Medicines Management Inspection Report
7 September 2020

Ashgrove

Type of Service: Nursing Home
Address: 55 Belfast Road, Newry, BT34 1QA
Tel No: 028 3026 9110
Inspector: Paul Nixon

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at https://www.rqia.org.uk/guidance/legislation-and-standards/ and https://www.rqia.org.uk/guidance/guidance-for-service-providers/

1.0 Profile of service

This is a registered nursing home which provides nursing care for up to 46 patients.

2.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager and date registered:** Ms Denisa Baluta 10 December 2019
Person in charge at the time of inspection: Ms Denisa Baluta	**Number of registered places:** 46 All 46 residents accommodated shall be assessed as DE.
Categories of care: Nursing Home (NH) DE – dementia	**Number of patients accommodated in the nursing home on the day of this inspection:** 33

3.0 Inspection focus

This unannounced inspection was undertaken by a pharmacist inspector on 7 September 2020 from 09.50 to 13.20.

This inspection focused on medicines management within the home.

The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept.

A sample of the following records were examined and/or discussed during the inspection:

- RQIA registration certificate
- staff medicines management training and competency assessment records
- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug record book
- care records
- audits.

4.0 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 Denisa Baluta, Manager, as part of the inspection process and can be found in the main body of the report.

5.0 What has this service done to meet any areas for improvement identified at or since the last medicines management and care inspections **on 24 July 2018 and 15 January 2020?**

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 person should implement a robust audit tool to monitor the management and administration of medicines.	**Met**
	Action taken as confirmed during the inspection: A robust audit tool had been implemented to monitor the management and administration of medicines. Daily, weekly and monthly audits were carried out by management and the nursing staff. Any issues were included in an action plan and were followed up at the next audit.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015).		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time	The registered person shall ensure that obsolete dosage directions for warfarin are cancelled and archived.	**Met**
	Action taken as confirmed during the inspection: Obsolete dosage directions for warfarin were cancelled and archived.	

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 14. (2)(a)(c) **Stated:** First time	The registered person shall ensure that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH). This relates specifically to ensuring that sluice doors are securely locked at all times and that all cleaning chemicals are stored appropriately.	**Met**
	Action taken as confirmed during the inspection: The sluice doors were securely locked and cleaning equipment was stored appropriately.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015).		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time	The registered person shall ensure that pull cords throughout the home are covered in order to minimise the risk of infection to patients and staff.	**Met**
	Action taken as confirmed during the inspection: Pull cords in several bathrooms were examined and found to be covered with a wipeable cover.	
Area for improvement 2 **Ref**: Standard 46 **Stated:** First time	The registered person shall ensure that damaged equipment is replaced in order to adhere to infection prevention and control policies and procedure.	**Met**
	Action taken as confirmed during the inspection: The damaged toilet seat and bath chair had been replaced.	

6.0 What people told us about this service

On the day of inspection we spoke to several staff on duty. They expressed satisfaction with how the home was managed and stated that they found their work fulfilling. They also said that they had the appropriate training to look after patients and meet their needs.

Good interactions were observed between staff and patients. Staff were warm and friendly and knew the patients well.

Feedback methods also included a staff poster and paper questionnaires which were provided to the registered person for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. No questionnaires were completed within the timeframe for inclusion in this report.

7.0 Inspection findings

7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This may be done by the GP or the pharmacist.

All patients in the home were registered with a local GP and medicines were reviewed and dispensed by the community pharmacist.

Personal medication records were in place for each patient. These contained a list of all prescribed medicines with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, transfers to hospital. With one exception, which was drawn to the attention of the manager and registered nurse, these records had been fully and accurately completed. In line with best practice a second member of staff checked and signed these records when they were updated to provide a double check that they were accurate.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions. Care plans were in place and directions for use were clearly recorded on the personal medication records. The reason for and outcome of the administration were recorded in the daily care records.

Satisfactory systems were in place for the management of thickening agents.

7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines must be available to ensure that they are administered to patients as prescribed and when they require them. It is important that they are stored safely and securely and disposed of promptly so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when patients required them. The manager and registered nurses advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas was observed to be securely locked. They were tidy and organised so that medicines belonging to each patient could be easily located. The medicines currently in use were stored within medicine trolleys that were also securely stored so that there could be no unauthorised access. Controlled drugs were stored in controlled drug cabinets. When medicines needed to be stored at a colder temperature, they were stored within the medicine refrigerators and the temperature of each refrigerator was monitored.

Medicines disposal was discussed with the manager who advised that controlled drugs were denatured and medicines were not allowed to accumulate in the home. Disposal of medicine records had been completed so that medicines could be accounted for.

7.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) when medicines are administered to a patient. A sample of these records was reviewed which found that the majority had been fully and accurately completed.

The manager and registered nurses audit medicine administration on a daily, weekly and monthly basis within the home. The audit shows that medicines had been given as prescribed. The date of opening was recorded on medicines so that they could be easily audited; this is good practice.

Audits completed during this inspection showed that, with one exception, the medicines had been given as prescribed. One medicine had not been administered as prescribed; the manager gave an assurance that the incident would be reported to the prescriber for guidance and to the appropriate authorities including RQIA. She also gave an assurance that the medicine's administration would be closely monitored. Following the inspection, the manager submitted the completed incident notification form to RQIA on 7 September 2020.

7.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the management of medicines on admission to the home for one patient. A hospital discharge letter had been received and a copy had been forwarded to the patient's GP. The personal medication record had been accurately written. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

7.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place that quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. The manager was familiar with the type of incidents that should be reported.

There had been some medication related incidents identified since the last medicines management inspection. There was evidence that the incidents had been investigated and learning had been shared with staff. The incidents had been reported to the prescribers for guidance and to the appropriate authorities including RQIA.

7.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when that forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

8.0 Evaluation of Inspection

This inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of this inspection concluded that all areas for improvement identified at the last medicines management and care inspections had been addressed and no new areas for improvement were identified.

We can conclude that patients and their relatives can be assured that medicines are well managed within the home.

We would like to thank the patients and staff for their assistance throughout the inspection.

9.0 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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