



Unannounced Medicines Management Inspection Report 22 October 2018



Corriewood Private Clinic

Type of Service: Nursing Home
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel No: 028 4377 8230
Inspector: Catherine Glover

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 that provides care for up to 79 patients with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Responsible Individual: Mrs Anne Monica Byrne Mrs M.I. McGrady	Registered Manager: Mrs Teresa Josephine McClean
Person in charge at the time of inspection: Mrs Teresa McClean	Date manager registered: 1 April 2005
Categories of care: Nursing Homes I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. LD – Learning disability. LD(E) – Learning disability – 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: 79 A maximum of seven patients in category NH-DE to be accommodated in the Oak Tree Suite. A maximum of 23 patients in category NH-LD/LD(E) to be accommodated in the Spring Well Suite. Four identified patients in category NH-MP accommodated in the Wild Forest Suite. The home is also approved to provide care on a day basis to 2 persons.

4.0 Inspection summary

An unannounced inspection took place on 22 October 2018 from 11.00 to 16.00.

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 staff training and liaison with other healthcare professionals.

Areas requiring improvement were identified in relation to, the administration of bisphosphonates, personal medication records, medicine administration records, the management of medication changes, and the audit process.

Patients said they were happy living in the home and said that the staff were good.

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	3	6*

*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 Mrs Teresa McClean, 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 were required to be taken following the most recent inspection on 9 and 10 May 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.

As part of the inspection we spoke to two patients, two registered nurses and the registered manager.

We provided the registered manager with ten 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. Flyers providing details of how to raise any concerns were also left in the home. Staff were invited to share their views by completing an online questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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 9 May 2018

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 14 August 2017

Areas for improvement from the last medicines management inspection		
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 30 Stated: First time	The registered person shall ensure that the storage of medicines is reviewed and revised.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was made in relation to open shelving units in the treatment room. These have been replaced with lockable cupboards, however the cupboards were unlocked, with the keys in the locks at the time of this inspection.	
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.

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 annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was planned for November 2018. Training in swallow awareness and anaphylaxis had been completed in the last year.

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

The systems in place to manage the ordering of prescribed medicines should be reviewed. It was noted for several patients that occasionally a medicine would run out before being reordered, resulting in the patient missing a dose before the medicine was available again. On one occasion, a patient missed three days of a prescribed eye drop as it had been out of stock. This eye drop is prescribed to manage glaucoma and could result in the patient's condition not being effectively managed. An area for improvement was identified.

The arrangements in place to manage changes to prescribed medicines should be reviewed. The records of one patient with a chest infection were examined. The prescribed antibiotic had been received and commenced without delay, however the personal medication records had not been updated to reflect the general practitioner's instructions with regards to the administration of inhaled medicines. There was no evidence that the inhalers had been administered as prescribed. The patient had also commenced on nebulised medicines and there was no record to indicate when this was discussed with the general practitioner, when it was prescribed and no record of administration on the medicine records. The registered manager was asked to report this incident to the safeguarding team within the trust. An area for improvement was identified.

The records of the receipt, administration and disposal of controlled drugs in the Annesley suite should be reviewed to ensure that they are fully and accurately completed. It was noted that records of disposal for two controlled drugs had not been recorded in the controlled drugs record book and the running stock balance was often amended. An area for improvement was identified.

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

Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. However as stated in Section 6.2, medicine cupboards were unlocked and the area for improvement has been stated for a second time. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The registered manager was reminded that the thermometer for the medicine refrigerator in Annesley suite should be reset daily.

Areas of good practice

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

Areas for improvement

One area for improvement in relation to storage was stated for a second time. New areas for improvement were identified in relation to the recording of controlled drugs in the controlled drugs record book, the management of medication changes and stock control of medicines.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Most of the medicines had been commenced on the morning of the inspection, therefore a small sample of medicines was audited. The majority of medicines examined had been administered in accordance with the prescriber's instructions. However, discrepancies were noted in the administration of bisphosphonates. These medicines are prescribed to be administered on a weekly basis and it could not be determined that they were being administered 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. 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. A care plan for distressed reactions was in place however on one record that was examined, the medicine that had been prescribed and the advice from the general practitioner had not been recorded. A record of administration was made, however the reason for and outcome of the administration was 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. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Speech and language assessment reports were in place. It was noted that there were significant gaps in the administration of thickened fluids for some patients. An area for improvement was identified in relation to the medicine administration records.

