Unannounced Medicines Management Inspection Report
1 November 2018

Massereene Manor

Type of Service: Nursing Home
Address: 6 Steeple Road, Antrim, BT41 1AF
Tel No: 028 9448 7779
Inspector: Catherine Glover

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 that provides care for up to 74 patients with a range of care needs as detailed in Section 3.0

3.0 Service details

Organisation/Registered Provider: Massereene Manor **Responsible Individuals:** Ms Naomi Carey Mrs Janet Montgomery	**Registered Manager:** See Below
Person in charge at the time of inspection: Mrs Anne McCracken	**Date manager registered:** Mrs Anne McCracken – application not yet submitted
Categories of care: Nursing Home (NH): DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years.	**Number of registered places:** 74 comprising: A maximum of 10 residential beds in category RC-DE. A maximum of three patients in categories NH-LD & NH-LD(E). The home is also approved to provide care on a day basis to four persons.

4.0 Inspection summary

An unannounced inspection took place on 1 November 2018 from 10.10 to 14.50.

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 training and competency assessments of registered nurses, the storage of medicines and the completion of personal medication records.

Areas for improvement were identified in relation to the management of medicine changes, the audit process and the completion of care plans for distressed reactions and pain.

Patients were observed to be relaxing in the various lounges, enjoying the company of other patients and staff.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Anne McCracken, 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

As a result of the most recent care inspection on 4 August 2018, Mrs Janet Montgomery, Responsible Individual, attended a meeting in RQIA to discuss the inspection findings and the areas for improvement identified.

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 medicine related incidents reported to RQIA since the last medicines management inspection

As part of the inspection we spoke to several patients, three registered nurses, the deputy manager and the manager.

We provided the manager with ten questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home. Staff were invited to share their views by completing an online questionnaire.

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

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 4 August 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 8 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**: Standard 31 **Stated:** First time	The registered person shall ensure robust arrangements for management of medicines refrigerators are in place.	**Met**
	Action taken as confirmed during the inspection: The temperature of the medicine refrigerators was checked daily and was within the acceptable range.	

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. 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 July and October 2018. 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.

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.

The arrangements in place to manage changes to prescribed medicines should be reviewed. The audits indicated that one newly prescribed medicine had not been administered as prescribed. On two occasions medicines had not been removed from the trolley when a new supply had been obtained. This could result in the patient being administered a double dose of their medicines. The evidence indicated that this had occurred for one medicine prescribed. In the other instance, it could not be determined if the medicines had been administered incorrectly as the date of opening had not been recorded. The manager was asked to investigate these incidents and report the findings as appropriate. An area for improvement was identified.

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. However, it was noted that the administration of BuTrans patches had not been recorded on two occasions. The manager was advised to monitor the completion of the controlled drug record book as part of an overall increase in audit activity (see Section 6.7).

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Appropriate arrangements were in place for administering medicines in disguised form.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

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. The manager was reminded that only controlled drugs should be stored in the controlled drugs cabinets and that all extra items should be removed.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment and the management of medicines on admission.

Areas for improvement

The management of medication changes must be reviewed and revised to ensure that medicines are administered as prescribed.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The majority of medicines were packaged in a multi-compartment compliance aid and had been administered in accordance with the prescriber's instructions. Audit discrepancies were noted in some of the medicines not contained in the compliance aid. Further supplies of medicines could not be audited as the date of opening had either not been recorded or had been incorrectly recorded. An area for improvement was identified in relation to the auditing process (see Section 6.7).

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 distressed reactions and pain were examined. The personal medication records and medicine administration records had been appropriately completed. Care plans were not in place for the records examined or they did not document the prescribed medicine. The care plans for distressed reactions and pain should be reviewed to ensure that they provide sufficient detail to direct patient care. An area for improvement was identified.

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.

Personal medication records were generally well maintained and had been fully and accurately completed. There was some evidence that the records of administration of medicines were not accurately completed and that the registered nurses had copied the codes of administration from the previous day. This was discussed with the manager and it was agreed that this would be monitored through the audit process (see Section 6.7).

Following discussion with the manager and staff and observation of care records, 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 in relation to personal medication records and liaison with other healthcare professionals.

Areas for improvement

The care plans for distressed reactions and pain should be reviewed to ensure that they provide sufficient detail to direct patient care.

	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.

The administration of medicines to patients was not observed during this inspection, however the manager and nurses were knowledgeable about the patients' medicines and medical requirements.

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. We observed the dining room at lunch time and staff were assisting patients where appropriate, encouraging patients with their meals and offering alternatives.

We spoke several patients throughout the inspection. The patients were relaxed and comfortable in the home and said that they were happy living there. They said that the staff were kind.

As part of the inspection process, ten questionnaires were issued for completion by patients and their representatives. Three was returned within the specified time frame. Two of these responses indicated that the relatives were very satisfied with the care provided. The other response expressed concern regarding the staffing levels within the home and this was shared with the registered manager.

Any comments from patients and their representatives in questionnaires received after the return date (two weeks) 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.

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 are in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They 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 staff.

There were arrangements in place for the management of medicine related incidents. Staff advised 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 following incidents.

A comprehensive programme of auditing is completed within the home in relation of medicines management. Audits are completed monthly in each unit. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The auditing programme had not however identified or addressed the issues noted during this inspection. As stated in Section 6.54, some audits could not be completed as the date of opening had not been recorded or had been recorded incorrectly. The registered person should review the auditing programme to ensure it is effective. An area for improvement was identified.

Staff advised that any concerns in relation to medicines management were raised with management.

There were no responses to the staff questionnaire.

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

The medicine audits should be reviewed and revised to ensure that they identify and address shortfalls in the management of medicines.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Anne McCracken, 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:** 1 December 2018	The registered person shall review and revise the management of medication changes to ensure that medicines are administered as prescribed. Ref: 6.4
	Response by registered person detailing the actions taken: Personal medication records are typed or handwritten. Entries on medication adminstration records are updated by 2 Nurses. Staff supervision sessions with the Registered Nurses are ongoing with particular emphasis on the SOP on the use of PillPac plus sachets which states what to do when a new item is commenced or discontinued.
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 4 **Stated:** First time **To be completed by:** 1 December 2018	The registered person shall ensure that the care plans for distressed reactions and pain are reviewed to ensure that they provide sufficient detail to direct patient care. Ref: 6.5
	Response by registered person detailing the actions taken: Nursing staff have been reminded that care plans for distressed reactions and pain must be in place and the reason and outcome of each adminstration of a medicine should be recorded.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 1 December 2018	The registered person shall ensure that the medicine audits are reviewed and revised to ensure that they identify and address shortfalls in the management of medicines. Ref: 6.7
	Response by registered person detailing the actions taken: Practices for the management of medications are audited throughout the month by the staff and management. Supervision sessions are ongoing to ensure that staff are aware of the importance of quality audits which includes identifiying shortfalls and addressing same. A revised audit record has been introduced. A quarterly audit by the Community Pharmacist is completed.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews