Unannounced Medicines Management Inspection Report
9 January 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 87 beds that provides care for patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Ms Eleanor Dodson
Person in charge at the time of inspection: Ms Eleanor Dodson	**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 Residential Care (RC) I – old age not falling within any other category MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years A – past or present alcohol dependence	**Number of registered places:** 87 comprising: 64 nursing 19 residential with three additional named individuals in category RC-A for the duration of their stay in the home. Two residents in category RC-MP. One resident in category RC-A. The home is also approved to provide care on a day basis to one person.

4.0 Inspection summary

An unannounced inspection took place on 9 January 2018 from 10.00 to 16.00.

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 term ‘patients’ is used to describe those living in Abbeylands which provides both nursing and residential care.

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 the management of antibiotics, controlled drugs, care planning and staff interactions with patients.

Areas requiring improvement were identified in relation to the management of out of stock medicines, the management of medication changes, personal medication records, medication administration records, the recording of dates of opening and the auditing system.

The patients we spoke with were complimentary about the management of their medicines and the care provided 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	4	*2

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

Details of the Quality Improvement Plan (QIP) were discussed with Ms Eleanor Dodson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of 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 19 July 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 we met with three patients, four care assistants, two registered nurses, the deputy manager and the registered 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
- 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 19 July 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 14 February 2017

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 38 **Stated:** Third and final time	Two nurses should sign entries in the record of medicines disposed of.	**Met**
	Action taken as confirmed during the inspection: The majority of entries in the disposal book had been signed by two registered nurses; the registered manager advised that this would continue to be closely monitored.	

Area for improvement 2 **Ref:** Standard 28 **Stated:** First time	The registered provider should review and revise the management of warfarin.	**Met**
	Action taken as confirmed during the inspection: Dosage directions continue to be received in writing and transcribing involved two registered nurses. A new warfarin administration chart was brought into use each time the dosage directions were updated which facilitated the audit process. Obsolete warfarin administration charts had not been cancelled and archived; the registered manager confirmed that this was addressed immediately after the inspection and would be closely monitored. Due to the improvements made and the assurances provided this area for improvement has been assessed as met.	
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time	The registered provider should ensure that dates of opening are recorded on all medicine containers.	**Partially Met**
	Action taken as confirmed during the inspection: It was acknowledged that dates of opening had been recorded on the majority of medicine containers. However dates of opening had not been recorded on six insulin pens and two eye preparations. These medicines have a limited shelf life once opened. The date of opening must be recorded on these medicines to facilitate audit and disposal at expiry. This area for improvement was stated for a second time.	

Area for improvement 4 **Ref:** Standard 28 **Stated:** First time	The registered provider should closely monitor the management of antibiotics to ensure that courses are commenced promptly and dosage regimens are adhered to.	**Met**
	Action taken as confirmed during the inspection: Antibiotics were reviewed for three patients. Courses had been commenced promptly and running balance sheets were in use which evidenced that dosage regimens had been adhered to.	
Area for improvement 5 **Ref:** Standard 18 **Stated:** First time	The registered provider should review the management of "when required" medicines for the management of distressed reactions to ensure that detailed care plans are in place, the reason for and outcome of administration are recorded and regular use is referred to the prescriber for review.	**Met**
	Action taken as confirmed during the inspection: The records for two patients were reviewed. Care plans were in place and the registered nurses advised that the medicines were required daily; this had been authorised by the prescribers. Registered nurses advised that for patients who required these medicines occasionally the reason for and outcome of each administration would be recorded.	
Area for improvement 6 **Ref:** Standard 28 **Stated:** First time	The registered provider should ensure that a robust audit tool is used to identify and address medication related issues.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that medicines management was audited daily, weekly and monthly. However, the findings of this inspection indicated that the auditing system was not robust. This area for improvement was stated for a second time.	

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.

The registered manager advised that all registered nurses and senior carers had attended training on the management and administration of medicines provided by the community pharmacy prior to the change of medication systems in October 2017. In addition training was completed via e-learning annually. Competency assessments were completed annually; these were due to be updated. The registered manager confirmed that care assistants had received training and been deemed competent in the management of emollient preparations and thickening agents. The registered manager also confirmed that all staff had received training on safeguarding, were aware of the regional procedures and who to report any safeguarding concerns to.

