



Unannounced Medicines Management Inspection Report 22 November 2018



Clifton Nursing Home

Type of Service: Nursing Home
**Address: 2a Hopewell Avenue, Carlisle Circus,
Belfast, BT13 1DR**
Tel No: 028 9032 4286
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 100 patients with various needs as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr Gavin O'Hare-Connolly	Registered Manager: See box below
Person in charge at the time of inspection: Mr Sam Warren, Manager, Benn suite	Date manager registered: Mrs Elizabeth Fiona Cook - application received - registration pending
Categories of care: Nursing Homes (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	Number of registered places: 100 including a maximum of 40 patients in category NH-DE and a maximum of four patients in category NH-PH

4.0 Inspection summary

An unannounced inspection took place on 22 November 2018 from 09.30 to 16.20.

The management of medicines in the Toby Hurst and Benn suites was examined.

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 most medicine records, medicine storage and the management of controlled drugs.

Areas for improvement were identified in relation to the ordering of prescribed medicines and the maintenance of running stock balance records for medicines.

Patients were relaxed and comfortable in the home and good relationships with staff were evident. Patients were complimentary regarding 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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Sam Warren, manager of the Benn suite, 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

No further actions were required to be taken following the most recent inspection on 24 August 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 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 two patients and one relative in the Toby Hurst suite, three registered nurses, two deputy managers and the manager of the Benn suite. We also met a visiting dietician from the Belfast trust and the Director of Operations (North) for Runwood Homes Ltd.

We provided the manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. We asked the manager to display a poster which invited staff to share their views and opinions 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 24 August 2018

The most recent inspection of the home was an unannounced follow up care inspection. There were no new areas for improvement identified as a result of the inspection. The QIP from the previous care inspection on 28/29 June 2018 was not examined on 24 August 2018 and will be reviewed at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 6 March 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 personal medication records and medication administration record sheets correlate and accurately reflect the prescriber's instructions.	Met
	Action taken as confirmed during the inspection: Staff advised that efforts had been made to address this and that this was included in audit procedures. A sample of records was examined and improvements were observed in the correlation between these records, which is essential for the safe management of medicines. Some minor discrepancies were discussed with the registered nurses on duty.	

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 18 Stated: Second time	The registered provider should ensure that the management of medicines administered “when required” for distressed reactions is reviewed to ensure that the reason for and the outcome of administration are recorded on every occasion.	Met
	Action taken as confirmed during the inspection: The management of medicines had been reviewed and there was evidence that this had been discussed with registered nurses. Procedures for the use of these medicines were available for staff reference in the treatments rooms.	
Area for improvement 2 Ref: Standard 30 Stated: Second time	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit.	Met
	Action taken as confirmed during the inspection: The date of opening was recorded on the majority of the sample of medicines selected for examination. There was evidence that this had been discussed with registered nurses.	
Area for improvement 3 Ref: Standard 18 Stated: First time	The registered person shall ensure that a care plan is maintained when a patient is prescribed medicines for the management of distressed reactions.	Met
	Action taken as confirmed during the inspection: Two care plans were selected for examination in each suite. The relevant care plans were in place.	

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.

Recent changes in management had taken place and we were advised of the induction and training provided. 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 observation, supervision and annual appraisal. Management were in the process of reviewing the training planning matrix. Competency assessments were completed annually. Records were available for examination.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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 medicine administration record sheets (MARS) were updated by two registered nurses which is good practice.

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.

Satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and injections. 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.

Medicines were stored safely and securely. Medicine storage areas were clean, tidy and 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. Although the refrigerator temperature was satisfactory at the time of the inspection, there was evidence that the refrigerator thermometer in the Benn suite was not being reset correctly, resulting in repeated deviations outside of the accepted range being recorded. This was discussed with registered nurses and immediate action was taken.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified.

	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 systems in place to manage the ordering of prescribed medicines, to ensure adequate supplies were available and to prevent wastage, were examined. 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. However, a significant number of currently prescribed medicines had been disposed of as “overstock” in recent months. The process for ordering medicines should be reviewed to prevent wastage and ensure that medicines are not ordered unnecessarily. An area for improvement was identified.

The majority of the sample of medicines examined had been administered in accordance with the prescriber’s instructions. One discrepancy was highlighted to registered nurses for attention within audit processes. There was evidence that time critical medicines had been administered at the correct time. The arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due were discussed. It was advised that the date the next three monthly injection is due should be recorded on medication administration records as a reminder for staff.

The management of distressed reactions, pain and dysphagia were reviewed and found to be satisfactory. Registered nurses were advised to record the prescribed consistency of thickened fluids on the personal medication record. It was agreed that this would be addressed following the inspection.

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 discussed with the patient and reported to the prescriber.

Medicine records were mostly well maintained and facilitated the audit process. A few minor discrepancies were highlighted to registered nurses for attention

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines not dispensed in the monitored dosage system. This is good practice, however these were not always well maintained and there were a number of gaps. These should be accurately maintained in order for them to be effective. An area for improvement was identified. Audits were also completed by the community pharmacist.

Following discussion with the staff on duty and a review of the care plans, 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. The dietician visiting patients in the home gave positive feedback about her experience in the home.

Areas of good practice

There were examples of good practice in relation to medicine records and the administration of medicines.

Areas for improvement

The process for ordering medicines should be reviewed to prevent wastage and ensure that medicines are not ordered unnecessarily.

The use of running stock balance records for medicines should be reviewed and included within audit procedures to ensure that the system is effective.

	Regulations	Standards
Total number of areas for improvement	0	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.

We observed the administration of medicines to a small number of patients. The registered nurses engaged the patients in conversation and explained that they were having their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. It was clear from discussion and observation of staff, that the staff were familiar with the patients. 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.

We spoke with two patients and one relative who were mostly satisfied with the care provided and the management of their medicines. One relative reported a missing item of clothing; this was shared with the manager who agreed to follow this up.

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

Comments included:

“Very satisfied. First class.”

“Great team. Happy and approachable. Look after Mum extremely well.”

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

Areas of good practice

The administration of medicines to patients was completed in a caring manner and patients were given time to take their medicines.

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.

We 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 were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not reviewed on this occasion. Following discussion with staff it was evident that they were familiar with policies and procedures and that any updates were highlighted to them.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report incidents and were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that mostly satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken.

Following discussion with the registered nurses on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. We were advised that there were improved communication systems in the home, to ensure that staff were kept up to date. Staff spoke positively of the new management structure and stated that management were approachable and listened to concerns and that staff morale has improved as a result.

No online questionnaires were completed by staff within the specified time frame (two weeks).

Areas of good practice

There were examples of improved 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 Sam Warren, Manager Benn Suite, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: 22 December 2018	<p>The registered person shall review the process for ordering medicines to ensure that they are not ordered unnecessarily and that prescribed medicines are not disposed of as “overstock”.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This will be monitored on a monthly basis by manager/deputy manager to ensure that there is not excessive stock in the units. This will also be discussed in nurse meeting- and fed back to the GP surgery whom are providing the scripts. The contents of the full RQIA medication inspection has also been feedback to the nursing staff and is readily available for future reference. .</p>
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 22 December 2018	<p>The registered person shall review the use of running stock balance records for medicines and include these within audit procedures to ensure that the system is effective.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This issue has been highlighted in the recent nurses meeting, will be check on managers walkarounds and medication audits. the contents of the full RQIA medication inspection has also been feedback to the nursing staff and is readily available for future reference..</p>

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



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