Unannounced Medicines Management Inspection Report
21 May 2018

Mahon Hall

Type of Service: Nursing Home
Address: 16 Mahon Road, Portadown, Craigavon, BT62 3EF
Tel No: 028 3835 0981
Inspector: Helen Daly

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 44 beds that provides care for patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Ms Cheryl King
Person in charge at the time of inspection: Ms Cheryl King	**Date manager registered:** 22 September 2017
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment	**Number of registered places:** 44 including: category NH-PH for one identified individual only a maximum of three named residents receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 21 May 2018 from10.30 to 14.55.

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.

A serious concerns meeting had been held following the most recent medicines management inspection on 8 February 2018. Two representatives of the registered person and the registered manager were in attendance. A full account was provided of the actions taken to address the concerns that were raised. RQIA decided to allow a period of time to demonstrate that the improvements had been made.

This inspection assessed progress with the 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.

This inspection evidenced that the areas of concern had been addressed. The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

Evidence of good practice was found in relation to medicines administration, medicine records, medicine storage and the management of controlled drugs.

No areas requiring improvement were identified.

One patient said that they “were very happy in the home and would not want to be at home alone”.

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 Cheryl King, 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 medicines management

In addition to the actions detailed in the QIP, a serious concerns meeting was held following the most recent medicines management inspection on 8 February 2018. Two representatives of the registered person and the registered manager were in attendance. A full account was provided of the actions taken to address the concerns that were raised. RQIA decided to allow a period of time to demonstrate that the improvements had been made.

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.

During the inspection we met with two patients, one visiting professional, one care assistant, two registered nurses and the registered manager.

Ten questionnaires were provided for distribution to patients 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
- 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 8 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last medicines management inspection dated 8 February 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that safe systems are in place for the management of medication changes.	**Met**
	Action taken as confirmed during the inspection: Robust procedures were observed for the management of medication changes. Personal medication records and hand-written updates on the medication administration records were verified and signed by two registered nurses. Medicines were received into the home without delay.	

Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that safe systems are in place for the management of medicines on admission.	**Met**
	Action taken as confirmed during the inspection: Robust procedures were observed for the management of medicines on admission. Written confirmation of medication regimens had been received. Personal medication records and hand-written updates on the medication administration records were verified and signed by two registered nurses.	
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medication administration records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: Examination of the medication administration records indicated that they had been accurately maintained.	
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medication related incidents are reported to the registered manager for investigation and follow up.	**Met**
	Action taken as confirmed during the inspection: Satisfactory systems were in place for the management of medication incidents.	
Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that a robust audit tool is developed and implemented.	**Met**
	Action taken as confirmed during the inspection: Running stock balances were maintained for the majority of medicines. In addition the registered manager completed daily and weekly checks. There was evidence that action plans were developed and followed up.	

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 29 **Stated:** First time	The registered person shall review the management of warfarin to ensure that all transcriptions are verified and signed by two trained staff.	**Met**
	Action taken as confirmed during the inspection: Warfarin dosage directions were received in writing. Dosage directions were transcribed onto a warfarin administration sheet and daily stock counts were maintained. Transcriptions had been verified and signed by two registered nurses. Obsolete dosage directions had been cancelled and archived.	
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time	The registered person shall ensure that daily fluid intake charts are accurately maintained and totalled each day.	**Met**
	Action taken as confirmed during the inspection: Daily fluid intake charts were observed to have been accurately maintained and totalled each day.	

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.

Training on the management of medicines, controlled drugs and accountability had been provided for registered nurses following the last medicines management inspection. Competency assessments had also been completed. The impact of training was monitored through the audit process. Training on dysphagia and the application of emollient preparations had been carried out with care assistants in April and May 2018.

Safe systems were in place for the management of medicines on admission and medication changes. 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.

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. It was agreed that records of the disposal of controlled drugs would clearly record that the controlled drugs had been denatured.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

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 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.

The sample of medicines examined had been administered in accordance with the prescriber's instructions. 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 medicines were due.

Satisfactory systems were in place for the management of distressed reactions, pain and thickening agents. Detailed care plans were in place and records of prescribing and administration had been accurately maintained.

Registered nurses advised 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. Updates on the personal medication records and hand-written entries on the medication administration records had been verified by two registered nurses.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for the majority of medicines.

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.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Registered nurses and care assistants 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.

The patients spoken to at the inspection, advised that they had were content in the home. They were complimentary regarding the staff. Comments included:
"It is nice here."
"I wouldn't want to be at home. I like the company here."

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. One patient completed and returned the questionnaire. The responses indicated that they were very satisfied with all aspects of the care in relation to the management of medicines.

Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

Staff communicated with patients in a manner that was sensitive and understanding of their needs.

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. Arrangements are in place to implement the collection of equality data within Mahon Hall.

Written policies and procedures for the management of medicines were in place. These were not reviewed at the inspection.

The registered manager advised that there were robust arrangements in place for the management of medicine related incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented. 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 with the registered manager, registered nurses and care 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 issues were addressed without delay and that staff were updated either individually, via the communications book and at team meetings.

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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