The registered manager advised that there had been some difficulties in ensuring that patients had a continuous supply of their medicines following the change of medication systems in October 2017 but that the issues had mostly been resolved. On the day of the inspection three medicines were out of stock for one patient, this was being followed up with the prescriber. One other medicine had been out of stock for five days although it was available on the day of the inspection. The registered manager confirmed (via telephone call on 11 January 2018) that the three out of stock medicines had been received into the home on the evening of the inspection.

For one patient a medicine had been recorded as out of stock for 12 days. This medicine had been discontinued and registered nurses had re-ordered it. For another patient a medicine had been recorded as out of stock for 16 days without follow up; this medicine had also been discontinued. A third medicine had been recorded as out of stock on two occasions when the receipt records evidenced that it was available in the home. The registered manager investigated these findings and advised that a nurses' meeting had been arranged to discuss the management of medication changes and out of stock medicines. Any potential out of stocks must be followed up without delay. Registered nurses must be aware that it is unacceptable to record "out of stock" without an immediate follow up and resolution. The registered manager should be made aware of any stock supply issues. An area for improvement was identified.

Improvements in the management of changes to prescribed medicines were necessary. On some personal medication records dates of prescribing and discontinuation had not been recorded. This meant that a discontinued medicine was reordered for one patient (see above). The registered manager advised (via telephone) that a photocopy of all current prescriptions had been requested so that all personal medication records could be checked to ensure that they were up to date. An area for improvement was identified.

There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

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.

As detailed in Section 6.2 the management of warfarin had been reviewed and satisfactory systems were in place. Obsolete warfarin administration charts were cancelled and archived immediately following the inspection.

The management of insulin was reviewed. Dosage directions and records of administration were clearly recorded. Six insulin pens were in use in the nursing unit; two were unlabelled and dates of opening had not been recorded on any of the pens. This was highlighted to the registered manager and registered nurses for immediate corrective action. An area for improvement was stated for the second time.

Generally satisfactory arrangements were in place for administering medicines in disguised form. Care plans were in place and authorisation had been obtained from the prescriber and family. It was agreed that one care plan would be updated to include details of how the medicines were administered.

Discontinued or expired medicines were disposed of appropriately. The registered manager confirmed that 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. Medicine refrigerators and oxygen equipment were checked at regular intervals. However, the temperature recordings for both refrigerators were outside the accepted range. The thermometers were reset during the inspection and satisfactory readings were observed indicating that the issues were due to the incorrect use of the thermometers rather than the refrigerators. This finding had been identified at the last medicines management inspection. Further guidance on resetting the thermometer and accurately recording the readings was provided to the management team. It was agreed that easy read thermometers would obtained if staff continue to experience difficulties using the thermometers.

Areas of good practice

There were examples of good practice in relation to staff training and the management of antibiotics.

Areas for improvement

All prescribed medicines must be available for administration.

Robust systems should be in place for the management of medication changes.

Dates of opening are recorded on all medicine containers (See Section 6.2).

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

We observed the morning medication round and noted that it was not completed until midday. The registered nurses advised that this was not usual practice and that they had been delayed due to issues obtaining blood samples for a number of patients. They confirmed that pain relief had not been late and that appropriate dosage intervals would be observed for all medicines. The time taken to complete the medication round was discussed with the registered manager for close monitoring.

With the exception of the medicines highlighted in Section 6.4, 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 weekly medicines were due.

The management of "when required" medicines for use in the management of distressed reactions was reviewed. Dosage directions were clearly recorded on the personal medication records. For two patients the medicines were used regularly. The registered manager and registered nurses confirmed that this had been referred to the prescribers and was under ongoing review.

The management of pain was reviewed. Care plans and records of prescribing and administration were maintained. There was evidence that pain was assessed regularly throughout the day. Pain assessment tools were used with patients who were unable to verbalise their pain.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans, speech and language assessment reports and records of prescribing were maintained. Details of each patient's requirements were recorded on the shift handover sheets and records of administration were recorded in the daily food/fluid intake booklets. Following discussion with care staff it was apparent that some staff were not aware of the need to record each administration. The registered manager advised that all care staff would receive further supervisions on these recording systems.

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. However, this had not been done when medicines were out of stock as discussed in Section 6.4.

Improvements in the standard of both the personal medication records and medication administration records were necessary. Obsolete personal medication records had not been cancelled and archived. Dates of discontinuation and commencement of some medicines had not been recorded; the registered nurse was unable to confirm if two medicines were out of stock or had been discontinued at the inspection. The medicines were being recorded as out

of stock (See Section 6.4). Prescriptions had not been received into the home to cross reference with the personal medication records. The use of photocopies to confirm the accuracy of the personal medication records was discussed with the registered manager. At the end of the inspection the registered manager confirmed that one of the medicines had been discontinued. On 11 January 2017 the registered manager confirmed the second medicine had also been discontinued. An area for improvement was identified.

