



Unannounced Medicines Management Inspection Report 26 July 2018



Woodlawn House

Type of Service: Nursing Home
Address: Quarry Lane, Dungannon, BT70 1HX
Tel No: 028 8771 3565
Inspector: Catherine Glover

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 eight beds that provides respite care for patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust Responsible Individual: Mr Shane Devlin (registration pending)	Registered Manager: Mrs Louise Donnelly
Person in charge at the time of inspection: Mrs Louise Donnelly	Date manager registered: 4 May 2018
Categories of care: Nursing Homes LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 8

4.0 Inspection summary

An unannounced inspection took place on 26 July 2018 from 10.30 to 12.00.

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 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 medicine administration, records, storage and the governance arrangements within the home. Staff were commended for their ongoing efforts.

No areas requiring improvement were identified.

Patients were observed sitting outside enjoying the warm weather and engaged in activities with staff.

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 Louise Donnelly, 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 and premises inspection

No further actions were required to be taken following the most recent inspection on 9 March 2018.

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, the registered manager and three care assistants.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA.

At the request of the inspector, the registered manager was asked to display a poster in the home which invited staff to share their views of the home by completing an online questionnaire.

We left “Have we missed you?” cards. The cards facilitate patients or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of service provision. Flyers which gave information on raising a concern were also left in the home.

A sample of the following records was examined during the inspection:

- | | |
|-----------------------------------|----------------------------------|
| • medicines received | • medicine audits |
| • personal medication records | • care plans |
| • medicine administration records | • training records |
| • medicines transferred | • medicines storage temperatures |

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 9 March 2018

The most recent inspection of the home was an announced care and premises inspection to consider a variation to the registration of the home. There were no areas for improvement identified as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 19 December 2016

There were no areas for improvement identified as a result of the last medicines management 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. Care assistants have been trained and were competent in the administration of thickened fluids. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management, the management of epilepsy and transcribing was provided in the last year. All staff had received safeguarding training.

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. Medicines are received from the patients' family/carers and confirmation of the medicine regime is obtained. Any unused medicines are returned at the end of the stay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by either the patient's general practitioner or transcribed by two registered nurses. This safe practice was acknowledged.

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. The medicine refrigerator and oxygen equipment were checked at regular intervals.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment and the management of medicines on admission and discharge.

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.

None of the current patients who availed of respite care were prescribed medicines to manage distressed reactions. The process which would be followed should any of the patients be prescribed these medicines was discussed with the registered manager and we were satisfied that robust processes would be implemented.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were in place. The registered manager advised that nurses record the administration of thickening agents but that care assistants do not. She advised that this would be addressed following the inspection. Given this assurance an area for improvement was not specified at this time.

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 family/carer or to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. Personal medication records and medicine administration records were fully and accurately completed.

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

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

Areas of good practice

There were examples of good practice in relation to the standard of 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.

The administration of medicines was not observed at the inspection. The registered manager was knowledgeable about the administration of medicines and each patient's needs.

During the inspection, patients were sitting outside enjoying the warm weather and having their nails painted by staff. It was found that there were good relationships between the staff and the patients. It was clear, from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes.

The patients that were present could not verbalise their feelings in respect of their care however they were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

None of the questionnaires provided for patients and relatives were returned within the timeframe for inclusion in this report (two weeks).

Areas of good practice

Staff were actively engaged with patients and made sure that they were enjoying the activities provided.

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.

We discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not examined as part of this inspection.

There were robust arrangements in place for the management of medicine related incidents. The registered manager confirmed that staff 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, the registered manager confirmed that staff were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that satisfactory outcomes had been achieved. The registered manager advised that should there be an issue then this would be discussed with staff and an action plan produced.

Following discussion with the registered manager 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 would be raised with management. They advised that the registered manager was approachable and proactive in dealing with any concerns that arose. One staff member said that she had received a good induction and felt well supported by her colleagues.

There were no responses received to the on-line staff questionnaire within the timeframe for inclusion in this report (two weeks).

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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