Unannounced Medicines Management Inspection Report
8 February 2018

Mahon Hall

Type of Service: Nursing Home
Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF
Tel No: 028 3835 0981
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 with 60 beds that provides care for patients and residents with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Ms Cheryl King
Person in charge at the time of inspection: Ms Cheryl King	**Date manager registered:** 22 September 2017
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment Residential Care (RC) DE – dementia	**Number of registered places:** 60 RC-DE, NH-PH, NH-I There may be a maximum of 14 residents in category RC-DE accommodated within the designated dementia unit only. There shall be a maximum of three named residents receiving residential care in category RC-I. Category NH-PH for one identified individual only.

4.0 Inspection summary

An unannounced inspection took place on 8 February 2018 from 10.00 to 16.10.

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’ is used to describe those living in Mahon Hall which at this time provides both nursing and residential care.

Evidence of good practice was found in relation to the management of distressed reactions, pain and thickening agents.

Areas requiring improvement were identified in relation to the management of medicines on admission and medication changes, warfarin and medicines via the enteral route.

Improvements were also required in the administration of medicines and the governance systems.

The patients we spoke with were complimentary about the care provided in the home.

As a result of this inspection, RQIA was concerned that the issues noted during the inspection had the potential to affect the health and well-being of patients. A decision was taken to hold a serious concerns meeting to discuss the findings. The meeting was held in RQIA Belfast office on 15 February 2018 (see Section 4.1).

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	5	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Cheryl King, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The responsible individual and registered manager were invited to attend a serious concerns meeting in RQIA on 15 February 2018 to discuss the inspection findings and their plans to address the issues identified at the inspection.

During the serious concerns meeting, representatives of the responsible individual provided comprehensive action plans to address the concerns raised during the inspection. Assurance was given that the concerns were being addressed. RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that the concerns had been effectively addressed.

RQIA informed the representatives that further enforcement action may be considered if the issues were not addressed and sustained.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies (with the exception of children's services) are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity.

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 14 September 2017.

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 six patients, one care assistant, two registered nurses and the registered manager.

A total of 10 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 14 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and 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 13 October 2016

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 provider must ensure that records in the controlled drugs record book are adequately maintained.	**Met**
	Action taken as confirmed during the inspection: We reviewed the controlled drugs record book on the ground floor. The records had been maintained in a satisfactory manner. Records of receipt had been maintained and where part ampoules were wasted this was recorded.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must ensure that records of the administration of medicines are legible.	**Met**
	Action taken as confirmed during the inspection: Records of the administration of medicines were legible. Pre-printed medication administration records were in place.	

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 18 **Stated:** Second time	It is recommended that, if medication is prescribed on a "when required" basis for the management of distressed reactions, the reason for administration and the outcome should be recorded.	**Met**
	Action taken as confirmed during the inspection: We reviewed the management of distressed reactions for two patients. Care plans were in place. Records of prescribing and administration were clearly recorded. The reason for and outcome of each administration had been recorded on the reverse of the pre-printed medication administration recording sheets and/or in the daily progress notes.	
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time	The registered provider should ensure that oxygen cylinders are chained to the wall when not in use.	**Met**
	Action taken as confirmed during the inspection: Oxygen cylinders were observed to be chained to the wall.	

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.

The registered manager confirmed that medicines were managed by staff who have been trained and deemed competent to do so. Face to face training had been provided by the community pharmacist in December 2017. In addition registered nurses and senior care assistants completed training via e-learning annually. Competency assessments were also completed annually. Following the findings of this inspection the registered manager advised that further training had been requested from the community pharmacist and that a team meeting to discuss the findings and drive the necessary improvements was arranged for Monday 12 February 2018.

Care assistants were responsible for the administration of thickening agents and emollient preparations. Training had been provided in August 2017 and October 2017.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided on 26 January 2018.

The home had recently implemented a new medication system. There was evidence that the registered manager and registered nurses had worked closely with the community pharmacist to ensure that patients had an adequate supply of their prescribed medicines during the transition period. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

Improvements were required to manage changes to prescribed medicines. Examples were found where dosage changes to patients' prescribed medicines had not been managed appropriately. These were discussed with the registered manager during the inspection and at the serious concerns meeting. Personal medication records had not always been updated appropriately and the majority of handwritten entries on medication administration records had not been verified and signed by two registered nurses. Robust systems must be in place for managing medication changes. An area for improvement was identified.

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. However there was evidence that these procedures had not always been followed by the registered nurses. For one patient written confirmation of currently prescribed medicines had been obtained and the personal medication record had been written and verified by two registered nurses; this good practice was acknowledged. However, the hand-written medication administration record had not been signed and records of receipt of the medicines had not been maintained. Four medicines had not been administered on the day of the inspection as they were out of stock. These medicines had been ordered and were due in on the day of the inspection. Registered nurses must ensure that medicines are managed safely on admission. An area for improvement was identified.

Robust procedures were in place for the management of warfarin however there was evidence that registered nurses were not always following these procedures. Dosage directions were received in writing but obsolete directions had not been cancelled and archived. The transcription of the dosage directions onto the administration record had only been signed by one registered nurse. Daily running balances were maintained which evidenced that an error had occurred in December 2017. This error had not been reported to the registered manager for investigation and follow up. Registered nurses should follow the home's procedures for the management of warfarin. An area for improvement was identified.

