

# Unannounced Medicines Management Inspection Report 13 September 2017



## Lisburn Intermediate Care Centre

Type of Service: Nursing Home  
Address: 119b Hillsborough Road, Lisburn, BT28 1JX  
Tel No: 028 9266 9523  
Inspector: Judith Taylor

[www.rqia.org.uk](http://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 63 beds that provides care for patients living with a range of healthcare needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Mrs Judith Derby
<b>Person in charge at the time of inspection:</b> Ms Alfie Corvera (Deputy Manager)	<b>Date manager registered:</b> 6 September 2013
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill	<b>Number of registered places:</b> 63 comprising:  12 in the DE unit on the lower ground floor

### 4.0 Inspection summary

An unannounced inspection took place on 13 September 2017 from 10.15 to 15.20.

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.

Evidence of good practice was found in relation to the governance arrangements for medicines, the standard of record keeping, management of controlled drugs and the storage of medicines.

No areas for improvement were identified.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Alfie Corvera, Deputy 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 13 June 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, three registered nurses, two care staff, the activity leader, one relative and the deputy manager.

A total of 15 questionnaires were provided for distribution to patients, their representatives, visiting professionals and staff for completion and return to RQIA.

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 improvements 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 13 June 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 22 April 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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The necessary arrangements should be made to ensure that all medicines are available for administration as prescribed and any potential short falls in medicines are readily identified and followed up.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that robust systems were in place for the stock control of medicines. All of the medicines examined were available for administration on the day of the inspection.	

## 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 was provided in December 2016. Staff and management advised of the training regarding dementia which had been completed within the Dementia Care Framework. Training in swallowing difficulty is planned for later this month.

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. 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 procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home; and to manage changes to prescribed medicines.

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. insulin.

Appropriate arrangements were in place for administering medicines in disguised form.

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, competency assessment, the management of medicines on admission/discharge, controlled drugs and the storage of prescriptions and medicines.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

With the exception of one inhaled medicine, the sample of medicines examined had been administered in accordance with the prescriber's instructions. The deputy manager advised that this inhaled medicine would be closely monitored.

There were robust arrangements in place to alert staff of when time critical medicines must be administered, including early morning medicines; and also medicines which were prescribed at weekly intervals.

The management of distressed reactions, swallowing difficulty and pain was reviewed. Of the sample of records examined, the relevant information was recorded in the patient's medicine records and care files. From discussion with staff it was evident that they were knowledgeable regarding patients' individual needs.

When antibiotics were prescribed, a care plan was maintained. This is good practice.

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. They confirmed that most patients were generally compliant with their medicine regimes. In relation to two patients, they described the action taken following the ongoing non-administration of medicines due to refusal and/or swallowing difficulty.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the maintenance of separate administration records for transdermal patches, high risk medicines, protocols for 'when required' medicines and double signatures for the writing and updating of personal medication records and medication administration records.

Following discussion with the registered 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 the administration of medicines, the standard of record keeping and care planning. Staff were knowledgeable regarding the patients' medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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.

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

The patients we met with spoke positively about their care and the management of their medicines. They were complimentary regarding staff and management. Comments included:

"They are very good."

"If I have pain, they will get me medicine."

"The food is good – it's too good."

"I love my room."

"I'm very happy here."

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.

We met with one relative who stated that the family were content with the care and knew that their relative was happy.

We met with staff throughout the inspection. Comments included:

"We are a great team here."

"The support is brilliant."

"I love working in this home."

"Everyone helps each other."

"This is the best job I have had."

Of the 15 questionnaires which were left in the home to facilitate feedback from patients, staff and relatives, four were returned from patients, three from patient's representatives and three from staff. The responses indicated that they were very satisfied/ satisfied with all aspects of the care in relation to the management of medicines.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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
<b>Total number of areas for improvement</b>	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. These had been reviewed in 2016 and were not examined in detail at this inspection. There were systems in place to ensure that staff were familiar with these.

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.

The procedures to audit medicines management were reviewed. A variety of medicine audits were undertaken. These were completed on a daily and monthly basis by registered nurses and management. Running stock balances were maintained for several medicines which were not supplied in the 28 day blister packs, including oral nutritional supplements. This is good practice. An audit was also completed by the community pharmacist on a periodic basis. A review of the audit records indicated that largely satisfactory outcomes had been achieved. Management advised of the procedures in place to manage any areas identified for improvement.

Following discussion with the deputy manager and 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 management were open and approachable and willing to listen. They also stated that there were good working relationships within the home and with healthcare professionals involved in patient care.

## Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

## 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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