency nurses.

An area for improvement was identified in relation to training and competency assessment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping and the administration of medicines. There was evidence that staff listened to patients and took account of their views. There were clearly defined roles and responsibilities for staff.

Areas for improvement

The training and competency assessments for registered nurses should be reviewed and records of completion retained.

	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 quality improvement plan (QIP). Details of the QIP were discussed with Mrs Elaine Allen, Manager and Ms Sharon

Butler, 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 QIP 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.

<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2019</p>	<p>The registered person shall ensure that the training needs and competency assessments for registered nurses are reviewed and records of completion retained.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All but 3 competency assessments have been completed. Remaining 3 are in progress. Training being arranged with BOOTs once meeting with BOOTs takes place on 29/4/19 with Sharon Butler and Gill Finlay</p>
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Please ensure this document is completed in full and returned via the Web Portal



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