The management of medicines via the enteral route was examined. The daily regimen was clearly recorded on the personal medication record. However, the daily fluid intake booklet had not been completed accurately and totalled each day. This is unsatisfactory and an area for improvement was identified. In addition two significant audit discrepancies in liquid medicines were observed; an area for improvement was identified in Section 6.7.

The management of insulin was examined and found to be satisfactory. However, registered nurses were reminded that dosage directions should not be abbreviated and labels should not be amended.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

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.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine refrigerators and oxygen equipment were checked at regular intervals. Registered nurses were reminded that cefalexin oral solution must be discarded 14 days after reconstitution.

Areas of good practice

There were examples of good practice in relation to the management of controlled drugs.

Areas for improvement

The management of medication changes must be reviewed and revised to ensure that safe systems are in place.

The management of medicines on admission must be reviewed and revised to ensure that safe systems are in place.

Registered nurses should adhere to the home's procedures for the management of warfarin.

Daily fluid intake charts should be accurately maintained and totalled each day.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The audits completed at this inspection indicated that some liquid medicines had not been administered as prescribed. Three liquids could not be audited as the date of opening had not been recorded or more than one supply was in use. In addition an audit discrepancy in the administration of warfarin (See Section 6.4) and one medicine which was prescribed to be administered weekly was observed. The registered manager agreed to investigate these discrepancies and follow up with the prescribers if necessary. An area for improvement regarding the auditing system was identified in Section 6.7.

There was evidence that time critical medicines had been administered at the correct time.

The management of distressed reactions, pain and swallowing difficulty was reviewed. The relevant information was recorded in the patients' care plans, personal medication records and records of administration.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any refusals likely to have an effect on the patient's health were reported to the prescriber.

Areas of improvement were identified in the completion of some personal medication records. They had not been maintained in a satisfactory manner and obsolete personal medication records had not been cancelled and archived. The registered manager confirmed that they were all checked for accuracy on the day after the inspection. There was evidence that the medication administration records had not been accurately maintained. A number of missed signatures for administration were observed and the audit findings indicated that medicines which were signed as administered had not actually been administered. Medication administration records must be accurately maintained. An area for improvement was identified.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of distressed reactions, pain and thickening agents.

Areas for improvement

Medication administration records must be accurately maintained.

	Regulations	Standards
Total number of areas for improvement	1	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 patients after lunch. The registered nurse administering the medicines spoke to the patients in a kind and caring manner and the patients were given time to swallow 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.

The patients spoken with at the inspection, advised that they had no concerns in relation to the management of their medicines, they preferred the registered nurses to administer their medicines and their requests for medicines prescribed on a 'when required' basis were adhered to e.g. pain relief. They were complimentary regarding staff and management. Comments included:

- “I’m happy here. It is better than being at home alone.”
- “The staff are good. My room is lovely.”

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, we issued ten questionnaires to patients and their representatives. No questionnaires were returned within the specified timeframe.

Areas of good practice

Staff listened to patients and relatives 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.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff. However as detailed in Section 6.4 registered nurses did not always adhere to the procedures.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and that they may need to be reported to the safeguarding team. However two medication related incidents (which had been identified by the registered nurses) had not been reported to the registered manager for investigation. Registered nurses must report all incidents to the registered manager. An area for improvement was identified.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist. Action plans were developed and implemented. However the outcomes of this inspection indicated that the systems in place did not find the shortfalls in the management and administration of medicines. A robust audit tool must be developed and implemented. Improvements must be sustained. An area for improvement was identified.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were aware of their roles and responsibilities in relation to medicines management. Registered nurses were reminded of their accountability to ensure that the

procedures were followed and patients received their medicines as prescribed on all occasions.

During the inspection we discussed the current registration process in relation to part of the nursing home being registered as a separate residential care home. The registered manager confirmed that medicines management would continue to be undertaken by trained and competent care staff. She also confirmed that following completion of this registration process, all staff would be made aware of the procedures for the safe disposal of medicines in residential care homes and that medicines would be returned directly to the community pharmacist for disposal.

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

Medication related incidents must be reported to the registered manager for investigation and follow up.

The registered provider must implement a robust audit tool which covers all aspects of the management of medicines.

	Regulations	Standards
Total number of areas for improvement	2	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 Ms Cheryl King, 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 QIP via Web Portal.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time **To be completed by:** 8 March 2018	The registered person shall ensure that safe systems are in place for the management of medication changes. Ref: 6.4
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 March 2018	The registered person shall ensure that safe systems are in place for the management of medicines on admission. Ref: 6.4
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 March 2018	The registered person shall ensure that medication administration records are accurately maintained. Ref: 6.5
	Response by registered person detailing the actions taken:
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 March 2018	The registered person shall ensure that medication related incidents are reported to the registered manager for investigation and follow up. Ref: 6.7
	Response by registered person detailing the actions taken:

Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 March 2018	The registered person shall ensure that a robust audit tool is developed and implemented. Ref: 6.7
	Response by registered person detailing the actions taken:
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 29 **Stated:** First time **To be completed by:** 8 March 2018	The registered person shall review the management of warfarin to ensure that all transcriptions are verified and signed by two trained staff. Ref: 6.4
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 8 March 2018	The registered person shall ensure that daily fluid intake charts are accurately maintained and totalled each day. Ref: 6.4
	Response by registered person detailing the actions taken:

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

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