# Unannounced Medicines Management Inspection Report
# 20 October 2017

# Rathfriland Manor

**Type of Service: Nursing Home**
**Address: Rosconnor Terrace, Rathfriland, Newry, BT34 5DJ**
**Tel No: 028 4063 8383**
**Inspector: Catherine Glover**

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 53 beds that provides care for patients who are over 65 years of age or who have a diagnosis of dementia.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Manor Healthcare Ltd<br><br>**Responsible Individual:**<br>Mr Eoghain King | **Registered Manager:**<br>See below |
| **Person in charge at the time of inspection:**<br>Ms Zara Lyttle | **Date manager registered:**<br>Ms Zara Lyttle (Acting – no application) |
| **Categories of care:**<br>Nursing Homes (NH)<br>I – Old age not falling within any other category<br>DE – Dementia | **Number of registered places:**<br>53 comprising:<br>29 - NH-I<br>24 - NH-DE |

## 4.0 Inspection summary

An unannounced inspection took place on 20 October 2017 from 10.45 to 14.15.

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 the governance arrangements for medicines, the standard of maintenance of most medicine records and controlled drugs.

An area which required improvement was identified in relation to auditing medicines not contained within the blister pack system to ensure that they are administered as prescribed.

Patients were complimentary regarding the management of their medicines and the care provided 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 patients' experience.

## 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Ms Zara Lyttle, Manager, 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 required to be taken following the most recent inspection on 14 August 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 indicating to visitors to the home that an inspection was being conducted was displayed.

During the inspection, the inspector met with two patients, two registered nurses and the 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 August 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 23 September 2016

| 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**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time | The registered manager should closely monitor liquid medicines to ensure that they are administered in accordance with prescribed instructions. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>Discrepancies were noted in medicines audited during this inspection including liquid medicines.<br><br>This area for improvement has been assessed as “not met”. It has been subsumed into an area for improvement in relation to The Nursing Homes Regulations (Northern Ireland) 2005. | |

## 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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management is provided via e-learning annually.

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.

The home provides several day care places. It was noted that medicines were sometimes not provided to staff by relatives/carers for administration in the home. This was discussed with the manager and she agreed that it would be reviewed with relatives/carers.

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. Training had been completed by staff.

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. warfarin and insulin. 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. Staff were reminded that sharps bins should be closed over when not in use. 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, competency assessment, the management of medicines on admission and medicine changes, and the management of 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.**

A sample of medicines which were not contained within the blister pack system was audited during the inspection. Discrepancies were noted in these audits which included liquids, tablets and inhaled medicines. This indicated that these medicines had not been administered as prescribed. See Section 6.7.

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 medicines were due.

The manager advised that none of the current patients are prescribed medicines on a "when required" basis for the management of distressed reactions. Staff confirmed they were aware that patients may be distressed due to pain and they would offer analgesia and review pain management before considering any other medicines.

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. Care plans were maintained.

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 extra records for the administration of transdermal patches and bisphosphonates.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the patients' healthcare needs.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping and care planning.

**Areas for improvement**

No areas for improvement were identified.

| | 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.**

At the time of this inspection, nurses were preparing to administer the annual influenza vaccination to the relevant patients.

The administration of medicines to patients was not observed during this inspection, however staff advised that patients are given time and privacy to take their medicines.

We spoke to two patients during the inspection. Both expressed their appreciation for the staff in the home and said that they were excellent. No concerns were raised. Good relationships between staff and patients were evident.

Of the questionnaires that were issued, six were returned from patients or relatives. All but one of the responses indicated that they were very satisfied with all aspects of the care in relation to the management of medicines. The response that indicated dissatisfaction was discussed with the manager by telephone.

The online questionnaire was completed by one member of staff. The response was discussed with the manager by telephone.

**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. They were not examined during this inspection.

There were 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 auditing of medicines management was completed regularly. However as stated in Section 6.5, discrepancies were noted during this inspection, indicating that the process is not robust. The registered person must ensure that there is a robust auditing system to ensure that medicines are administered as prescribed. An area for improvement has been identified. An area for improvement was identified.

Following discussion with the manager and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of medication incidents. There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

The registered person must implement a robust auditing system to ensure that medicines are administered as prescribed.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 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 Zara Lyttle, 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

| **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:** First time<br><br>**To be completed by:**<br>20 November 2017 | The registered person shall implement a robust auditing system to ensure that medicines are administered as prescribed.<br><br>Ref: 6.7 |
| | **Response by registered person detailing the actions taken:**<br>weekly medication audits in place, with a focus on non blistered medications, inhalers and liquids. |

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

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