# Unannounced Medicines Management Inspection Report
# 30 July 2018

# Mountvale

**Type of Service: Nursing Home**
**Address: Brewery Lane, Meeting Street, Dromore, BT25 1AH**
**Tel No: 028 9269 9480**
**Inspector: Judith Taylor**

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 51 beds that provides care for patients with healthcare needs as detailed in Section 3.0.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Mountvale Private Nursing Home Ltd<br><br>**Responsible Individual:**<br>Mr William Trevor Gage | **Registered Manager:**<br>Mrs Edith Harrison |
| **Person in charge at the time of inspection:**<br>Mrs Edith Harrison | **Date manager registered:**<br>5 January 2018 |
| **Categories of care:**<br>Nursing Homes (NH):<br>I - Old age not falling within any other category<br>PH - Physical disability other than sensory impairment<br>PH(E) - Physical disability other than sensory impairment – over 65 years | **Number of registered places:**<br>51<br><br>There shall be a maximum of five named residents receiving residential care in category RC-I. |

## 4.0 Inspection summary

An unannounced inspection took place on 30 July 2018 from 10.05 to 16.20.

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.

There was evidence of some examples of good practice in relation to staff training and competency assessment, management of medicines at admission and medicine changes, care planning and the management of controlled drugs.

Areas for improvement were identified in relation to the governance arrangements for medicines, the administration of medicines, record keeping and the storage of medicines. Three of these areas had been identified at the last medicines management inspection.

Patients spoke positively about the staff and the care provided in the home. They were noted to be relaxed and comfortable in their environment.

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** | *2 | *5 |

*The total number of areas for improvement includes one which has been stated under regulations for a second time and two which have been stated under standards for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Edith Harrison, Registered Manager, and with Mr Trevor Gage, Registered Provider by telephone on 31 July 2018 as part of the inspection process. The timescales for completion commence from the date of inspection. 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 12 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 reported to RQIA since the last medicines management inspection.

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with two patients, one patient's representative, three care assistants, three registered nurses and the registered manager.

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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

We provided the registered 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 foyer of the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

We asked the registered manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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 12 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 6 June 2017

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1<br><br>Ref: Regulation 13(4)<br><br>Stated: First time</td><td>The registered person shall develop and implement a robust auditing process which covers all aspects of medicines management.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>There was limited evidence to indicate that the auditing process covered all aspects of medicines management.<br><br>This area for improvement has been stated for a second time.</td></tr>
</table>

| 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**<br><br>**Ref:** Standard 28<br><br>**Stated:** First time | The registered person shall review the stock control processes for medicines to ensure that stock is only ordered as the need arises. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>An improvement in the stock control of medicines was evidenced at the inspection. | |
| **Area for improvement 2**<br><br>**Ref:** Standard 18<br><br>**Stated:** First time | The registered person shall review the management of distressed reactions to ensure that a care plan is maintained for the relevant patients and any regular administration is referred to the prescriber. | **Partially met** |
| | **Action taken as confirmed during the inspection**:<br>Four patients' records were examined. A care plan was maintained for three patients. There was no record of the reason for the administration or outcome of the administration; and for two patients the medicines were being administered every day. There was no evidence that this had been referred to the prescriber.<br><br>This area for improvement was stated for a second time. | |
| **Area for improvement 3**<br><br>**Ref:** Standard 29<br><br>**Stated:** First time | The registered person shall review the administration of medicines by care staff to ensure the records are fully maintained. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>Care staff were responsible for the administration of some topical medicines and thickening agents. Separate records were available for care staff to record administration; however, the samples of records examined were incomplete. These are delegated tasks and there was no evidence of a system to monitor the records to ensure that the medicine had been administered.<br><br>This area for improvement was stated for a second time. | |

## 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, dysphagia and anticoagulants was provided this year.

The management of new patients' medicines and medicines changes was examined. There were satisfactory arrangements in place. Written confirmation of medicine regimes and medicine changes was obtained. Two staff were involved in updating the personal medication records and medication administration records. This is safe practice.

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.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

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. warfarin and insulin. The use of separate administration charts was acknowledged. Care plans were maintained.

