

Unannounced Medicines Management Inspection Report 28 November 2017



Hamilton Care Home

Type of Service: Nursing Home

Address: The Plantain, 168 Ballycorr Road, Ballyclare, BT39 9DF

Tel No: 028 9334 1396

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 which is registered to provide nursing care and residential care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Mrs Heather Hamilton Responsible Individual: Mrs Heather Hamilton	Registered Manager: Ms Lucinda Dawn Hamilton
Person in charge at the time of inspection: Ms Lucinda (Lucy) Hamilton	Date manager registered: 5 June 2008
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category PH – Physical disability other than sensory impairment Residential Care (RC): I – Old age not falling within any other category	Number of registered places: Total number 36 comprising: Category NH-PH for 2 identified patients only. A maximum of 3 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 28 November 2017 from 09:55 to 14:40.

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” will be used to describe those living in Hamilton Care Home which provides both nursing and residential care.

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.

No areas requiring improvement were identified.

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

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 Ms Lucy Hamilton, 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 27 September 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 - prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

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

We met with three patients and discussed the management of medicines in detail with one patient, two registered nurses 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
- care plans
- policy and procedure documents
- 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 27 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was assessed 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 7 April 2016

Areas for improvement from the last medicines management inspection		
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 38 Stated: Second time	The registered manager should ensure that two nurses are involved in transcribing handwritten medicine details onto printed medicine administration records.	Met
	Action taken as confirmed during the inspection: This was evidenced in the majority of the examples examined throughout all of the current medication administration records. Three examples where only one member of staff had checked and signed the entry were discussed with the registered manager. She advised that this would be addressed immediately. It was observed that this is included in audit procedures and had already been identified. It was agreed that staff would be reminded to adhere to this safe practice at all times. For these reasons this area for improvement was assessed as met.	

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p>	<p>The registered manager should ensure that the date of opening is recorded on all medicines, particularly those with a limited shelf-life after opening.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This was evidenced for the majority of medicines examined, including all medicines with a limited shelf-life after opening, with the exception of one eye preparation which had been received the day prior to the inspection and was viable for use. This was addressed immediately. For this reason this area for improvement was assessed as met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The procedures in place for the use of 'when required' medicines for the management of distressed reactions, should be reviewed, to ensure that a care plan is in place and that the reason for and outcome of each administration are recorded.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care plan were in place; the detail necessary to identify the use of medication on a 'when required' basis for distressed reactions was discussed. The reason for and outcome of the use of these medicines was documented in the nurses communication book on the majority of occasions examined. It was agreed that all nurses would be reminded that these details should be recorded on every occasion. For this reason this area for improvement was assessed as met.</p>		

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. Refresher training had been provided on the management of medicines and the monitored dosage system in March 2017.

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 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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin.

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

The majority of discontinued or expired medicines were disposed of appropriately. There was evidence that most discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. Staff were reminded that this must always include Schedule 3 and Schedule 4 (Part 1) controlled drugs e.g. temazepam, diazepam and lorazepam and that this process should be recorded in the record of 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. The medicines refrigerator temperature was appropriate; however staff were reminded to reset the refrigerator thermometer after recording temperatures to ensure that temperatures remain within the required range for the cold storage of medicines of 2-8°C.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, the management on medicines on admission and the management of 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 sample of medicines examined had been administered in accordance with the prescriber's instructions. Some minor discrepancies 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 (also see section 6.2).

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. Most 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.

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 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. It was clear from discussion and observation, that staff were familiar with the patients' likes and dislikes.

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

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 which were 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.

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 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 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 registered nurses, 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 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

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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