

Unannounced Medicines Management Inspection Report 24 February 2017



Nazareth House Care Village

Type of Service: Nursing Home
Address: 516 Ravenhill Road, Belfast, BT6 0BW
Tel no: 028 9069 0600
Inspector: Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Nazareth House Care Village took place on 24 February 2017 from 10.15 to 14.10.

The findings of the last medicines management inspection on 28 November 2016 indicated that robust arrangements were not in place for the management of medicines. Following a discussion with the senior pharmacist inspector in RQIA, it was agreed the registered provider would be made aware of the required improvements and that a further inspection would be undertaken. The registered provider gave assurances that the issues raised would be addressed. A list of the actions to be taken was provided to us by email after the inspection.

This inspection sought to assess progress with the issues raised during the last medicines management inspection and to determine if the service was now delivering safe, effective and compassionate care and if the service was well led.

It was evidenced that the areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed the systems in place. Staff had received further training on the management of medicines and their competency in this aspect of care had been reassessed.

The evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led.

The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

This inspection was underpinned by 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.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Margaret Devine, Deputy Manager and Ms Jenny Hall, Registered Provider, 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.

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP and the discussion as mentioned above, there were no further actions required to be taken following the most recent inspection on 28 November 2016.

2.0 Service details

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| Registered organisation/registered person: Poor Sisters of Nazareth/ Ms Jenny Hall | Registered manager: Mrs Patricia McMullan |
| Person in charge of the home at the time of inspection: Mrs Margaret Devine (Deputy Manager) | Date manager registered: 30 September 2008 |
| Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI | Number of registered places: 48 |

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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.

We met with two registered nurses, the deputy manager and the registered provider.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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
- medicine storage temperatures
- medicine audits
- policies and procedures
- care plans
- training records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and was approved by the pharmacist inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection on 28 November 2016

| Last medicines management inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 13(4) Stated: Second time | The registered manager must ensure that personal medication records are fully and accurately completed. | Met |
| | Action taken as confirmed during the inspection: An improvement in the completion of these records was evidenced. Several had been rewritten following the last medicines management inspection. | |
| Requirement 2 Ref: Regulation 13(4) Stated: Second time | The registered manager must ensure that the medicine administration records are fully and accurately completed. | Met |
| | Action taken as confirmed during the inspection: The medication administration records examined were well maintained. New systems had been developed to ensure records of external preparations were maintained. | |
| Requirement 3 Ref: Regulation 13(4) Stated: Second time | The registered manager must review the management of home remedies within the home. | Met |
| | Action taken as confirmed during the inspection: The management of home remedies had been reviewed and these were no longer in use in the home. | |

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| <p>Requirement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> | <p>The registered manager must ensure that the audit system is robust and encompasses all aspects of the management of medicines.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The auditing systems had been developed and new procedures had been implemented. All staff had been made aware of the need to include a variety of medicines in the audit process. An action plan was put in place to address areas identified for improvement. Details of the medicines management monitoring, through the Regulation 29 audits by the registered provider were also made available at the inspection.</p> | | |
| <p>Last medicines management inspection recommendations</p> | | <p>Validation of compliance</p> |
| <p>Recommendation 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> | <p>Staff should be provided with further training on monitoring the refrigerator temperature and the importance of ensuring that medicines are stored at the correct temperature.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Refresher training had been provided. One medicines refrigerator and medicines thermometer had been replaced. Temperatures were recorded within the accepted range for medicines which required cold storage.</p> | | |
| <p>Recommendation 2</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p> | <p>The consistency of thickened fluid should be recorded on all relevant records.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The management of thickening agents had been reviewed. The consistency of the thickening fluid was written on the records of administration and most personal medication records. A few records were updated during the inspection. Care plans were maintained.</p> | | |

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| <p>Recommendation 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> | <p>The registered provider should review the management of medicines administered in food/drinks.</p> | <p style="text-align: center;">Met</p> |
| | <p>Action taken as confirmed during the inspection: This had been reviewed with the prescriber/ community pharmacist following the last medicines management inspection. At the time of this inspection there were no patients who required that administration of medicines in food or drinks.</p> | |
| <p>Recommendation 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> | <p>The registered provider should review the administration of medicines which are crushed and/or disguised prior to administration.</p> | <p style="text-align: center;">Met</p> |
| | <p>Action taken as confirmed during the inspection: This had been reviewed with the prescriber and a care plan was maintained regarding medicines which were crushed prior to administration.</p> <p>At the time of the inspection there were no patients who required their medicines to be disguised prior to administration.</p> | |
| <p>Recommendation 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> | <p>The registered provider should review the management of distressed reactions regarding medicines which are prescribed on a when required basis, as detailed in the report.</p> | <p style="text-align: center;">Met</p> |
| | <p>Action taken as confirmed during the inspection: Of the sample of patients' records examined, a care plan detailing the management of distressed reactions was maintained. A system had been developed to record the reason for and outcome of administration. Details of administration were recorded on some but not all occasions. It was agreed that this would be raised with staff. A few of these medicines were administered regularly; staff confirmed that the prescriber was aware.</p> | |
| <p>Recommendation 6</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> | <p>The registered provider should include the QIP in the audit process.</p> | <p style="text-align: center;">Met</p> |
| | <p>Action taken as confirmed during the inspection: The use of the QIP has been incorporated into the audit process and all designated staff had been made aware of the requirements and recommendations made.</p> | |

4.3 Inspection findings

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. The areas identified for improvement had been addressed in a satisfactory manner.

Refresher training in medicines management had been completed by registered nurses and care staff who were responsible for the administration of external preparations and thickening agents. Staff competencies had been reviewed.

Medicines were being stored safely and securely and in accordance with the manufacturers' instructions.

There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. The areas identified for improvement had been addressed in a satisfactory manner.

There were systems in place to ensure patients were receiving their medicines as prescribed.

The management of "when required" medicines, external preparations and thickening agents had been reviewed and revised. Care plans were maintained.

There were improvements in the standard of record keeping, in particular personal medication records and records of administered medicines. No requirements or recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. The areas identified for improvement had been addressed in a satisfactory manner.

Policies and procedures had been reviewed. The auditing processes had been further developed. This included an increase in the frequency of audits and the maintenance of a running stock balance for some medicines.

Following the last medicines management inspection, a staff meeting was held and the inspection findings discussed. A copy of the QIP was issued to staff and was also used as part of the auditing processes in the home. No requirements or recommendations were made.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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