Inaccuracies in the medication administration records were observed. These included:

- eight missed signatures out of a possible 16 for one eye preparation
- no records for administration of a pain relief plaster for eight days, records of removal were recorded
- records for administration of one medicine for four days when the medicine was not available in the home (it had been discontinued)

These findings were discussed in detail with the registered manager for follow up. An area for improvement was identified.

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 care planning.

Areas for improvement

Personal medication records should be up to date; dates of prescribing and discontinuation should be accurately recorded. Systems should be in place to ensure that any queries are identified and followed up without delay.

Medication administration records should be accurately maintained.

	Regulations	Standards
Total number of areas for improvement	2	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.

We observed the management and administration of medicines to patients in the nursing unit only. The registered nurses administering the medicines spoke to the patients in a kind and caring manner and the patients 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 patients spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines, they preferred the registered nurses to administer their medicines and their requests for medicines prescribed on a 'when required' basis were adhered to e.g. pain relief. They were complimentary regarding staff and management. Comments included:

- "It's very good here; the staff are great, I know them well."
- "It's great here; I like the staff."

Patients were observed to be relaxing in the lounge. They were comfortable and were being assisted to and from the hairdresser. Patients who were unwell were being given additional support and care staff were ensuring that they were not in pain or feeling cold.

As part of the inspection process, we issued ten questionnaires to patients and their representatives; none were returned to RQIA within the specified timescale.

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.

Written policies and procedures for the management of medicines were in place; these were not examined at the inspection. As detailed in Section 6.5 it was agreed that all care assistants would receive further guidance on the systems for the management of thickening agents.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Action plans to address any learning from medication incidents that had been identified were in place. However, the registered manager had not been made aware of the out of stock medicines and had not taken the appropriate action. 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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included daily, weekly and monthly audits. In addition, quarterly audits were planned to be completed by the community pharmacist. 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. However, as there were areas for improvement identified in the domains of safe and effective care, the findings of this inspection indicate that the auditing system is not robust. An area for improvement regarding auditing was stated for the second time.

As not all of the areas for improvement identified at the last medicines management inspection had been fully addressed, it was suggested that the QIP should be used as part of the governance arrangements in the home.

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.

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

No new areas for improvement were identified during the inspection.

The registered provider should ensure that a robust audit tool is used to identify and address medication related issues (See Section 6.2).

	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 Ms Eleanor Dodson, 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 via the 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:** 9 February 2018	The registered person shall ensure that medicines are available for administration as prescribed on all occasions. Ref: 6.4
	Response by registered person detailing the actions taken: All staff trained in all aspects of medication management are to receive supervisions around medication management before the 12th March 2018. The home manager with the assistance of the deputy will carry out daily and weekly audits.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 9 February 2018	The registered person shall ensure robust systems are in place for the management of medication changes. Ref: 6.4
	Response by registered person detailing the actions taken: The home manager recieves a 24 hour shift report daily and there is a part of this that promts staff to document any medication changes. This will be included in the supervisions and the home manager will increase daily checks.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 9 February 2018	The registered person shall ensure that up to date, accurate personal medication records are in place for each patient. Ref: 6.4 and 6.5
	Response by registered person detailing the actions taken: An up to date medication list has been requested from the residents GP's.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 9 February 2018	The registered person shall ensure that medication administration records are accurately maintained. Ref: 6.4 and 6.5
	Response by registered person detailing the actions taken: Increased audits have been put in place to monitor the administeration of medications in the home.

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 28 **Stated:** Second time **To be completed by:** 9 February 2018	The registered provider should ensure that dates of opening are recorded on all medicine containers. Ref: 6.2
	Response by registered person detailing the actions taken: The home manager along with the deputy will carry out daily audits on opening dates to ensure that this standard is being met.
Area for improvement 2 **Ref**: Standard 28 **Stated:** Second time **To be completed by:** 9 February 2018	The registered provider should ensure that a robust audit tool is used to identify and address medication related issues. Ref: 6.2
	Response by registered person detailing the actions taken: The daily and weekly audits used in the home will be reviewed by the home manager and deputy on a daily basis. The home manager and the deputy will also carry out seprate audits daily/weekly.

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

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