

Unannounced Medicines Management Inspection Report 28 November 2017



Nightingale Care Home

Type of Service: Nursing Home
Address: 34 Old English Road, Dungannon, BT71 7PA
Tel No: 028 8775 2666
Inspector: Frances Gault

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 46 beds that provides care for patients living with a range of healthcare needs as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Mrs Bijini John
Person in charge at the time of inspection: Mrs Bijini John	Date manager registered: 27 June 2017
Categories of care: Nursing Homes I – Old age not falling within any other category. MP – Mental disorder excluding learning PH – Physical disability other than sensory impairment. Residential Care Homes PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.	Number of registered places: 46 comprising: There shall be a maximum of 3 patients in category NH-PH, a maximum of 10 residents in category RC-I and a maximum of 2 residents in category RC-PH.

4.0 Inspection summary

An unannounced inspection took place on 28 November 2017 from 09.55 to 14.10.

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 Nightingale Care Home which provides both nursing and residential care.

The previous care inspection had identified some concerns raised by staff and patients with regard to staffing levels. On the day of this inspection we found sufficient staff on duty to meet the needs of the patients.

Evidence of good practice was found in relation to staff training, the management of medicines records and governance arrangements.

No areas requiring improvement were identified.

Patients said the home was very good, warm and comfortable.

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 Mrs Bijini John, Registered 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 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 two patients individually and four in a group and seven staff. We also spoke to two student nurses on placement and several students on work experience in the home.

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 20 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 20 June 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: Second time	The registered manager must ensure that temazepam tablets are stored inside the controlled drugs cabinet.	Met
	Action taken as confirmed during the inspection: All supplies of temazepam were stored in the controlled drug cabinet.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that robust arrangements are in place for administering, monitoring and recording the administration of warfarin.</p> <hr/> <p>Action taken as confirmed during the inspection: None of the current patients were prescribed warfarin.</p> <p>The staff confirmed that robust arrangements had been put in place for the management of warfarin.</p> <p>Given the assurance from the manager that all staff knew the procedures for this medicine this area for improvement was assessed as met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person should ensure advice is sought or a reference source checked for guidance on the method of administration for those medicines being administered via a PEG tube.</p> <hr/> <p>Action taken as confirmed during the inspection: There is authorisation from the prescriber in relation to the administration of medicines through the PEG tube. A folder is in place detailing the directions for administration.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person should ensure that liquid medicines are included in the home's auditing procedures on a regular basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Liquid medicines are now included in the audit process.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 29 Stated: First time	The registered person should ensure that records of the disposal of controlled drugs indicate that they have been denatured prior to disposal.	Met
	Action taken as confirmed during the inspection: This is now in place.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person should ensure that written policies and procedures for the management of medicines are available in the home and staff are familiar with the policies and procedures and advised of any updates.	Met
	Action taken as confirmed during the inspection: A copy of the written policies and procedures was in each treatment room. Staff confirmed that were made aware of any updates.	

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 e-learning in medicines and the management of PEG tubes was provided in the last year.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication 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, 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.

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. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, the management on medicines on admission/discharge, the storage of prescriptions and 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 been administered in accordance with the prescriber’s instructions. 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.

When a patient was prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, specific dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient’s behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded on a separate recording sheet. A care plan was maintained.

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 is completed as part of the admission process.

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. Areas of good practice were acknowledged. They included two staff completing the records and additional recording sheets in place for the administration of "when required" medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the health needs of the patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between patients, staff and other key stakeholders.

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.

The Registered Manager advised that the appropriate arrangements were in place to facilitate patients to be responsible for the self-administration of medicines if they wished.

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Ten questionnaires were left in the home to facilitate feedback from patients and relatives. None were returned within the time frame.

The student nurses on placement in the home advised that they were “loving it” and were observed making sure the patients were warm enough sitting in the lounge.

Patient comments:

“home was very good, warm and comfortable”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and taking account of the views of patients.

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.

Part of the nursing home is currently in the process of being registered as a separate residential care home. The management of medicines is undertaken by trained and competent care staff. The registered manager was advised that when the registration process was complete, discontinued and out of date medicines should be returned directly to the community pharmacist for disposal.

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.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following 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 largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager, 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 any resultant action was communicated with staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, the management of medicine incidents, quality improvement and maintaining good working relationships.

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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