

Unannounced Medicines Management Inspection Report 7 December 2017



Milesian Manor

Type of Service: Nursing Home
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX
Tel No: 028 7963 1842
Inspector: Catherine Glover

www.rgia.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 34 beds that provides care for patients with a range of care needs as shown in Section 3.0.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Mr Brian Macklin | Registered Manager: Mrs Martha Therese O’Kane |
| Person in charge at the time of inspection: Ms Caitriona Doole (Deputy Manager) | Date manager registered: 1 April 2005 |
| Categories of care: Nursing Homes or Residential 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 I – Old age not falling within any other category | Number of registered places: 34 |

4.0 Inspection summary

An unannounced inspection took place on 7 December 2017 from 10.20 to 13.15.

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.

The term ‘patients’ is used to describe those living in Milesian Manor which, at this time, provides both nursing and residential care.

Evidence of good practice was found in relation to medicine administration, medicine records and the management of controlled drugs.

One area requiring improvement was identified in relation to recording the date of opening of medicines to facilitate auditing.

Patients were observed to be relaxed and comfortable in the home. There was a warm and welcoming atmosphere.

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 Ms Caitriona Doole, 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 5 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 records:

- 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 three patients, one registered nurse 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
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

Areas for improvements 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 5 April 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 6 January 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 13 (4) Stated: First time | The registered provider must ensure that all currently prescribed medicines are available for administration. | Met |
| | Action taken as confirmed during the inspection: The management in the home have reviewed the medicines systems. The deputy manager advised that this has helped to resolve the stock control issues. No medicines were out of stock at the time of this inspection. | |
| Area for improvement 2 Ref: Regulation 13 (4) Stated: First time | The registered provider must ensure that medication administration records are fully and accurately maintained. | Met |
| | Action taken as confirmed during the inspection: Medicine administration records were reviewed and found to be fully and accurately completed. | |

| 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 30 Stated: First time | The registered provider should review the management of medicines with a limited shelf life. | Met |
| | Action taken as confirmed during the inspection: There were a small number of medicines with a limited shelf life. All had been marked with the date of opening to facilitate disposal on expiry. | |
| Area for improvement 2 Ref: Standard 28 Stated: First time | The registered provider should further develop the audit system for medicines management. | Met |
| | Action taken as confirmed during the inspection: The audit system had been reviewed and audits were completed monthly. | |

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 senior care staff who had recently been assigned 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. Training for the monitored dosage system was provided prior to commencing the new system.

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. Staff were reminded that personal medication records and handwritten entries on medication administration records should be updated by two registered nurses. This had not been done for a small number of entries on these records.

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.

The arrangements for the management of warfarin were reviewed. Staff advised that it was standard practice for the dosage instructions to be received by fax. This had not occurred for one of the two records examined which had been received by telephone. The deputy manager agreed that nurses would be reminded that it is best practice to receive dosage instructions in written form and it would be closely monitored. 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 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 majority of medicines were supplied in the monitored dosage system and had been administered as prescribed. For those medicines not contained in the monitored dosage system, most had not been marked with the date of opening and could not be audited. Therefore we could not confirm if these medicines had been administered as prescribed. The registered person should ensure that these medicines are marked with the date of opening to facilitate audit. An area for improvement was identified.

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.

When a patient was prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, the dosage instructions were recorded on the

personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient’s behaviour and were aware that this change may be associated with pain. These medicines were prescribed for a small number of patients and were used very infrequently. A care plan was not in place for the use of these medicines and it was agreed that this would be completed following the inspection.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. A pain assessment is completed as part of the admission process.

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 well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included extra records for the administration of antibiotics.

Practices for the management of medicines were audited throughout the month by the staff and management. Staff had identified that the date of opening had not been recorded for some medicines however this had not been resolved at the time of this inspection.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted in response to when required to meet the needs of patients.

Areas of good practice

There were examples of good practice in relation to record keeping, care planning and the management of pain.

Areas for improvement

The registered person should ensure that medicines that are not contained within the monitored dosage system are marked with the date of opening to facilitate audit.

| | 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 the morning medicines to patients had been completed prior to the commencement of the inspection. No medicines were administered to patients during the inspection.

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. From discussion and observation of staff, it was clear that they were familiar with the patients’ needs, their likes and dislikes.

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.

As part of the inspection process, we issued questionnaires to patients and their representatives. None of the questionnaires were returned within the specified timeframe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff listening to and valuing patients and taking 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. They were not examined during this inspection.

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 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. There was oversight of the audit process by the regional manager.

Following discussion with the deputy manager and registered nurse 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 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 Ms Caitriona Doole, 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 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

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2018</p> | <p>The registered person shall ensure that medicines that are not contained within the monitored dosage system are marked with the date of opening to facilitate audit.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Following the Medication Inspection all members of staff involved in the administration of medications have been informed of the importance of opening date and time on boxed medication. A memo was also done to the same affect. Further auditing of boxed medication is being completed to ensure opening time an date are on all the boxed medications,</p> |



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