

Unannounced Medicines Management Inspection Report

17 December 2018



Hillcrest Care Facility

Type of Service: Nursing Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 1222
Inspector: Helen Daly

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 that provides care for up to 59 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Mrs Linda Florence Beckett	Registered Manager: Mrs Julie Ann Elizabeth Taylor
Person in charge at the time of inspection: Mrs Julie Taylor	Date manager registered: 1 October 2009
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: 59 This number includes a maximum of 12 patients in category NH-DE and one named resident receiving residential care in category RC-I. The home is also approved to provide care on a day basis to four persons.

4.0 Inspection summary

An unannounced inspection took place on 17 December 2018 from 10.40 to 16.10.

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 medicines administration, the majority of medicine records and the management of controlled drugs.

Six areas for improvement were identified in relation to storage temperatures, the governance systems, fluids intake charts and care planning.

We spoke with two patients who were complimentary regarding the care and staff 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 residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	4

*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 Julie Taylor, 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 finance and care inspections

Other than those actions detailed in the QIPs no further actions were required to be taken following the most recent inspections on 16 April 2018. Enforcement action did not result from the findings of these inspections.

5.0 How we inspect

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

- Recent inspection reports
- Recent correspondence with the home
- The management of medicine related 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 two patients, two relatives, one care assistant and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the registered 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
- controlled drug record book
- medicine audits
- care plans
- 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 inspections dated 16 April 2018

The most recent inspections of the home were unannounced finance and care inspections. The completed QIPs were returned and approved by the finance and care inspectors. This QIPs will be validated by the finance and care inspectors at the next finance and care inspections.

6.2 Review of areas for improvement from the last medicines management inspection dated 18 January 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: Second time	The registered provider must ensure that robust arrangements are in place to facilitate the safe management of medicines during admission.	Met
	Action taken as confirmed during the inspection: We reviewed the management of medicines on admission for three patients. Medication regimes were confirmed in writing from the prescriber. Personal medication records were written and verified by two registered nurses.	

Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines are not pre-dispensed prior to administration and that records of administration are completed contemporaneously.	Met
	Action taken as confirmed during the inspection: There was no evidence to indicate that medicines were being pre-dispensed. Discussion with staff evidenced that medicines were not pre-dispensed and that records of administration were completed contemporaneously.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that refrigerator and room temperatures are accurately monitored and recorded each day to evidence that medicines are stored at the recommended temperatures.	Not met
	Action taken as confirmed during the inspection: We reviewed the records in the Hillside and Hillcrest (ground floor) treatment rooms. The temperatures were monitored on most days. However, temperatures outside the recommended range were observed for the refrigerators and temperatures above 25°C were observed for the room temperatures. This area for improvement was 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.

The registered manager advised that all registered nurses had completed training on the management of medicines via e-learning annually and that this training was up to date. However records were not available for inspection. Face to face training was due to be arranged with the company's in-house training team. Competency assessments were completed annually. The registered nurses on duty advised that they had received training. Care assistants also advised that they had received training and been deemed competent to administer thickening agents and emollient preparations. In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training

had been provided via e-learning but these records were also not available for inspection. Records of training and competency assessments should be available for inspection. An area for improvement was identified.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and to manage medication changes. Personal medication records were verified and signed by two registered nurses. This safe practice was acknowledged.

There were systems in place to ensure that patients had a continuous supply of their prescribed medicines. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. insulin and warfarin. The use of separate administration charts was acknowledged. Registered nurses were reminded that obsolete warfarin dosage directions should be cancelled and archived.

The management of medicines to be administered via the enteral route were examined. Up to date daily regimens including the required water flushes were observed. However, daily fluid intake charts were not totalled every 24 hours and some were incomplete. Fluid intake charts should be accurately maintained and totalled each day to provide evidence that the recommended daily fluid intake is being achieved. An area for improvement was identified.

Care plans for the use of medicines in the management of seizure activity were not in place. An area for improvement was identified.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

The majority of 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. See also Section 6.2.

Areas of good practice

There were examples of good practice in relation to the management of medicines on admission and controlled drugs.

Areas for improvement

The registered person shall ensure that records of staff training with regards to medicines management and safeguarding are maintained and available for inspection.

Fluid intake charts should be accurately maintained and totalled each day to provide evidence that the recommended daily fluid intake is being achieved.

Care plans for the use of medicines in the management of seizure activity should be in place.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

The majority of medicines examined had been administered in accordance with the prescriber's instructions. Some discrepancies were discussed with the registered manager and registered nurses for ongoing vigilance. There was evidence that time critical medicines had been administered at the correct time.

