



Unannounced Medicines Management Inspection Report 31 May 2018



Cornfield Care Centre

Type of Service: Nursing Home
**Address: Green Lane and Castle Lane Suites,
51A Seacoast Road, Limavady, BT49 9DW**
Tel No: 028 7776 1300
Inspector: Rachel Lloyd

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 registered to provide care for up to 52 patients within two wings, one for patients living with dementia and one for patients with general nursing needs including physical disability.

The nursing home is on the same site as its sister nursing home, Cornfield Care Centre (Kingfisher, Nightingale and Goldfinch Suites).

3.0 Service details

Organisation/Registered Provider: Cornfield Care Centre Responsible Individual: Mr Marcus Jervis Nutt	Registered Manager: Mrs Claire Gormley
Person in charge at the time of inspection: Ms Julie Watson (Senior Nurse - Green Lane) Ms Rosina McLaren (Senior Nurse - Castle Lane)	Date manager registered: 13 January 2017
Categories of care: Nursing Homes (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 52 comprising: a maximum of 26 patients in categories NH-I, NH-PH and NH-PH(E) accommodated within the general nursing unit and a maximum of 26 patients in category NH-DE accommodated within the dementia unit. The home is also approved to provide care on a day basis to two persons.

4.0 Inspection summary

An unannounced inspection took place on 31 May 2018 from 10.20 to 15.05.

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 driving quality improvement in the management of medicines, most medicine records and medicine storage, and the management of controlled drugs.

Areas for improvement were identified in relation to ensuring that all prescribed medicines are available for administration and ensuring that this is monitored within the audit process.

The patients spoken to advised that they were satisfied with 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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Patricia Deighan, Registered Manager, Cornfield Care Centre (Kingfisher, Nightingale and Goldfinch Suites), as part of the inspection process and with Mrs Claire Gormley, Registered Manager, via telephone call on 5 June 2018. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 February 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 incidents - prior to the inspection, it was ascertained that no incidents involving medicines had been 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 three patients, one visitor, five registered nurses and the registered manager of the sister nursing home.

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

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 22 February 2018

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 16 February 2017

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. The impact of training was monitored through team meetings, supervision and appraisal. Competency assessments were completed annually. Refresher training in medicines management was completed annually online. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

There were procedures in place to ensure the safe management of medicines during a patient's admission to and discharge from the home.

The systems in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage were examined. Antibiotics and newly prescribed medicines had been received into the home without delay. However, a number of omissions of prescribed medicines were observed on medicine administration records examined for the period March to May 2018. These had predominantly occurred in the Green Lane wing. It was acknowledged that these involved the omission of only one or two doses. However, adequate supplies must be available to ensure that medicines are not omitted due to being out of stock in the home. An area for improvement was identified.

Arrangements were in place to manage changes to prescribed medicines. Personal medication records were usually updated by two members of staff. Staff were reminded that this should take place on every occasion.

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 insulin. The use of separate administration charts was acknowledged.

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

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. 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. However, staff were advised to turn off the radiators in both treatment rooms, particularly in warmer months, since room temperatures in these areas were at or just above the maximum storage temperature of most medicines (25°C). This was addressed immediately.

Areas of good practice

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

Areas for improvement

Systems must be reviewed to ensure that adequate supplies of prescribed medicines are available to ensure that medicines are not omitted due to being out of stock.

	Regulations	Standards
Total number of areas for improvement	1	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 mostly been administered in accordance with the prescriber's instructions (see Section 6.4). 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 pain, distressed reactions and swallowing difficulties were examined. Satisfactory arrangements were observed. Records were maintained and care plans 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 mostly well maintained and readily facilitated the audit process. The allergy status of the patient was missing from a few personal medication records. This was discussed with staff. The registered manager confirmed by telephone on 5 June 2018 that this had been addressed immediately following the inspection. Staff were commended on the overall standard of record keeping.

Practices for the management of medicines were audited throughout the month by staff and management. This included maintaining running stock balances for a number of medicines. In addition, audits were completed by the community pharmacist.

Following discussion with the staff, it was evident that when applicable, other healthcare professionals are contacted in response to the needs of the patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping and care planning.

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 completed in a caring manner. Patients were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The patients spoken to advised that they were satisfied with the management of their medicines and the care provided in the home.

Comments made included:

“I’m very content.”

“I’m very happy and the staff are very good.”

Ten questionnaires were left in the home to facilitate feedback from patients and their relatives. Six were returned within the specified timescale (two weeks). They all indicated that they were very satisfied with the care provided.

Comments included:

“My father is very happy and well cared for in the home environment. All staff are also very approachable.”

“My mother is well looked after in Cornfield. I have no concerns.”

“My mother is very happy and content in her current unit and is very settled.”

“You could not ask for better care or get it anywhere else.”

Any comments from patients, their representatives or staff received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There was evidence that 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 create 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. Staff confirmed that arrangements were 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. 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 arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report any incidents. 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. However, although audit procedures were in place, the omission of prescribed medicines due to being out of stock had not been recognised within this process. Audit procedures should be further developed to include a check on the availability of medicines. An area for improvement was identified.

Following discussion and observation, it was evident that staff 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 management. They stated that there were good working relationships in the home.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

Audit procedures should be further developed to check that all prescribed medicines are available for administration.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Patricia Deighan, Registered Manager, Cornfield Care Centre (Kingfisher, Nightingale and Goldfinch Suites), and with Mrs Claire Gormley, Registered Manager, via telephone call on 5 June 2018, 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall review stock ordering systems to ensure that adequate supplies of prescribed medicines are available and that no medicines are omitted due to being out of stock.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: New drug ordering system has been put in place to ensure 28 days supply of prescribed medication available. Medication stock to be checked twice weekly by clinical lead. Registered manager has completed supervision with nursing staff in relation to ensuring good practices are in place for prescribed medication.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that the availability of prescribed medicines is monitored within the audit process.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Named nurses to carry out monthly audits for prescribed medication. Registered manager will continue to carry out audits on a quarterly basis to ensure the availability of prescribed medication.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care