Unannounced Medicines Management Inspection Report
8 February 2018

Beechvale Nursing Home

Type of Service: Nursing Home (NH)
Address: 35 Beechvale Road, Killinchy, BT23 6PH
Tel no: 028 9754 1166
Inspector: Paul Nixon

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 42 beds that provides care for patients with a variety of care needs, as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Beechvale Nursing Home Limited **Responsible Individual:** Mr Richard Porter	**Registered Manager:** Ms Kathie-Anne Stevenson
Person in charge at the time of inspection: Ms Kathie-Anne Stevenson	**Date manager registered:** 10 October 2017
Categories of care: 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.	**Number of registered places:** 42

4.0 Inspection summary

An unannounced inspection took place on 8 February 2018 from 09.45 to 14.35.

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 DHSSPS Care Standards for Nursing Homes 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 medicine governance, medicines storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to the administration of injectable medicines, the labelling of in-use insulin pens, care planning and the recording of the use of medicines prescribed on a “when required” basis for the management of distressed reactions.

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

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms Kathie-Anne Stevenson, Registered Manager, as part of the inspection process. 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 care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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 informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with four patients, the registered manager, the deputy manager, two registered nurses, four members of care staff and two members of domestic staff.

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

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 27 September 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 care inspection dated 1 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 38 **Stated:** Second time	The registered manager should review the arrangements for the recording of the use of thickening agents in order to ensure compliance with legislative requirements.	**Met**
	Action taken as confirmed during the inspection: The arrangements for the recording of the use of thickening agents had been reviewed. Administrations had been recorded.	

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 registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. The most recent training was in relation to diabetes management.

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 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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration records were usually updated by two registered nurses.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Staff spoken to confirmed that they attended safeguarding training on an annual basis.

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

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.

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. Systems were mostly in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. However, three in-use insulin pens did not have the patient's name and date of opening recorded on them. An area for improvement was identified. The medicine refrigerator and oxygen equipment were checked at regular intervals.

There were excessive stocks of insulin pens; the registered manager gave an assurance that the nursing staff would liaise with the doctors and pharmacist to ensure that stock levels are reduced to appropriate levels.

Areas of good practice

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

Areas for improvement

In-use insulin pens should be labelled with the patient's name and date of opening.

	Regulations	Standards
Total number of areas for improvement	0	1

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 generally been administered in accordance with the prescriber's instructions. However one injectable medicine, prescribed to be administered every three months, had not been administered since 10 October 2017. The registered manager gave an assurance that this omission would be promptly managed as a medicine incident and all relevant persons/departments notified. An area for improvement was identified.

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. However, for the two patients whose records were examined, the care plan did not detail the circumstances under which the medicine was to be administered. Also, the reason for and the outcome of administration were mostly not recorded. An area for improvement was identified.

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. A pain assessment tool was used as needed. A care plan was maintained.

For three patients prescribed a thickening agent, whose records were examined, the care plans had not been maintained up-to-date with respect to the consistency of thickener to be used. An area for improvement was identified.

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 facilitated the audit process. However, several patients did not have their medicine allergy status declared on their personal medication record sheet. Also, there were a significant number of personal medication record sheets that had not been removed from the medicines kardex file. The registered manager gave an assurance that these matters would be rectified without delay.

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

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted, when required, to meet the needs of patients. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

Areas of good practice

There were examples of good practice in relation to the maintenance of medicine records and the working relationships with other healthcare professionals.

Areas for improvement

Injectable medicines must be administered as prescribed.

The arrangements for the recording of medication prescribed for administration on a "when required" basis for the management of distressed reactions should be reviewed.

The patient's care plan should accurately state the consistency level of thickening agent to be used.

	Regulations	Standards
Total number of areas for improvement	1	2

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

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

The patients we spoke with advised that they were mostly very satisfied with the care provided in the home. Some comments made were:

- "Care is excellent and staff are very diligent. I am satisfied with the food."
- "On a whole the care is good. Staff are diligent. Food on the whole is good and varied."
- "Care is excellent. Care staff are brilliant. Food is very good; good choice."

However, one patient raised concerns about staff being slow to respond to their needs and about the lack of variety in food. These concerns were shared with the registered manager for her attention.

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.

No questionnaires were returned from patients and their representatives within the specified timeframe.

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
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.

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 very knowledgeable regarding the policies and procedures and that any updates were highlighted to them.

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, 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 staff were open and approachable and willing to listen.

No members of staff shared their views by completing an online questionnaire.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Kathie-Anne Stevenson, 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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 QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 10 March 2018	The registered person shall ensure that injectable medicines are administered as prescribed. Ref: 6.5
	Response by registered person detailing the actions taken: All injectable medications are now on the GoldCrest system. The system sends a reminder when the injection is due. A list has been complied and put on the nurses notice board as an extra safety precaution and visual prompt. Our Clinical Lead is also highlighting on the MARS when each injection is due.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 10 March 2018	The registered person shall ensure that In-use insulin pens are labelled with the patient's name and date of opening. Ref: 6.4
	Response by registered person detailing the actions taken: We have made an arrangement with our Pharmacist for labels to be in place on each insulin pen before they arrive with ourselves. If we receive a resident from hospital and their insulin pen is not labelled we have a system in place to ensure the nurse in charge labels the pen correctly
Area for improvement 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 10 March 2018	The registered person shall ensure that a care plan is in place for each patient prescribed medication for administration on a "when required" basis for the management of distressed reactions. Ref: 6.5
	Response by registered person detailing the actions taken: Distressed reaction care plans in place now for residents on PRN medication for the management of their distressed reactions.
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 10 March 2018	The registered person shall ensure that the patient's care plan accurately states the consistency level of thickening agent to be used. Ref: Section 6.5
	Response by registered person detailing the actions taken: All care plans have been updated to include the consistency level of the thickening agent to be used.

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

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