There were robust arrangements in place for the safe disposal of medicines, including controlled drugs.

Medicine storage areas were clean and stock was clearly segregated per patient. Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. In relation to cold storage, two medicine refrigerators were in use. Temperatures were recorded each day; however, for one refrigerator, these were inconsistent and outside the accepted range of $2^{o}C$ -$8^{o}C$. Stock was cool. We placed a different thermometer in this refrigerator to monitor the temperature and a satisfactory temperature was observed. This was discussed with the registered manager and a new thermometer should be obtained. It was agreed that this would be addressed immediately and also included within the audit process. Although the date of opening was recorded on medicines, we noted some expired medicines which were in current use; these were removed for disposal. An area for improvement was identified.

Staff were reminded that all oxygen cylinders should be chained to the wall in each treatment room.

**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**

The storage of medicines should be monitored to ensure that satisfactory arrangements are in place for the cold storage of medicines and a system is in place to ensure that expired medicines are removed for disposal.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 1 |

**6.5 Is care effective?**

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

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A few discrepancies were observed and discussed with the staff and registered manager for close monitoring. However, in relation to one medicine, the audit outcome indicated that this had not been administered as prescribed as several partially used medicine containers were held in stock. An area for improvement was identified.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to remind staff of when doses of weekly or three monthly medicines were due.

The management of distressed reactions was examined as detailed in Section 6.2. The need to ensure that any regular administration is referred to the prescriber was emphasised. An area for improvement was stated for a second time.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. Four patients' records were reviewed. The name of thickening agent was recorded on three of the personal medication records, and one of these included the fluid consistency. A review of the administration records indicated that these were incomplete (see also Section 6.2) and on some occasions the fluid consistency was not referenced on the records completed by the care staff. The care staff advised that this was detailed at shift handover or discussion with other colleagues. This information should be clearly recorded for all relevant patients and for safe administration. Care plans were maintained but one needed updating. An area for improvement was identified.

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. A few patients had been refusing their medicines. There was some information regarding this in the care plan relating to one patient in May 2018. However, this patient continued to refuse an eye preparation which was prescribed every night. For another patient, there was ongoing refusal of several medicines. There was no evidence that this had been reported to the prescriber. An area for improvement was identified.

The completion of most medicine records facilitated the audit process. However, as detailed in Section 6.2, the administration of medicines by care staff was not always recorded. We met with the care staff who confirmed that the topical medicines and thickening agents were being administered, but they had not always recorded this. An area for improvement was stated for a second time. This was discussed with the registered manager in relation to delegated tasks and the responsibility of registered nurses/management in ensuring that they were being completed.

**Areas of good practice**

There were some examples of good practice in relation to the management of pain and the administration of most medicines.

**Areas for improvement**

Two areas for improvement under the standards in relation to the management of distressed reactions and records completed by care staff are stated for second time.

The observations made in the audit trail for one identified medicine must be investigated and a report of the findings and action taken forwarded to RQIA.

The management of records pertaining to dysphagia should be monitored to ensure that these clearly state the prescribed fluid consistency.

The ongoing refusal of medicines should be referred to the prescriber and details clearly recorded in the patient's notes.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 2 |

**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 not observed during the inspection. Registered nurses were knowledgeable regarding the administration of medicines.

Throughout the inspection, it was found that there were good relationships between the staff, the patients and their representatives. Staff were noted to be friendly caring and kind to the patients; they treated the patients with dignity. It was clear from discussion and observation of staff, that they were familiar with the patients' likes and dislikes.

Patients were noted to be relaxed and comfortable in their environment. We met with two patients and one patient's representative. They spoke positively about the care in the home and the staff. Comments included:

"The staff are terrific, but they are very, very busy."
"I have no concerns about anything."
"It's good here and the staff are good."
"The food is alright you know and if I want something else they get you something else."
"They (staff) do look after me."

Of the questionnaires which were distributed, seven were returned from patients/patients representatives. The responses were recorded as very satisfied/satisfied. One comment was made in relation to care provision and was shared with the registered person and also with the care inspector for the home. One other comment was made: "Very good." Any further comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager as necessary.