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.

Improvement is required in the maintenance of medicine records. The personal medication records and medicine administration records had been split into two files (for internal and external medicines) and these had not been cross-referenced. The main personal medication record should contain all of the medicines prescribed for each patient. If additional records are used this must be clearly documented on the personal medication record. Any self-administration of medicines must also be recorded on the personal medication record. As stated in Section 6.4, one personal medication record had not been updated with new dosage instructions for inhaled medicines. An area for improvement was identified.

There was evidence that the medicine administration records had not been accurately completed. As stated in Section 6.4, the administration of nebulas to one patient had not been recorded. For those patients prescribed bisphosphonates, the administration was recorded over several days per week when these medicines are prescribed weekly, indicating the codes for administration had been copied from the previous day. As previously stated the administration records in relation to thickened fluids also require improvement. An area for improvement was identified.

Following discussion with the registered nurses and examination of care files, it was evident 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 management of pain and liaison with other healthcare professionals.

Areas for improvement

Areas for improvement were identified in relation to the administration of bisphosphonates, management of distressed reactions, the administration records for thickened fluids, personal medication records and medicine administration records.

	Regulations	Standards
Total number of areas for improvement	3	1

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 not observed during this inspection, however the registered manager and nurses were knowledgeable about the patients’ medicines and medical requirements.

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.

We spoke with two patients. The patients were relaxed and comfortable in the home and said that they were happy living there. They said that the staff were kind, that the food was good and their rooms were comfortable.

None of the questionnaires that were issued for completion by patients and their representatives were returned within the specified time frame (two weeks). Any comments from patients and their representatives in questionnaires received after the return date will be shared with the registered manager for information and action as required.

Areas of good practice

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 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 are in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not examined on this occasion. 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 incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A comprehensive programme of auditing is completed within the home in relation of medicines management. All patients' medicines are audited at least once per month. The registered manager completes an overarching audit on a monthly basis. She also completes some medicines round which also highlights any issues. A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, this is communicated to all registered nurses by email or the weekly nurses meeting. The auditing programme had not however identified or addressed the issues noted during this inspection. The registered person should review the auditing programme to ensure it is effective. An area for improvement was identified.

Staff confirmed that any concerns in relation to medicines management were raised with management.

There were no responses to the online staff questionnaire.

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

One area for improvement was identified in relation to medicine audits.

	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 Teresa McClean, 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.

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: 22 November 2018	The registered person shall ensure that bisphosphonates are administered as prescribed. Ref: 6.5 Response by registered person detailing the actions taken: The bisphosphonates are being managed and administered appropriately as prescribed.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 22 November 2018	The registered person shall ensure that personal medication records are fully and accurately completed. Ref: 6.5 Response by registered person detailing the actions taken: All medication records are fully and accurately completed as per GP prescription.
Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: 22 November 2018	The registered person shall ensure that medicine administration records are fully and accurately completed. Ref: 6.5 Response by registered person detailing the actions taken: All prescription medications are on one kardex and are fully and accurately completed as per GP instructions.
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: 22 November 2018	The registered person shall ensure that the storage of medicines is reviewed and revised. Ref: 6.2 Response by registered person detailing the actions taken: The cupboards in the clinical room are locked and the keys are held with the medicine keys
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 22 November 2018	The registered person shall ensure that the process of ordering medicines is reviewed to ensure that patients have a continuous supply of their prescribed medicines. Ref: 6.4 Response by registered person detailing the actions taken: The drug ordering system was reviewed and Nursing staff reminded of the procedure to follow to prevent any shortfalls of medication.

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2018</p>	<p>The registered person shall ensure that robust procedures are implemented for the management of medication changes.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A communication tool was introduced and will be in use going forward.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2018</p>	<p>The registered person shall ensure that the controlled drugs record book is fully and accurately completed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The controlled drug book will be audited by the manager each month going forward.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2018</p>	<p>The registered person shall ensure that the management of distressed reactions is reviewed to ensure that all of the appropriate records are completed.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The nursing staff were reminded to record the management of distress reaction appropriately.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2018</p>	<p>The registered person should review the auditing programme to ensure it is effective.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The daily audits will include the checking of inaccuracies same will be reported to the manager in a timely manner.</p>

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



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