



# Unannounced Medicines Management Inspection Report 23 October 2018



## Templemoyle

**Type of Service: Nursing Home**  
**Address: 41a Whitehill Road, Eglinton, BT47 3JT**  
**Tel No: 028 7181 1461**  
**Inspector: Judith Taylor**

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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 30 beds that provides care for patients with healthcare needs as detailed in Section 3.0.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Mrs Elizabeth Kathleen Mary Lisk   | <b>Registered Manager:</b><br>Mrs Jeya Pratheeksha |
| <b>Person in charge at the time of inspection:</b><br>Mrs Jeya Pratheeksha   | <b>Date manager registered:</b><br>9 January 2015  |
| <b>Categories of care:</b><br>Nursing Homes (NH):<br>I – Old age not falling within any other category<br>PH – Physical disability other than sensory impairment | <b>Number of registered places:</b><br>30          |

### 4.0 Inspection summary

An unannounced inspection took place on 23 October 2018 from 10.20 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, training, completion of medicines records, medicines administration, care planning, medicines storage and the management of controlled drugs.

Three areas for improvement were identified in relation to the administration of liquid medicines, self-administration and monitoring delegated tasks.

Patients said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere 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           | 3         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jeya Pratheeksha, 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 inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 August 2018. 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 medication related incidents: it was ascertained that no medicine related incidents had been reported to RQIA since the last medicines management inspection.

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with two patients, one patient's relatives, two registered nurses, and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA and we asked the registered manager to display a poster which invited staff to share their views and opinions 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
- medicine audits
- care plans
- medicines storage temperatures
- controlled drug record books

We also left 'Have we missed you?' cards in the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of service provision. Flyers which gave information on raising a concern were also left in the home.

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 4 August 2018

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 30 January 2018

| 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><br><b>Ref:</b> Standard 28<br><b>Stated:</b> First time   | The registered person shall ensure that a paracetamol warning alert is in place for any patient prescribed more than one medicine containing paracetamol.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Of the selection of personal medication records examined, the patients were not prescribed more than one paracetamol containing medicine. The registered manager advised that this had been addressed with staff and staff knew to highlight personal medication records as applicable. Given these assurances the area for improvement has been assessed as met. |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 29<br><b>Stated:</b> First time   | The registered person shall ensure that the completion of personal medication records is closely monitored to ensure that they are accurately maintained.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Improvement in the completion of personal medication records was evidenced at the inspection. These records were included in the monthly management audits.   |                          |

## 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 all staff responsible for medicines management. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed at least annually. There were systems in place to ensure that all staff received annual update training in relation to medicines management.

There were satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to the home. Written confirmation of the medicine dosage regimes was obtained prior to or at admission, and two staff were involved in writing the personal medication record, which is safe practice.

Systems were in place to manage the ordering of prescribed medicines to ensure patients had a continuous supply of their medicines. 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 management of medicine changes was reviewed. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This is safe practice.

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.

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.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

#### **Areas of good practice**

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

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

The majority of the medicines examined had been administered in accordance with the prescriber's instructions. However some discrepancies were observed and highlighted at the inspection. An area for improvement in relation to the administration of liquid medicines was made.

There was evidence that time critical medicines had been administered at the correct time. There were robust arrangements in place to alert staff of when doses of medicines prescribed at weekly intervals were due.

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.

In relation to medicines prescribed for distressed reactions, these medicines were rarely required to be administered. Staff were aware that changes in a patient's behaviour may be pain related and provided an example of how this was managed.

The management of pain and swallowing difficulty were reviewed. The relevant records were in place.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate administration records for "when required" medicines, such as analgesics and benzodiazepines. However, we observed some incomplete administration records regarding topical medicines, which were administered by care staff. There was no record of administration for one topical antibiotic cream, but there was evidence that the tube of cream had been used; following discussion with care staff, they confirmed that the medicine had been administered but this had not been recorded. A system should be developed to ensure that delegated medicine related tasks completed by care staff are monitored by the registered nurses. An area for improvement was identified.

A small number of patients were responsible for the self-administration of a few medicines. Staff confirmed that the patients' were competent to do so. This information should be clearly recorded in a risk assessment and care plan, with evidence of review recorded. An area for improvement was identified.

Practices for the management of medicines were audited throughout the month. A quarterly audit was also completed by a representative from the community pharmacy.

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

## Areas of good practice

There were some examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

## Areas for improvement

The administration of liquid medicines should be closely monitored.

A robust system should be developed and implemented regarding record keeping for delegated medicine related tasks.

The management of self-administered medicines should be reviewed.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 3         |

### 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 not observed at the inspection. Following discussion with the staff they confirmed how medicines were administered and advised that patients were encouraged and given time to take their medicines. The staff were knowledgeable about the patient's medicines and their medicine regimes.

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

We noted the warm and welcoming atmosphere in the home. Some patients were observed to be enjoying activities in the afternoon in one of the lounges. Halloween decorations were displayed and we were advised of the planned day trip and Halloween party.

We met with two patients, who expressed their satisfaction with the care and the staff. They advised that they were administered their medicines on time and any requests e.g. for pain relief, were responded to. Comments included:

- "The staff are lovely."
- "I'm treated like a king. The staff are very, very good to you."
- "I know the staff well and am happy enough to be here."
- "There is plenty of food and it's fine."

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 also met with one patient's relative who was very complimentary about the care, the staff and his relative's experience in the home. He stated he had no concerns.



Of the questionnaires which were left in the home to receive feedback from patients and their representatives, none were returned within the specified time frame (two weeks). Any comments from patients and their representatives in questionnaires received after the return date will be shared with the registered manager for her information and action as required.

### 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 |
|--|-------------|-----------|
| <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.**

The inspector 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. We were advised there were arrangements in place to implement the collation of equality data in the home.

Written policies and procedures for the management of medicines were in place and were readily available for staff reference. Staff confirmed that there were systems to keep them updated of any changes.

The governance arrangements for medicines management were reviewed. Management advised of the daily and monthly audits which take place and how areas for improvement were identified and followed up. This was usually through the development of action plans and staff supervision.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and provided details of the procedures in place to ensure that all staff were made aware of incidents and systems to prevent recurrence. 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.

Following discussion with the registered 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 any resultant action was communicated with staff individually, at team meetings or supervision.

The staff we met with spoke positively about the home; they advised how they enjoyed their work and referred to the good working relationships with the staff team and with other healthcare professionals. They stated they felt very supported in their work.

We were informed that there were effective communication systems in the home to ensure that all staff were kept up to date.

No online questionnaires were completed by staff within the specified time frame (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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 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 Mrs Jeya Pratheeksha, Registered 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 the Web Portal for assessment by the inspector.

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b> |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 28<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>23 November 2018                | <p>The registered person shall closely monitor the administration of liquid medicines to ensure these are administered as prescribed.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>           This is not closely monitored, there is now a daily running total, frequent audits and spot checks by home manager. This is to ensure that medications are administered as prescribed.</p> |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 28<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>23 November 2018                | <p>The registered person shall develop a robust monitoring process for delegated medicine tasks to ensure records of medicine administration are fully completed.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>           Topical medication records are now checked weekly by staff nurses and checked daily by senior care staff.</p>  |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 28<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>23 November 2018                | <p>The registered person shall review the management of self-administered medicines to ensure the relevant records are in place.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>           A care plan and risk assessment are now in place for residents who are administering their medication.</p>  |

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



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