**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. We were advised that there were arrangements in place to implement the collection of equality data within Mountvale.

Written policies and procedures for the management of medicines were in place. These were not examined at the inspection. Staff confirmed that they were kept up to date with any changes.

The governance arrangements for medicines were reviewed. The registered nurses were responsible for some audits and there was a monthly audit completed by the registered manager. There was limited evidence that these audits covered all aspects of medicines management and this correlated with the inspection findings. As only one of the areas for improvement made at the last medicines management inspection had been addressed effectively, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process, to ensure that issues are fully addressed and the improvement sustained. The need for a robust auditing system was highlighted. The area for improvement made at the last medicines management inspection has been stated for a second time.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and advised of the procedures in place to ensure that all staff were made aware and to prevent recurrence. Medicine related incidents reported since the last medicines management inspection were also discussed. 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.

Staff confirmed that any concerns in relation to medicines management were raised with the registered manager. They advised that any resultant action was communicated through staff meetings and supervision. The staff we met with spoke positively about their work and stated they felt well supported; however, advised of how busy it was in the last few months. This was discussed with the registered manager for her attention.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. The shift handovers were written and verbal, with registered nurses and care assistants in attendance. A copy of the written handover sheet was observed and this included reference to medicines management, diabetes and nutrition.

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 the management of medicine incidents.

**Areas for improvement**

No new areas for improvement were identified within this domain.

One area for improvement has been stated for a second time under regulations, in relation to the governance arrangements for medicines management.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 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 Mrs Edith Harrison, Registered Manager, and Mr Trevor Gage, Registered Provider, 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 via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

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|---|---|
| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>30 August 2018 | The registered person shall develop and implement a robust auditing process which covers all aspects of medicines management.<br><br>Ref: 6.2 & 6.7<br><br>**Response by registered person detailing the actions taken:**<br>A daily auditing process is now in place as discussed at inspection,this covers all aspects of administration. A more detailed record is kept. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 August 2018 | The registered person shall investigate the observations made in one identified medicine and forward a written report of the findings and action taken.<br><br>Ref: 6.5<br><br>**Response by registered person detailing the actions taken:**<br>An investigation has taken place and a written report of the findings and action taken have been submitted . |
| **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**<br><br>**Ref**: Standard 18<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>30 August 2018 | The registered person shall review the management of distressed reactions to ensure that a care plan is maintained for the relevant patients and any regular administration is referred to the prescriber.<br><br>Ref: 6.2 & 6.5<br><br>**Response by registered person detailing the actions taken:**<br><br>Careplans have been reviewed in relation to administration of medication for distressed reaction. ABC charts are being recorded as deemed necessary, All prescriptions have been referred to and discussed with the GPS and where necessary the medication has been reviewed. |
| **Area for improvement 2**<br><br>**Ref**: Standard 29<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>30 August 2018 | The registered person shall review the administration of medicines by care staff to ensure the records are fully maintained.<br><br>Ref: 6.2 & 6.5<br><br>**Response by registered person detailing the actions taken:**<br>All care staff have completed supervision.A new system of recording is in place and this is being monitored by the nurse on each shift. |

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|---|---|
| **Area for improvement 3**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 August 2018 | The registered person shall review the storage of medicines as detailed in the report.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The fridge thermometer has been replaced. Spare batteries are now available in the treatment room and nursing staff have been made aware of this .All expired medication and medication from discharge has been returned to pharmacy. Medication from these sources is being reviewed weekly. |
| **Area for improvement 4**<br><br>**Ref**: Standard 29<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 August 2018 | The registered person shall monitor the management of dysphagia to ensure the fluid consistency is accurately recorded.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>The fluid consistency has been recorded on prescription sheets. Notification sheets have been updated for the kitchen and care staff.. Files have been set up for reference and these are being monitored by the nursing staff on admission,,discharge and after SALT assessments. |
| **Area for improvement 5**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 August 2018 | The registered person shall ensure that any ongoing refusal of medicines is referred to the prescriber.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br><br>A staff meeting was held for nursing staff, At the meeting the ongoing refusal of medication and the management of this was discussed.The outcome was that this would be referred back to the prescriber for a decision on future treatment. |

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

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