

Unannounced Medicines Management Inspection Report 24 July 2018



Tamlaght

Type of Service: Nursing Home (NH)
Address: 34 Larne Road, Carrickfergus, BT38 7DY
Tel no: 028 9336 6194
Inspector: Paul Nixon

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 with 45 beds that provides care for patients with a variety of care needs, as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited Responsible Individual: Mrs Fiona Gray	Registered Manager: Mrs Fiona Gray
Person in charge at the time of inspection: Mrs Fiona Gray	Date manager registered: 5 May 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 45 comprising: Category NH-PH for two identified individuals only. The home is also approved to provide care on a day basis only to four persons. There shall be a maximum of four named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 24 July 2018 from 09.45 to 14.05.

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.

Evidence of good practice was found in relation to medicine governance, the management of medicines on admission, medicine administration, medicines storage and the management of controlled drugs.

No areas requiring improvement were identified.

The patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. They were positive about the management of their medicines and the care provided in the home. They were complimentary about the staff and management.

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 Fiona Gray, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 April 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 five patients, the registered manager, the deputy manager, one registered nurse and one member of care staff.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA.

At the request of the inspector, the registered manager was asked to display a poster in the home which invited staff to share their views of the home by completing an online questionnaire.

The inspector left “Have we missed you?” cards. The cards facilitate patients or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of service provision. Flyers which gave information on raising a concern were also left in the home.

A sample of the following records was examined during the inspection:

- | | |
|--|----------------------------------|
| • medicines requested and received | • medicine audits |
| • personal medication records | • care plans |
| • medicine administration records | • training records |
| • medicines disposed of or transferred | • medicines storage temperatures |
| • controlled drug record book | |

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 9 April 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 5 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 19(2) Stated: First time	The registered person shall ensure that records of training and induction are maintained and available for inspection. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Records of medicines management training and induction were maintained and available for inspection. These records were examined for four registered nurses.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall investigate the delay in obtaining the antibiotic for one patient and advise RQIA of the outcome and learning for registered nurses. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The delay in obtaining the antibiotic for one patient was investigated and RQIA was advised of the outcome and learning for registered nurses.	

Area for improvement 3 Ref: Regulation 13(4) Stated: First time	<p>The registered person shall review the audit arrangements to ensure that there is a robust audit tool in place, that it is completed regularly and that any issues are resolved in a timely manner.</p> <p>Ref: 6.2 and 6.7</p>	Met
	<p>Action taken as confirmed during the inspection: A robust medicines management audit tool was in place. Daily, weekly and monthly audits were carried out by staff and management. Management discussed any areas for improvement with the nursing staff and followed these up at the next audit.</p>	
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	<p>The registered person shall review the management of prescribed antibiotics in the home.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The management of antibiotics was reviewed and a revised protocol was introduced. Audits which were performed on antibiotic courses produced satisfactory outcomes.</p>	
Area for improvement 2 Ref: Standard 39 Stated: First time	<p>The registered person shall ensure that all registered nurses receive further training in the admissions process in relation to medicines management.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed that all registered nurses had received further training in the admissions process in relation to medicines management. The management of three recently admitted patients' medicines was examined and found to be satisfactory.</p>	

Area for improvement 3 Ref: Standard 39 Stated: First time	<p>The registered person shall ensure that all registered nurses receive further training in the appropriate storage of medicines which require cold storage.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that the registered nurses had received further training in the appropriate storage of medicines which require cold storage. The temperature range of the medicines refrigerator was monitored twice daily by the nursing staff; the results recorded indicated that the temperature had been maintained within the recommended range of 2°C and 8°C.</p>	Met
Area for improvement 4 Ref: Standard 4 Stated: First time	<p>The registered person shall review the management of “when required” medicines for distressed reactions to ensure that a care plan is in place for all relevant patients and that the reason and outcome of administration is consistently recorded.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The management of “when required” medicines for distressed reactions was examined for two patients. In each instance, a care plan was in place and the reason and outcome of administration was consistently recorded.</p>	
Area for improvement 5 Ref: Standard 4 Stated: First time	<p>The registered person shall review the management of pain to ensure that an appropriate care plan is in place.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The records of two patients who were prescribed medication to alleviate chronic pain symptoms were examined. In each instance an appropriate care plan was in place.</p>	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. Refresher training in medicines management was provided in the last year.

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 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 medicine administration 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.

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. medicines administered through a feeding tube, 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. The medicine refrigerator 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, the management of controlled drugs and the storage of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The sample of medicines examined had normally been administered in accordance with the prescriber's instructions. A couple of medicine audit discrepancies were drawn to the attention of the registered manager, who gave an assurance that the administrations of these medicines would be closely monitored.

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 medicines prescribed to be administered at atypical intervals were due.

Appropriate arrangements were in place for the management of distressed reactions, pain and swallowing difficulty. The details of prescribed medicines were recorded on the personal medication records, administration was appropriately recorded and care plans were in place where necessary.

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 mostly well maintained and facilitated the audit process. Several occasions whenever the medicine administration record sheets had not been completed were drawn to the attention of the registered manager. She gave an assurance that the matter would be drawn to the attention of the relevant registered nurses and the completion of the medicine administration records would be closely monitored.

Practices for the management of medicines were audited throughout the month by the management and staff.

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. 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.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

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 patients we spoke with advised that they were satisfied with the management of their medicines and the care provided in the home. They were complimentary regarding staff and management. Comments made included:

- "The staff are very kind and look after me well."
- "I am looked after well. The food is very good. I get my medicines."
- "The carers are very good."
- "The care is fantastic; the staff couldn't do enough for you; the food is fabulous; I get my medicines on time."
- "Staff are alright; I have no issues."

Of the questionnaires that were issued, four were returned from patients and two from relatives. The responses indicated that they were very satisfied/satisfied with all aspects of the care in relation to the management of medicines.

Patient comments were as follows:

- "Very happy with care given to me."

Relatives' comments were as follows:

- "Happy and content with care. The nurses are every friendly. Caring dedicated staff. Everyone is lovely from management to domestics. Food good."
- "Lovely managers and staff."

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.

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 were not examined. Following discussion with staff it was evident that they were knowledgeable with the policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. The 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.

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.

Following discussion with the registered manager, registered nurses and care staff, 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. They advised that management were open and approachable and willing to listen.

No members of staff shared their views by completing an online questionnaire.

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

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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