Unannounced Medicines Management Inspection Report
23 November 2017

Castleview

Type of Service: Nursing Home
Address: 761 Antrim Road, Belfast, BT15 4EN
Tel No: 028 9077 7804
Inspector: Catherine Glover

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 35 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: Tona Enterprises Ltd **Responsible Individual:** Mr Robert Maxwell Duncan	**Registered Manager:** Ms Jacqueline Felicitas
Person in charge at the time of inspection: Ms Jacqueline Felicitas	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years 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:** 35 Category NH-MP(E) for 1 identified individual only

4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 10.00 to 14.30.

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 care planning, record keeping and staff training.

Areas requiring improvement were identified in relation to the cold storage of medicines, ensuring medicines are available for administration and the auditing process.

Patients were generally positive in their comments about the home and the 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	2*

*The total number of areas for improvement includes one which has been stated for a second time

Details of the Quality Improvement Plan (QIP) were discussed with Ms Jacqueline Felicitas, 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

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 7 November 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 three patients, one registered nurse, 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 improvements 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 7 November 2017

The most recent inspection of the home was an unannounced care inspection. 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 4 August 2016

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 4

Stated: Second time</td><td>It is recommended that the registered person should review the management of distressed reactions to ensure that a care plan is developed for the relevant patients and the reason for and outcome of the administration of the medicine is recorded on each occasion.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Care plans were in place for the relevant patients. The reason and outcome had not always been recorded, however this was discussed with the registered manager who agreed to closely monitor these records. Given this assurance, and the small number of medicines involved, this area for improvement has been assessed as met.</td></tr>
</table>

Area for improvement 2 **Ref**: Standard 29 **Stated:** First time	The registered person should ensure that the record of disposed medicines is signed by the nurse disposing of the medicine and a witness who is present for the disposal.	**Met**
	Action taken as confirmed during the inspection: The records of disposed medicines had been fully maintained and signed by two people.	
Area for improvement 3 **Ref**: Standard 30 **Stated:** First time	The registered person should ensure that all medicines are stored in accordance with the manufacturers' recommendations.	**Not met**
	Action taken as confirmed during the inspection: It was noted that the refrigerator temperature was consistently outside of the required range for the cold storage of medicines. This area for improvement has been stated for a second time.	

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.

At the commencement of the inspection, the temperature of the treatment room and two bedrooms was queried with the registered manager. The room thermometers were noted to be below the minimum recommended temperature of 19^{o}C. This was referred to the estates inspector who visited the home on the day following this inspection and was able to confirm that the heating was operating normally throughout the home.

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in dysphagia and the management of PEG tubes was provided in the last year.

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 medication administration records were usually updated by two registered nurses. Some recent entries had not been signed and this was discussed with the registered manager who agreed that it would be monitored.

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 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.

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. The medicine refrigerator was noted to be consistently outside of the required temperature range of 2^{o}C to 8^{o}C. This was discussed with the registered manager. An area for improvement has been stated for a second time (see Section 6.2).

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 new 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.

For one patient three medicines had been out of stock and unavailable for administration for several days. One of these medicines had been unavailable for seven days. The registered manager advised of difficulties in obtaining the medicines from the general practitioner's surgery. This was discussed in detail with the registered manager. Medicines must be available for administration as prescribed. 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. A care plan was maintained. The reason for and the outcome of administration were not always recorded and this was discussed with the registered manager who agreed to monitor the completion of this record.

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 regularly when needed. A care plan was maintained.

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 additional records for antibiotics and transdermal patches.

The management of medicines was audited throughout the month by the staff completing running stock balances for non-blistered medicines.

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.

Areas of good practice

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

Areas for improvement

The registered person shall ensure that medicines are available for administration as prescribed.

	Regulations	Standards
Total number of areas for improvement	1	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 spoke to three patients during the inspection who gave feedback on the care. Comments included:

"They are trying to do their best."
"It seems short staffed."
"You get a good laugh."

Staff advised that the patients had enjoyed decorating the home for Christmas.

During the inspection, there were enough staff on duty to ensure that the needs of the patients were met in a timely manner. Observation of the interactions between staff and patients evidenced that staff did not adopt a person centred approach. The staff observed did not communicate with patients in a manner that was sensitive and understanding of their needs. Little explanation was provided to patients about what was happening around them and to them. Care assistants were observed to be engaged in conversation with each other whilst helping the patient in a hoist and no reassurance was provided to the patient. This was discussed with the registered manager at the end of the inspection for information and action as required. The observations were also shared with the care inspector for the home.

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.

Ten questionnaires were returned within the time frame from patients and relatives who advised that they were very satisfied with all aspects of the care in the home.

Areas of good practice

The needs of patients were met in a timely manner.

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. They were not examined as part of this inspection.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. Staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the running stock balances indicated that medicines were being administered as prescribed. Other than the running balances, there was no evidence of oversight of the medicines management process by the registered manager. The registered manager advised that any issues that were noted would be discussed at nurses' meetings. The registered manager was advised that the audit process should be reviewed to ensure that it includes all aspects of the management of medicines. An area for improvement was identified.

Following discussion with the registered manager and registered nurses, 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.

Areas of good practice

There were examples of good practice in relation to staff awareness of roles and responsibilities and the management of medicine incidents.

Areas for improvement

The registered manager was advised that the audit process should be reviewed to ensure that it includes all aspects of the management of medicines.

	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 Ms Jacqueline Felicitas, 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 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.

The completed quality improvement plan for this service is not currently available. However, it is anticipated that it will be available soon. If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

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:** 23 December 2017	The registered person shall ensure that medicines are available for administration as prescribed. Ref: 6.4
	Response by registered person detailing the actions taken:
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 23 December 2017	The registered person should ensure that all medicines are stored in accordance with the manufacturers' recommendations. Ref: 6.2
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 23 December 2017	The registered person shall review the audit process to ensure that it includes all aspects of the management of medicines. Ref: 6.7
	Response by registered person detailing the actions taken:

The Regulation and Quality Improvement Authority

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