

# Unannounced Medicines Management Inspection Report 3 January 2018



## Annadale

**Type of Service: Nursing Home**  
**Address: 11 Annadale Avenue, Belfast, BT7 3JH**  
**Tel No: 028 9064 5900**  
**Inspector: Helen Daly**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Annadale Private Nursing Home Ltd  <b>Responsible Individual:</b> Mr William Trevor Gage	<b>Registered Manager:</b> Mrs Winnie Mashumba
<b>Person in charge at the time of inspection:</b> Mrs Winnie Mashumba	<b>Date manager registered:</b> 21 October 2008
<b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category 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> 38

### 4.0 Inspection summary

An unannounced inspection took place on 3 January 2018 from 10:15 to 14:10.

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 medicines administration, medicine records, storage and the management of controlled drugs.

There were no areas for improvement identified at this inspection.

The patients we spoke with were complimentary about 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 Mrs Winnie Mashumba, 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 inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 April 2017. 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

During the inspection we met with two patients, two care assistants, two registered nurses, the registered manager and one member of the Acute Care at Home Team.

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
- policies and procedures
- 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 4 April 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 25 January 2017

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered provider must ensure that medication administration records are completely appropriately after the medicines have been administered.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Medication administration records had been completed accurately after the medicines had been administered.	

## 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.**

Registered nurses completed training on the management of medicines as part of their induction and annually thereafter. Competency assessments were completed annually. Care assistants had received training and been deemed competent to administer emollient preparations and thickening agents. The registered manager confirmed that all staff had received training in relation to the regional procedures with regards to safeguarding.

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 satisfactory procedures in place to ensure the safe management of medicines during a patient’s admission to the home and to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

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

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

Medicines were stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised.

**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 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, monthly or three monthly medicines were due.

The management of distressed reactions, swallowing difficulty and pain was reviewed. The relevant information was recorded in the patients’ care plans, personal medication records and records of administration.

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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines not supplied in the monitored dosage system, nutritional supplements and inhaled medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care. Staff were complimentary about the service provided by the Acute Care at Home Team.

**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
<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.**

We observed the administration of medicines to patients during the morning round. The registered nurses administering the medicines spoke to the patients in a kind and caring manner and the patients were given time to swallow their medicines. Staff were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

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 spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines, they preferred the registered nurses to administer their medicines and their requests for medicines prescribed on a ‘when required’ basis were adhered to e.g. pain relief. They were complimentary regarding staff and management.

Comments included:

“The staff are great.”

“The staff are very kind to me and to everyone.”

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.

As part of the inspection process, we issued ten questionnaires to patients and their representatives. One patient and one patient’s representative completed and returned questionnaires within the specified timeframe. Comments received were positive; with responses recorded as ‘very satisfied’ or ‘satisfied’ with the care provided in the home.

**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.**

Written policies and procedures for the management of medicines were in place; these were not examined. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report 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 largely satisfactory outcomes had been achieved. The registered manager advised that if a discrepancy was identified it would be investigated and action would be taken to prevent a recurrence.



Following discussion with the registered manager, registered nurses and care assistants, 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.

### 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

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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