Unannounced Medicines Management Inspection Report
21 June 2018

The Haven

Type of Service: Nursing Home
Address: 19 Quarry Lane, Dungannon, BT70 1HX
Tel No: 028 8772 6912
Inspector: Paul Nixon

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 30 beds that provides care for patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: The Haven **Responsible Individuals:** Mr Patrick Gerald Kelly McQuaid Mrs Kathleen McQuaid	**Registered Manager:** Miss Frances Mary McKenna
Person in charge at the time of inspection: Registered Nurse Shauna McNabb and Registered Nurse Siobhan McNally	**Date manager registered:** 11 August 2009
Categories of care: NH-LD, NH-LD(E)	**Number of registered places:** 30

4.0 Inspection summary

An unannounced inspection took place on 21 June 2018 from 09.50 to 12.50.

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.

Evidence of good practice was found in relation to medicine governance, the management of medicines on admission, medicine administration, medicines storage and the management of controlled drugs.

No areas for improvement were identified.

The patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. They were positive about the management of their medicines and the care provided in the home. They were complimentary about the staff and management.

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 Shauna McNabb and Ms Siobhan McNally, Registered Nurses, 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 17 October 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, two registered nurses and two members of care staff.

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 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 17 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was reviewed 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 31 July 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:** Second time	The registered provider must ensure that the personal medication records are up to date and accurate at all times. Ref: 6.2 and 6.4	**Met**
	Action taken as confirmed during the inspection: Management reported that all personal medication records had been rewritten and updated following the previous inspection and that there is ongoing monitoring of these records. The personal medication records checked were accurate.	
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** Second time	The registered provider must ensure that there is a system in the home that identifies any shortfalls in the management of medicines and a process to rectify those shortfalls. Ref: 6.2 and 6.7	**Met**
	Action taken as confirmed during the inspection: Practices for the management of medicines were audited throughout the month by staff and management.	

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 39 **Stated:** First time	The registered person shall ensure that further training is provided to the nursing staff in relation to the maintenance of personal medication records. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Training was undertaken by the nursing staff on 10 August 2017, which included the importance of accurate and precise record keeping. Clinical supervisions now include medication recording and maintenance of the personal medication records.	

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 in medicines management was provided in the last year. The most recent training was in relation to enteral feeding.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration records were updated by two registered nurses. This safe practice was acknowledged.

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 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. 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. medicines administered through a feeding tube. 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, the management of controlled drugs and the storage of medicines.

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 mostly been administered in accordance with the prescriber's instructions. Two medicine discrepancies were drawn to the attention of the registered nurses, who gave an assurance that the medicines would be closely monitored as part of the ongoing audit arrangements.

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 medicines prescribed to be administered at atypical intervals were due.

Appropriate arrangements were in place for the management of pain and swallowing difficulty. The details of prescribed medicines were recorded on the personal medication records, administration was appropriately recorded and care plans were in place where necessary.

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.

Practices for the management of medicines were audited throughout the month by the management and staff. This included running daily stock balance checks for medicines not dispensed in monitored dosage packs. In addition, a periodic audit was completed by the community pharmacist.

Following discussion with the staff, it was evident that other healthcare professionals are contacted, when required, to meet the needs of patients. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

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.

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.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

The patients we spoke with advised that they were satisfied with the management of their medicines and the care provided in the home. They were complimentary regarding staff and management. Comments made included:

- "The care is very good; staff look after me very well; food is good; I get my medicines from the nurses; I have no complaints."
- "I am cared for well; staff are good; I get my medicines; I have no concerns."
- "I am well cared for and the staff are good. I have no complaints."

None of the questionnaires that were issued for patients and relatives to complete were returned.

Areas of good practice

Staff listened to patients 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.

The inspector discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. These were not examined. Following discussion with staff, it was evident that they were knowledgeable 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. 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 satisfactory outcomes had been achieved.

Following discussion with the registered nurses and care staff, 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.

No members of staff shared their views by completing an online questionnaire.

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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