



Unannounced Medicines Management Inspection Report 15 May 2018



Nazareth House Care Village

Type of service: Residential Care Home
Address: 516 Ravenhill Road, Belfast, BT6 0BW
Tel No: 028 9069 0600
Inspector: Rachel Lloyd

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 residential care home with 22 beds that provides care for residents with a variety of care needs as detailed in section 3.0. The residential care home is on the same site as a nursing home.

3.0 Service details

Organisation/Registered Provider: Nazareth House Care Village Responsible Individual: Ms Jenny Hall	Registered Manager: Ms Siobhan Regan
Person in charge at the time of inspection: Ms Siobhan Regan	Date manager registered: 26 May 2010
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places: 22 including a maximum of ten residents in DE category of care (mild to moderate dementia)

4.0 Inspection summary

An unannounced inspection took place on 15 May 2018 from 09.30 to 13.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

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 medicines administration, medicine records, and the management of controlled drugs.

Areas for improvement were identified in relation to the management of the storage temperature for medicines and policies and procedures.

Residents spoken to were complimentary about the management of their medicines, the care provided and the staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Siobhan Regan, Registered Manager and Ms Jenny Hall, Responsible Individual, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 14 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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 home 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 the inspector met with seven residents, the registered manager, the deputy manager and the responsible individual.

A total of ten questionnaires were provided for distribution to residents 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
- policies and procedures
- 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 December 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 32 Stated: First time	The registered provider should ensure that robust arrangements are in place for the management of controlled drugs.	Met
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the management of controlled drugs.	
Area for improvement 2 Ref: Standard 32 Stated: First time	The registered provider should ensure there are systems in place to monitor the storage and administration of medicines with a limited shelf life once opened.	Met
	Action taken as confirmed during the inspection: Systems were in place to monitor the storage and administration of medicines with a limited shelf life once opened. All of these medicines were marked with the date of opening.	

Area for improvement 3 Ref: Standard 32 Stated: First time	The registered provider should review the management of liquid medicines.	Met
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the management of liquid medicines.	

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 completed an induction process and been trained and deemed competent to do so. The impact of training was monitored through team meetings, discussion and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided within the last year. Records of training were maintained.

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.

There were procedures in place to ensure the safe management of medicines during a resident's admission to and discharge from the home.

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. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

Arrangements were in place to manage changes to prescribed medicines. Personal medication records and medicine administration records were routinely updated by two members of staff. This safe practice was acknowledged.

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. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely. 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. The medicine refrigerator was checked at regular intervals; however staff were reminded to ensure that the refrigerator thermometer is reset daily after recording temperatures. The temperature of the medicines storage area was 26.9°C at the time of the inspection. Examination of room temperature monitoring records indicated that the room temperature frequently exceeds 25°C, the maximum storage temperature for medicines. The management of the temperature in this room should be reviewed. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and competency assessment, the management of medicines on admission, the management of changes to prescribed medicines and the management of controlled drugs.

Areas for improvement

The management of the temperature in the medicines storage area should be reviewed to ensure that it does not exceed 25°C.

	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 sample of medicines examined had been administered in accordance with the prescriber’s instructions. A small number of minor discrepancies were highlighted to staff for their attention. 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.

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 any pain was well controlled and the resident was comfortable. Staff advised that most of the residents could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident’s health would be reported to the prescriber.

Medicine records were well maintained and readily facilitated the audit process.

Practices for the management of medicines were audited throughout the month. In addition, audits were completed by the community pharmacist.

Following discussion with staff, it was evident that when applicable, other healthcare professionals are contacted in response to the needs of the residents.

Areas of good practice

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

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.

Appropriate arrangements were in place to facilitate residents who wished to self-administer their medicines.

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

Throughout the inspection, good relationships were observed between the staff and the residents. Staff were friendly and courteous; they treated the residents with dignity. Staff were knowledgeable about the residents and their needs. There was a pleasant and welcoming atmosphere in the home.

The residents spoken to advised that they were satisfied with the management of their medicines and the care provided in the home. They were complimentary regarding staff and management. Comments made included:

- “I’ve no complaints. I’m very pleased with everything”
- “The staff are very good and attentive.”
- “I’m very content”.

Ten questionnaires were left in the home to facilitate feedback from residents and relatives. One was returned from a resident within the specified timescale (two weeks). They indicated that they were satisfied with the care provided.

Any comments from residents, their representatives or staff received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There was evidence that staff listened to residents 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 residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. Staff confirmed that arrangements were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. These had last been reviewed in 2016 and the registered manager stated that they were due for review. Although not examined in detail, it was observed that these were written from a nursing home perspective. They should be revised to reflect that the care provided is residential care and that the disposal of medicines is appropriate for a residential care home. An area for improvement was identified.

There were satisfactory 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 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 and observation, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management. They stated that there were good working relationships.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Areas of good practice

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

Areas for improvement

Written policies and procedures should be revised to reflect that residential care is provided and that the disposal of medicines is appropriate for a residential care home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Siobhan Regan, Registered Manager and Ms Jenny Hall, Responsible Individual, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: 15 June 2018	<p>The registered person shall ensure that the management of the temperature in the medicines storage area is reviewed to ensure that it does not exceed 25°C.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff continue to monitor the temperature of the treatment room daily, measures have been taken to maintain the temperature at 25°C or below. A new extractor fan is in the process of being installed.</p>
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 15 June 2018	<p>The registered person shall ensure that written policies and procedures are revised to reflect that residential care is provided and that the disposal of medicines is appropriate for a residential care home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The “Management of Medications” policies and procedures have been revised. They now only reflect residential care in Nazareth House Care Village. The “Disposal of Medications” policy and procedure has been amended to clearly reflect the Controlled Waste Regulations (Northern Ireland) 2002 and is now appropriate for a residential care home.</p>

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



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