Unannounced Medicines Management Inspection Report
14 June 2018

Abbeylands

Type of Service: Nursing Home
Address: 441 Shore Road, Whiteabbey, Belfast, BT37 9SE
Tel No: 028 9086 4552
Inspector: Helen Daly

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

The nursing home is on the same site as the Abbeylands - Seapark Residential Care Home.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Ms Eleanor Dodson
Person in charge at the time of inspection: Mrs Linda Moore, Deputy Manager	**Date manager registered:** 19 November 2014
Categories of care: Nursing Home (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	**Number of registered places:** 38

4.0 Inspection summary

An unannounced inspection took place on 14 June 2018 from 10.20 to 14.40.

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 medicines administration, medicine records and medicine storage.

One area for improvement was identified in relation to the standard of maintenance of the personal medication records.

We spoke with one patient who was complimentary regarding the care and staff 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 Linda Moore, Deputy 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 21 February 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

During the inspection we met with one patient, two care assistants, three registered nurses and the deputy 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
- controlled drug record book
- medicine audits
- care plans
- training records
- medicine 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 21 February 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 at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 9 January 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**
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medicines are available for administration as prescribed on all occasions.	**Met**
	Action taken as confirmed during the inspection: A review of the medication administration records for the current and previous month indicated that medicines were not being omitted due to stock being unavailable.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure robust systems are in place for the management of medication changes.	**Met**
	Action taken as confirmed during the inspection: A review of medication changes indicated that most had been managed effectively. One issue was identified for one patient. This is discussed in Section 6.5. Due to the improvements made and the assurances provided this area for improvement was assessed as met.	

Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that up to date, accurate personal medication records are in place for each patient.	**Met**
	Action taken as confirmed during the inspection: The personal medication records reviewed at the inspection were up to date. They are checked against the prescriptions each month to ensure that they reflect the prescribers' most recent directions.	
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medication administration records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The medication administration records reviewed at the inspection were observed to be accurately maintained.	
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:** Second time	The registered provider should ensure that dates of opening are recorded on all medicine containers.	**Met**
	Action taken as confirmed during the inspection: Dates of opening had been recorded on all of the medicine containers examined, including insulin pens and eye drops.	
Area for improvement 2 **Ref**: Standard 28 **Stated:** Second time	The registered provider should ensure that a robust audit tool is used to identify and address medication related issues.	**Met**
	Action taken as confirmed during the inspection: More robust auditing systems had been implemented. There was evidence of greater management oversight.	

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 the audit process, supervision and annual appraisal. Competency assessments were completed following induction and annually thereafter. Training was discussed with registered nurses and care assistants who advised that they had received a thorough induction.

The deputy manager advised that staff completed training on safeguarding via e-learning annually and 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 and to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged. Registered nurses advised that when a medicine was discontinued this was clearly recorded on the personal medication records and medication administration records and that stock was removed from the medicines trolley and cupboards for disposal. This had been an action plan from the findings of a recent audit.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. The deputy manager advised that prescriptions were ordered and received into the home in a timely manner to ensure that any shortfalls were identified and addressed so that medicines do not run out of stock. Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. insulin. Insulin pens were individually labelled and marked with the date of opening. Separate administration charts were in place. The current dosage directions had been accurately recorded onto these charts, however the transcriptions had not been verified and signed by two registered nurses. The deputy manager advised that this would be actioned following the inspection, discussed with registered nurses and included in the home's audits. Due to the assurances provided an area for improvement was not identified.

Appropriate arrangements were in place for administering medicines in disguised form. Care plans were in place and there was evidence of the "best interests" decision making process.

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 controlled drugs.

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 been administered in accordance with the prescriber's instructions. 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 twice weekly, weekly or three monthly medicines were due.

The management of distressed reactions, pain and swallowing difficulty was examined and satisfactory systems were observed. Records of prescribing and administration were appropriately maintained. Care plans were in place which were reviewed regularly.

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, up to date and facilitated the audit process. The following improvements were necessary on a small number of the personal medication records:

- the date of writing should be recorded
- the date of discontinuation should be recorded on all occasions
- where a dose has been changed, the original dosage direction should not be amended, it should be cancelled and a new entry made (see Sections 6.2 managing medication changes)

An area for improvement was identified.

Practices for the management of medicines were audited daily, weekly and monthly by staff and management. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the deputy manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas of good practice

There were examples of good practice in relation to the standard of most records, care planning and the administration of medicines.

Areas for improvement

The date of writing and date of discontinuation of medicines should be accurately recorded on the personal medication records. Dosage directions should not be amended; a new entry should be made. These improvements should be sustained.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Registered nurses were observed to administer medicines in a caring manner. Patients were engaged in conversation and were given time to swallow 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 the staff were familiar with the patients' likes and dislikes.

The patient spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines and they were happy for the registered nurses to administer their medicines.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. None were returned within the specified timeframe. Any comments from patients and/or their representatives in returned questionnaires received after the return date will be shared with the registered manager for information and action as required.

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 in Abbeylands.

Written policies and procedures for the management of medicines were in place. These were not examined in detail.

There were 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 learning identified and action taken to prevent a recurrence following medication incidents. Registered nurses were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

The governance arrangements for medicines management were examined. The deputy manager advised of the auditing processes completed by staff and management and how areas for improvement were detailed in an action plan which was shared with registered nurses to address and the systems to monitor improvement. The improvements noted since the last medicines management inspection would suggest that the training and auditing systems were effective. The deputy manager was reminded that the improvements must be sustained.

Following discussion with the registered nurses and care assistants, it was evident that they 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 the management team who were responsive and supportive. Staff spoke positively about the home, saying that they enjoyed their work. One care assistant commented:

“caring is hard work but I see it as my opportunity to give back”.

We were advised that there were effective communication systems in the home to ensure that all staff were kept up to date.

No online questionnaires were 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 Linda Moore, Deputy 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 29 **Stated:** First time	The registered person shall ensure that the necessary improvements are made in the standard of maintenance of the personal administration records. Ref: 6.5
To be completed by: 14 July 2018	**Response by registered person detailing the actions taken:** Supervision has been carried out with staff with regards the maintenance of the medication records.The Registered person will ensure together with the Pharmacy Supplier BOOTS that the appropriate binders are supplied to ensure documentation can be maintained to the standard required. All staff are now aware that two signatures must be recorded on all insulin administration sheets.Compliance will be monitored through the monthly medication audit.

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

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