The Regulation and Quality Improvement Authority

Unannounced Medicines Management Inspection Report 28 February 2018

Rylands

Type of Service: Nursing Home
Address: 11 Doagh Road, Kells, Ballymena, BT42 3LZ
Tel no: 028 2589 2411
Inspector: Judith Taylor

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 59 beds that provides care for patients and residents living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider:	Registered Manager:
Organisation/Registered Provider: Rylands **Responsible Individuals:** Mr Trevor Duncan & Mrs Karen Duncan	**Registered Manager:** Mrs Valerie Rutherford
Person in charge at the time of inspection: Mrs Valerie Rutherford	**Date manager registered:** 24 March 2014
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category LD – Learning disability PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years Residential Care (RCH): I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 59 comprising: - 45 nursing, with maximum of 2 in NH-LD - 14 residential

4.0 Inspection summary

An unannounced inspection took place on 28 February 2018 from 10.10 to 15.20.

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 Rylands which at this time 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 governance arrangements, training, the standard of record keeping, administration of medicines, care planning and management of controlled drugs. The ongoing arrangements to ensure that there were robust systems in place for medicines management were acknowledged.

There were no areas identified for improvement during the inspection.

Patients said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Valerie Rutherford, 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 10 August 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 was displayed to inform visitors to the home that an inspection was being conducted.

During the inspection we met with three patients, one relative, one senior care assistant, three registered nurses, one healthcare professional 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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

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 10 August 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 17 October 2016

There were no areas for improvement identified 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. There was evidence that a programme of training was in place and details were displayed for staff reference. Refresher training in the management of diabetes, medicines management, syringe drivers and safeguarding was planned to be completed between March and May 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. Written confirmation of medicine regimes was in place.

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 were updated by two registered nurses. This safe practice was acknowledged.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Staff were advised that in the instances were different brands of the same controlled drug patches were supplied, the generic name of the controlled drug, should be recorded e.g. buprenorphine. 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. Care plans were maintained.

Appropriate arrangements were in place to crush medicines prior to administration and/or administer medicines in disguised form. Care plans were maintained.

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 on a daily basis.

Areas of good practice

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

With the exception of a few liquid medicines, the sample of medicines examined had been administered in accordance with the prescriber's instructions. These medicines were highlighted to staff. The registered manager advised that these medicines would be closely monitored within the audit process.

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 or three monthly medicines were due.

The management of distressed reactions, swallowing difficulty and pain were reviewed. The relevant information was 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.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate administration records for high risk medicines, transdermal patches, antibiotics and injectable medicines; and alerts for medicines prescribed as multiple doses.

A small number of patients were responsible for the self-administration of one or two external preparations. We were advised that the patients were competent to do this. A written risk assessment was not in place. The registered manager provided assurances that this would be addressed with immediate effect and as part of the overview of the management of external preparations which was to be commenced.

Practices for the management of medicines were audited on a daily basis by the staff, with the aim that each patient's medicines were audited once per month. This included running stock balances for analgesics, sachets and inhaled medicines. Management completed weekly and monthly audits. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals are contacted in response to patients' healthcare needs.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines. Staff were knowledgeable regarding the patients' medicines.

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 completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible. The registered nurse explained the medicine and encouraged the patients to take 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 they were familiar with the patients' likes and dislikes.

We met with three patients, who expressed their satisfaction with the care, the staff and the registered manager. They advised that they were administered their medicines on time and any requests e.g. for pain relief, were adhered to. Comments included:

"They (staff) are very good, they couldn't be better."
"The staff are very kind and look after you."
"I enjoy the activities."
"I am happy to be here."

The relative we spoke with was complimentary about the care provided and the well-being of her relative since admission to the home. She spoke positively about the staff and advised that she had no concerns.

Of the questionnaires which were left in the home to facilitate feedback from patients and their representatives, three were returned within the timeframe (two weeks). The responses indicated that they were very satisfied with the care provided in the home. One comment was made:

"Everything very good. Staff are very friendly and always have time for a friendly word with the elderly residents."

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 had been updated in September 2017. 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. 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 lead and 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. The registered manager advised of the recent internal audit outcomes in relation to external preparations and the actions planned regarding training, close monitoring of medicine records and further development of care plans as necessary.

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.

It was observed that there were effective communication systems in place. In addition to the diary, a communication book was used to inform staff about the patients e.g. medicine changes. Staff confirmed that this system worked well and readily facilitated the delivery of care.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated through team meetings, supervision or individually with staff. They advised that management were open and approachable and willing to listen; and stated that there were good working relationships within the home and with healthcare professionals involved in patient care.

During the inspection we discussed the current processes in relation to part of the nursing home being registered as a separate residential care home. The registered manager confirmed that medicines management would continue to be undertaken by trained and competent care staff. She also confirmed that following completion of this registration process, all staff would be made aware of the procedures for the safe disposal of medicines in residential care homes and that medicines would be returned directly to the community pharmacist for disposal.

Three staff completed the online questionnaires. Their responses indicated that they were satisfied/very satisfied in relation to the four domains of safe, effective and compassionate care and the service being well led. The following comments were made:

"Very popular home as evidenced by empty beds are quickly being occupied by new service users. I feel that staff gets a good support by the management. The home is clean and has a good atmosphere. Service users and families are satisfied with the care."

"The place is very clean and organised. Very homely environment and staff are friendly and knowledgeable of their work. Very supportive management."

"Rylands is a very happy environment to work in and we are supported well by management."

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

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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