Unannounced Medicines Management Inspection Report
16 January 2018

Whitehead Nursing Home

Type of Service: Nursing Home
Address: 15-18 Marine Parade, Whitehead, BT38 9QP
Tel no: 028 9335 3481
Inspector: Rachel Lloyd

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 registered to provide nursing and residential care for up to 41 persons as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Whitehead Nursing Home Ltd **Responsible Individual:** Mr Colin Nimmon	**Registered Manager:** Mrs Cara Parker
Person in charge at the time of inspection: Mrs Cara Parker	**Date manager registered:** 16 January 2015
Categories of care: Nursing Home (NH): I – Old age not falling within any other category PH – Physical disability other than sensory impairment Residential Home (RC): I – Old age not falling within any other category DE – Dementia 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:** 41 including: A maximum of 12 residential places including four identified residents in category RC-DE. The home is also approved to provide care on a day basis only to two persons.

4.0 Inspection summary

An unannounced inspection took place on 16 January 2018 from 10.00 to 13.35.

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 Whitehead 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 of medicines, the storage of medicines, the management of controlled drugs, the majority of medicine records, care planning, working relationships within the home and the management of the ordering and supply of medicines.

One area requiring improvement was identified in relation to the management of medicines on admission.

The patients and relative spoken to advised that they had no concerns in relation to the management of their/their relative's medicines and they spoke positively about the care provided.

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 Mrs Cara Parker, Registered 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 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 three patients and one relative, two registered nurses, a member of the housekeeping team, two visiting community nurses, a visiting professional installing and training staff on a computerised care records system 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 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 24 November 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. Competency assessments were completed annually. Refresher training had been provided on the management of medicines in 2017 and records had been maintained. The most recent training was in the management of patient records and care plans on a computerised system, which was in the process of being introduced. This took place in January 2018 and was ongoing. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Challenging behaviour and first aid training was planned in the next few weeks.

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 procedures in place to ensure the safe management of medicines during a patient's admission to the home were examined. Where a patient was admitted from hospital, appropriate records were in place to confirm the patient's current medicines regimen. However, when patients were admitted from home, procedures for confirming the current medicine regime had not always been followed. An area for improvement under standards was identified.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration 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. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

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 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. Staff were reminded that the refrigerator thermometer must be reset on a daily basis after temperatures are monitored, in order to maintain temperatures in the required range of 2-8^{o}C. There were satisfactory systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, obtaining acute and new medicines promptly and the management of controlled drugs.

Areas for improvement

An area for improvement was identified in relation to the management of medicines on admission.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Some minor discrepancies in medicine records were highlighted to staff for their attention. 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 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. The majority of medicines were marked with the date of opening.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, audits were completed by the community pharmacist. Running stock balances were being maintained for several medicines, not contained within the monitored dosage system, to assist staff in monitoring their administration. This is good practice.

Following observation, discussion with the staff and examination of 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 found throughout the inspection in relation to record keeping, care planning, the administration of medicines, audit procedures and communication between patients, staff and other key stakeholders.

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.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity.

Those spoken to at the inspection advised that they had no concerns in relation to the management of their/their relative's medicines and that requests for medicines prescribed on a 'when required' basis were responded to promptly. They spoke positively about the care provided.

Their comments included:

"The nurses and the girls are very good," and
"Communication is good."

Visiting professionals provided positive feedback about the communication from the staff in the home and the care provided.

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.

None of the questionnaires left in the home to facilitate feedback from patients and relatives were returned prior to the issue of this report.

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 and visitors.

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 reviewed in 2015. 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 satisfactory arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report 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.

Following discussion with the staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management. They stated that there were good working relationships and that management were open and approachable and willing to listen.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Cara Parker, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time	The registered person shall review admission procedures to ensure that the patient's current medicine regime is confirmed in writing with the prescriber. Ref: 6.4
To be completed by: 16 February 2018	**Response by registered person detailing the actions taken:** Nursing staff will ensure that a copy of medications is received from the GP where possible on the day of admission of a client.

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

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