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. The reason for and the outcome of administration were recorded on most occasions. However, care plans for the management of distressed reactions did not contain details of any prescribed medicines. 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. Detailed care plans were in place. 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. Two care plans needed to be updated, the registered nurse advised that this would be done after the inspection and hence an area for improvement was not identified.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, care plans and speech and language assessment reports were in place. Records of prescribing and administration, which included the recommended consistency levels, were appropriately maintained.

Registered nurses advised 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.

The majority of medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. Registered nurses were reminded that dates of medicines received should be accurately recorded and that medication administration records should be filed to facilitate easy retrieval. The registered manager advised that would be discussed with all registered nurses and monitored through robust audit procedures, see Section 6.7.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines, a monthly audit of the medicines prescribed for three patients and a monthly management audit. The findings of the inspection indicate that a more robust auditing system should be implemented and an area for improvement was identified in Section 6.7.

Following discussion with the registered manager and registered nurses, 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.

Areas of good practice

There were some examples of good practice in relation to the completion of records, care plans and the administration of medicines.

Areas for improvement

Detailed care plans for the management of distressed reactions should be in place.

	Regulations	Standards
Total number of areas for improvement	0	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.

We did not observe the administration of medicines to any patients during the inspection. Discussion with the registered nurses indicated that they were aware of each patient’s needs and preferences regarding the administration of their medicines.

Throughout the inspection, 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. Patients were observed to be relaxed and comfortable. They advised us they were looking forward to a Christmas party which was taking place in the afternoon.

We spoke with two patients who were complimentary regarding the care provided and staff in the home. Comments included:

- “The staff and care could not be better.”
- “I cannot fault the place. It is perfectly clean. The food is lovely.”
- “I go to the day room for quizzes but enjoy staying in my room on the phone, saying my prayers, watching the news and I have a lot of callers.”

We spoke with two relatives. One advised that they had no issues with staff but raised a number of issues which were discussed with the registered manager. The second relative was complimentary regarding the staff and all aspects of the care provided in the home. Comments included:

- “It is a great home. My relative’s privacy is respected. He likes to stay in his room. The care and staff are great.”

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. Four patients and six relatives responded indicating that they were “very satisfied” with all aspects of the care provided. The following comment was made:

- “The staff have a special rapport with my father which on behalf of his family we appreciate.”

Areas of good practice

Staff were observed to listen to patients and to take 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 were in place to implement the collection of equality data.

The registered manager advised that policies and procedures for the management of medicines were currently being updated.

The registered manager advised that registered nurses knew how to identify and report incidents and were aware that medicine incidents may need to be reported to the safeguarding team. No incidents had been identified since the last medicines management inspection. As only a small number of audits were completed each month there is a chance that medication related incidents may not be identified and this was discussed with the registered manager.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by both staff and management. As detailed in Section 6.5 only a small number of audit trails were completed each month. The findings of this inspection indicated that the auditing system was not robust i.e. areas for improvement identified at this inspection were not being identified through the home's audit process and in addition one area for improvement regarding storage temperatures was stated for a second time. An area for improvement was identified.

Staff advised that any concerns in relation to medicines management were raised with the registered manager. The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

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

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

The registered manager should implement a robust auditing system which covers all aspects of the management of medicines. Action plans to drive improvement should be developed and implemented.

	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 Julie Taylor, 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: Second time To be completed by: 17 January 2018	The registered person shall ensure that refrigerator and room temperatures are accurately monitored and recorded each day to evidence that medicines are stored at the recommended temperatures. Ref: 6.2 Response by registered person detailing the actions taken: Fridge temperatures monitored daily by staff. Manager monitoring weekly - no issues.
Area for improvement 2 Ref: Regulation 19 (2) Stated: Second time To be completed by: 17 January 2018	The registered person shall ensure that records of staff training with regards to medicines management and safeguarding are maintained and available for inspection. Ref: 6.4 Response by registered person detailing the actions taken: Training booked for February and March 2019
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: 17 January 2019	The registered person shall ensure that fluid intake charts are accurately maintained and totalled each day to provide evidence that the recommended daily fluid intake is being achieved. Ref: 6.4 Response by registered person detailing the actions taken: Staff spoken to and fluid balance charts to be maintained as advised.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 17 January 2019	The registered person shall ensure that care plans for the use of medicines in the management of seizure activity are in place. Ref: 6.4 Response by registered person detailing the actions taken: Careplans in place

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2019</p>	<p>The registered person shall ensure that care plans for the management of distressed reactions include details of any prescribed medicines.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Careplans in place.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2019</p>	<p>The registered person shall implement a robust audit to monitor all aspects of the management and administration of medicines. Action plans to address shortfalls should be completed.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Audits increased to ensure all patients are audited. Manager to monitor.</p>

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



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

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