

Unannounced Medicines Management Inspection Report 10 October 2017



Ratheane Private Nursing Home

Type of Service: Nursing Home
Address: 58 Mountsandel Road, Coleraine, BT52 1JF
Tel No: 028 7034 4299
Inspector: Rachel Lloyd

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 82 beds that provides care for patients with living with a range of healthcare needs as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Ratheane Responsible Individuals: Mr Brian Macklin & Mrs Mary Macklin	Registered Manager: Mrs Araceli Flores
Person in charge at the time of inspection: Mrs Araceli Flores	Date manager registered: 2 September 2014
Categories of care: <u>Nursing Homes (NH):</u> 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. <u>Residential Care Homes (RCH):</u> 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: 82 Up to a maximum of 16 residential beds.

4.0 Inspection summary

An unannounced inspection took place on 10 October 2017 from 10.00 to 15.30.

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 terms 'patients' will be used to describe those living in Ratheane Private Nursing Home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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 administration and storage of medicines, medicine records, care planning, communication with various healthcare professionals, working relationships within the home and the management of the ordering and supply of medicines

The patients and one relative spoken to were complimentary regarding the care provided in the home.

There have been no areas for improvement identified as a result of this inspection or the previous medicines management inspection, indicating that robust systems for the management of medicines are in place.

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 Araceli Flores, 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 20 April 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with two patients, one relative, two senior care assistants, three registered nurses including one of the senior 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

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

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 20 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was 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 1 September 2016

There were no areas for improvement made as a result of the last medicines management inspection.

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. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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 and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and printed medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from 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. 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 mostly stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and organised. A new treatment room was in place in the residential unit (unit D). Staff were advised to monitor the storage temperature of medicines in this room on a daily basis. It was agreed this would be implemented immediately. The two medicine trolleys in this room were not yet able to be secured to the wall. This work was already planned and was to take place within the next few days. 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 found throughout the inspection in relation to staff training and competency assessment, the management of medicines on admission/discharge, the management of controlled drugs, the disposal of medicines and the storage of prescriptions and 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 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 as to when doses of weekly, monthly or three monthly medicines were due.

The management of distressed reactions, swallowing difficulty and pain were reviewed. The relevant information was mostly recorded in the patient’s care plan, personal medication record and records of administration.

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. This was evidenced in patient notes.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. These included the use of supplementary sheets for the administration of injections, transdermal opioid patches, warfarin, and pain relief and other medicines administered on a ‘when required’ basis.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for many medicines not supplied in the monitored dosage system. This is good practice. In addition, audits were completed by the community pharmacist.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care planning, the administration of medicines and audit procedures.

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.

The administration of medicines to patients was observed. It was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Patients spoken to were content and relaxed in the home. The patients and one relative spoken to were complimentary regarding the care provided in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff demonstrated a good knowledge of patients’ wishes and preferences.

At the time of issuing this report, one questionnaire had been returned from a patient, three from relatives and two from members of staff. All advised they were satisfied/very satisfied with all aspects of the care in relation to the management of medicines.

Areas of good practice

There was evidence that staff listened to and valued patients and took account of their views. Good relationships were observed between staff and patients.

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 on this occasion. Following discussion with staff it was evident that they were familiar 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. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented. 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 and 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. Good working relationships were observed between staff throughout the inspection.

There have been no areas for improvement identified as a result of this inspection or the previous medicines management inspection, indicating that robust systems for the management of medicines are in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, the management of medicine incidents and maintaining good working relationships. 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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