



Unannounced Medicines Management Inspection Report 20 November 2018



Whitehead Nursing Home

Type of Service: Nursing Home
Address: 15-18 Marine Parade, Whitehead, BT38 9QP
Tel No: 028 9335 3481
Inspector: Judith Taylor

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 41 beds that provides care for patients and residents living with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Whitehead Nursing Home Ltd Responsible Individual: Mr Colin Nimmon	Registered Manager: See box below
Person in charge at the time of inspection: Ms Sarah Martin (Incoming Manager)	Date manager registered: Mrs Louise Hamilton (Acting - no application required)
Categories of care: Nursing Home (NH): I – Old age not falling within any other category PH – Physical disability other than sensory impairment Residential Home (RC): I – Old age not falling within any other category DE – Dementia MP(E) – Mental disorder excluding learning disability or dementia – over 65 years PH(E) – Physical disability other than sensory impairment – over 65 years	Number of registered places: 41 including: a maximum of 12 residential places including four identified residents in category RC-DE the home is also approved to provide care on a day basis only to two persons.

4.0 Inspection summary

An unannounced inspection took place on 20 November 2018 from 10.30 to 14.50.

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 term 'patient' is used to describe those living in Whitehead Nursing Home which provides both nursing and residential care.

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 governance, training and competency assessment, the administration of medicines, the overall standard of record keeping including care plans and the management of controlled drugs.

No areas for improvement were identified during this inspection.

The patients we met with spoke positively about the staff and the care provided. There was a warm and welcoming atmosphere in the home and the patients were observed to be relaxed and comfortable in their environment.

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 Ms Sarah Martin, Manager, the deputy manager and one registered nurse, 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 24 September 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 medicine related incidents 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 three patients, one senior care assistant, one registered nurse, the deputy manager and the manager.

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

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures
- medicine related procedures

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA and we asked the manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

We 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 care provided. 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 24 September 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 16 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
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall review admission procedures to ensure that the patient's current medicine regime is confirmed in writing with the prescriber.	Met
	Action taken as confirmed during the inspection: Written confirmation of medicine regimes was received from the prescriber for all new admissions to the home.	

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.

We were advised of the recent changes in management and the induction process for the new manager.

Medicines were managed by staff who have been trained and deemed competent to do so. Staff competency assessments were completed following induction, at least annually or more frequently as required. The manager advised that competency assessments and staff appraisal were currently being completed following her appointment to the home. There were systems in place to ensure that all designated staff received refresher training in medicines management. A sample of training and competency records were provided.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records and medication administration records were updated by two trained staff. This is safe practice and was acknowledged.

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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

The management of controlled drugs was reviewed. 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 and injectable medicines. Care plans were maintained.

Discontinued or expired medicines, including controlled drugs, were disposed of appropriately.

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 satisfactory systems in place to manage oxygen and most medicines with a limited shelf life; one in use expired medicine was removed from stock and discussed with staff.

In relation to the cold storage of medicines, daily temperatures were being recorded; however, some of the minimum refrigerator temperatures were outside the expected range. This had been recognised by staff and management and we were advised of the efforts made to resolve the issues. Advice was given. A new medicine refrigerator was ordered and delivery expected on 23 November 2018.

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
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.

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A few minor discrepancies were observed and discussed for close monitoring within the audit process.

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 and three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were usually recorded. A care plan was maintained for some but not all of the patients. After the inspection, the manager confirmed by email that these care plans had been developed.

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 the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

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. Records of administration were maintained and care plans and speech and language assessment reports were in place.

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.

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 and transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to the patients’ needs. We were provided with examples of when this had recently occurred in relation to pain management and infection.

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.

Arrangements were in place to facilitate patients who wished to self-administer some of their medicines.

The administration of medicines to patients was not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the patients’ medicines.

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

We noted the warm and welcoming atmosphere in the home. The patients were observed to be relaxed and content in the lounges.

We met with three patients who were complimentary regarding their experience in the home. Comments included:

- “The staff are very nice, they are very good.”
- “I am happy to be here and feel safe here.”
- “I have occasional pain and I get pain relief; I can take my tablets ok.”
- “I couldn’t say anything bad about my care, I am being well looked after.”
- “The food is very nice and I can get a choice.”

Of the questionnaires which were left for patients/patients’ representatives, none were returned within the specified time frame (two weeks). Any comments in questionnaires received after the return date will be shared with the manager for attention and follow up as necessary.

Areas of good practice

Staff listened to patients 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 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 collection of equality data.

Written policies and procedures for the management of medicines were in place. These were not examined in detail. Staff advised that there were procedures in place to ensure that they were made aware of any changes.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, including referral to the safeguarding team as necessary. They provided details of the procedures in place to ensure that all staff were made aware of incidents and systems to prevent recurrence.

The governance arrangements for medicines management were examined. The new manager advised of the auditing processes completed and how areas for improvement were shared with staff to address and of the systems in place to monitor improvement. She advised that, in addition, governance meetings with staff were to be introduced.

We were advised that there were effective communication systems to ensure that all staff were kept up to date. A daily shift report was completed and reviewed by the manager. In relation to medicines this included new medicines and medicine related queries.

Following discussion with the staff, it was evident that they 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 the management.

The staff spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals. They stated they felt well supported in their work and were complimentary regarding the training provided.

No online questionnaires were completed by staff with 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
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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