

# Unannounced Follow Up Medicines Management Inspection Report 5 November 2018



## The Cottage

Type of Service: Nursing Home  
Address: 25 Lodge Park, Coleraine, BT52 1UN  
Tel No: 028 7034 4280  
Inspector: Helen Daly

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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 with 67 beds that provides care for patients with a range of care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Merit Retail Limited  <b>Responsible Individual:</b> Ms Therese Elizabeth Conway	<b>Registered Manager:</b> Mrs Carol McAlary
<b>Person in charge at the time of inspection:</b> Mrs Carol McAlary	<b>Date manager registered:</b> 8 November 2017
<b>Categories of care:</b> Nursing Homes (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	<b>Number of registered places:</b> 67

### 4.0 Inspection summary

An unannounced inspection took place on 5 November 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 findings of the last medicines management inspection on 19 July 2018 indicated that robust arrangements were not in place for the management of medicines. A serious concerns meeting was held in RQIA on 26 July 2018, with the responsible individual and registered manager. A full account of the actions to be taken to drive and sustain improvement was provided by the registered manager. RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a follow up inspection would be undertaken to examine if the necessary improvements had been implemented and sustained.

This inspection sought to assess progress with the issues raised during the last medicines management inspection and to determine if the service was now delivering safe, effective and compassionate care and if the service was well led.

The inspection focus was to assess progress with the areas for improvement identified during and since the last medicines management inspection and to review:

- the administration of liquid form medicines, weekly medicines and inhaled medicines
- the governance arrangements for medicines management
- the management of thickening agents

- the stock control of medicines
- the management of medicines for new admissions to the home

Evidence of good practice was found in relation to the governance systems, the management of thickening agents, the stock control systems and the management of new admissions to the home. The registered manager advised of the ongoing monitoring systems to ensure sustained improvements.

One area for improvement in relation to safe processes for the administration of medicines was identified.

We spoke with two patients who were complimentary regarding the staff in the home and the care provided.

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
<b>Total number of areas for improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Carol McAlary, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 21 September 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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

During the inspection we met with two patients, two care assistants, four registered nurses and the registered manager.

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 improvements identified at the last medicines management inspection were reviewed and 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 21 September 2018

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 19 July 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Third and Final time	The registered provider must closely monitor the administration of liquid form medicines, weekly medicines and inhaled medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The auditing system had been reviewed and revised. The audits completed at the inspection indicated that these medicines were being administered as prescribed (see Section 6.3).	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time	The registered person shall ensure that robust governance arrangements are put in place for medicines management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The governance systems for medicines management had been reviewed and revised. Areas for improvement were being identified and addressed (see Section 6.3).	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that records for the prescribing and administration of thickening agents are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records for the prescribing and administration of thickening agents were being maintained (see Section 6.3).	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time	The registered person shall ensure that robust arrangements are in place for the stock control of medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The stock ordering systems had been reviewed to ensure that patients had a continuous supply of their prescribed medicines (see Section 6.3).	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person should ensure that written confirmation of medication regimens is obtained for all admissions to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Written confirmation of medication regimens was being obtained for all admissions to the home (see Section 6.3).	

## 6.3 Inspection findings

### **The administration of liquid form medicines, weekly medicines and inhaled medicines**

The audits completed at the inspection indicated that these medicines had been administered as prescribed. Running stock balances were maintained for these medicines and the balances recorded corresponded with the quantity seen during the inspection. There was evidence that the audits were reviewed by senior nurses and the registered manager to monitor accuracy. Registered nurses had received guidance on accurately measuring liquid medicines. Prompts were in place to remind registered nurses when transdermal patches were due and the audits indicated that the dosage intervals had been adhered to.

### **The governance arrangements for medicines management**

The registered manager regularly reviewed the audits which were completed by the nursing team. Any areas for improvement were discussed with staff for corrective action. All areas for improvement identified at the last medicines management inspection had been addressed and assurances were provided that the audits would be continued to ensure ongoing improvement.

### **The management of thickening agents**

We reviewed the management of thickening agents for three patients. Detailed care plans and speech and language assessments were in place. Records of prescribing and administration were maintained. Care assistants advised that they had received training on the management of thickening agents.

### **The stock control of medicines**

Stock levels of medicines were checked each Sunday and orders were placed for all medicines which were due to run out within seven days. A system was in place to ensure that any potential out of stocks were followed up. There was evidence that medicines were not omitted due to being out of stock.

### **The management of medicines for new admissions to the home**

We reviewed the management of medicines on admission for three patients. Personal medication records were verified and signed by two registered nurses. For patients admitted from hospital a copy of the discharge letter was forwarded to their general practitioners. For patients admitted from another care home, written confirmation of their medication regimen had been requested and received from their general practitioner.

### **Other areas examined**

We observed the administration of a small number of medicines at 12:00 and 14:00. The medicines were administered in the caring manner. However, we noted that medicines were prepared in advance for three patients. This creates a risk that the medicines may be given to the wrong patient. This was discussed with the registered nurse and registered manager and an area for improvement was identified.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, competency assessments, the management of medicines on admission, the standard of record keeping and care planning.

## Areas for improvement

The registered person shall ensure that medicines are prepared for each patient individually at the time of administration.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 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 Carol McAlary, 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.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 December 2018</p>	<p>The registered person shall ensure that medicines are prepared for each patient individually at the time of administration.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> RN's have all been reminded of Section 4, Standard 8 of NMC code - Standards of medication management. Medications are prepared for each individual at the time of administration. The RN responsible for preparing medication in advance on day of inspection has been spoken to and further supervision carried out.</p>

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



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