Unannounced Medicines Management Inspection Report
10 December 2018

Iveagh House Private Nursing Home

Type of Service: Nursing Home
Address: 62 Castlewellan Road, Banbridge, BT32 4JD
Tel No: 028 4062 8055
Inspector: Helen Daly

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 that provides care for up to 33 patients aged over 65 years.

3.0 Service details

Organisation/Registered Provider: Harold Mitchell (Belfast) Ltd **Responsible Individual:** Mr Harold Leslie Mitchell	**Registered Manager:** See box below
Person in charge at the time of inspection: Ms Diane Cardwell, Manager	**Date manager registered:** Ms Diane Cardwell, Acting- no application required
Categories of care: Nursing Homes (NH) I – old age not falling within any other category	**Number of registered places:** 33

4.0 Inspection summary

An unannounced inspection took place on 7 December 2018 from 10.10 to 14.30.

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 medicines administration, medicine records, medicine storage and the management of controlled drugs.

No areas for improvement were identified. The manager and staff were commended for their ongoing efforts.

We spoke with three patients who were complimentary regarding the care and staff 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 residents 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 Diane Cardwell, 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

No further actions were required to be taken following the most recent inspection on 4 June 2018.

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 home was reviewed. This included the following:

- recent inspection reports
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

During the inspection we met with three patients, one care assistant, three registered nurses and the manager.

We provided the manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the manager to display a poster which invited staff to share their views and opinions 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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 June 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 22 March 2018

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 29 **Stated:** First time	The registered person shall make the necessary arrangements to ensure that personal medication records are kept up to date at all times.	**Met**
	Action taken as confirmed during the inspection: A review of the personal medication records indicated that the majority were up to date. A small number of recently prescribed medicines had not been recorded. The manager advised that this would be discussed with the registered nurses for ongoing vigilance. Due to the small number, and the assurances provided, this area for improvement was assessed as met.	

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 registered nurses who have been trained and deemed competent to do so. Training was updated annually. Competency assessments were completed annually or more frequently if a need was identified. Records were available for inspection. Care assistants had received training on the administration of thickening agents and emollient preparations.

In relation to safeguarding, the manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training was updated annually.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Personal medication records and hand-written entries on the medication administration records were verified and signed by two registered nurses. This safe practice was acknowledged.

There were systems in place to ensure that patients had a continuous supply of their prescribed medicines. There was evidence to indicate that antibiotics and newly prescribed medicines had been received into the home without delay.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. insulin and warfarin. The use of separate administration charts was acknowledged. Registered nurses were reminded that the date of opening should be recorded on insulin pens to facilitate audit and disposal at expiry and that the abbreviation "iu" should not be used. From the dosage prescribed, the insulin pens in use were noted to be within their expiry date. Obsolete warfarin dosage directions should be cancelled and archived. The manager gave assurances that these findings would be discussed with registered nurses and actioned following the inspection and hence an area for improvement was not specified.

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.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

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 temperature of the treatment room on the ground floor was frequently recorded as 25^{o}C, this was being closely monitored through the Regulation 29 visits and corrective action had been taken.

Areas of good practice

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

The majority of medicines examined had been administered in accordance with the prescriber's instructions. Three small discrepancies were discussed with the manager for follow up.

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, monthly or three monthly medicines were due.

The management of distressed reactions, pain and thickening agents was reviewed and found to be satisfactory. Detailed care plans were in place and clear records of prescribing and administration were maintained. It was noted that the reason for and outcome of the administration of "when required" medicines for distressed reactions had not been recorded on a small number of occasions. The manager advised that this had been an oversight and would be discussed with registered nurses for ongoing vigilance following the inspection.

Registered nurses advised 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 the standard of maintenance of the majority of the personal medication records and the additional records for transdermal patches. A small number of missed signatures for administration were observed; the audits indicated that the medicines had been administered.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines which were not supplied in the monitored dosage system. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the manager, registered nurses and care assistant, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. 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 most records, 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.

We observed the administration of medicines to one patient. The registered nurse engaged the patient in conversation and explained that they were having 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 the staff were familiar with the patients' likes and dislikes. Patients were observed to be relaxed and comfortable.

During the inspection, patients and staff were observed to enjoy a carol service.

We spoke with three patients who were complimentary regarding the care provided and staff in the home.

Comments included:

"The staff are very good and so is the food. You could not ask for better."

As part of the inspection process, we issued 10 questionnaires to patients and their representatives, none were returned within the specified time frame.

Any comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the manager for information and action as required.

Areas of good practice

Staff were observed to listen to patients and to take 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.

We 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 were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

Medicine related incidents reported since the last medicines management inspection were discussed and there was evidence of the action taken and learning implemented following these incidents. The manager advised that staff knew how to identify and report incidents and were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by both staff and management. Areas identified for improvement were detailed in an action plan which was shared with staff to address and there were systems in place to monitor improvement.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns in relation to medicines management were raised with the manager.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the manager. They stated they felt well supported in their work.

Comments included:

- “Best nursing home I have worked in with regards to care and straight forward systems, I would be happy if a relative lived here.”
- “Manager is a fantastic person.”

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. In addition to verbal handovers, a communications diary was in use.

No online questionnaires were completed by staff within the specified time frame (two weeks).

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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