



# Unannounced Follow Up Medicines Management Inspection Report 7 May 2019



## Deanfield

**Type of Service: Nursing Home**  
**Address: 19 Deanfield, Limavady Road, Londonderry,  
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**Tel No: 028 7134 4888**  
**Inspector: Rachel Lloyd**

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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 provider 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 nursing care for up to 28 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Loughview Homes Ltd  <b>Responsible Individuals:</b> Mr Paul Steele Mr Michael Curran	<b>Registered Manager:</b> Mrs Joy McLaughlin
<b>Person in charge at the time of inspection:</b> Registered Nurse Jenna Nutt	<b>Date manager registered:</b> 13 December 2007
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category	<b>Number of registered places:</b> 28

### 4.0 Inspection summary

An unannounced inspection took place on 7 May 2019 from 10.50 to 14.15.

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 sought to assess progress with the area for improvement identified during the previous medicines management inspections on 9 October 2018 and 12 June 2018.

The following areas were examined during the inspection:

- the management of the ordering and availability of prescribed medicines
- the governance arrangements for medicines management

As a result of this inspection, RQIA was concerned that the issues evidenced during the inspection had the potential to affect the health and well-being of patients (see section 4.1). As a consequence of these findings a meeting was held on 16 May 2019 in RQIA's Belfast office, with the intention of issuing a Failure to Comply Notice under Regulation 13(4) (Health and Welfare of Patients), of The Nursing Homes Regulations (Northern Ireland) 2005. The meeting was attended by Mr Michael Curran, one of two Responsible Individuals, Loughview Homes Ltd and Mrs Joy McLaughlin, Registered Manager of Deanfield.

During this meeting, an action plan to address the concerns that had been identified during the inspection was submitted. However, RQIA were not fully assured that the actions identified to address the deficits under Regulation 13(4) provided sufficient evidence that the necessary improvements would be made and sustained. Given the potential impact on patient safety, it was decided that a Failure to Comply Notice would be issued with compliance to be achieved by 15 July 2019.

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
<b>Total number of areas for improvement</b>	0	0

The area for improvement and details of the Quality Improvement Plan (QIP) were discussed with the registered nurse in charge, Jenna Nutt, at the conclusion of the inspection and with Mrs Joy McLaughlin, Registered Manager, on 8 May 2019 by telephone, as part of the inspection process. The concerns raised following the inspection were shared with Mr Michael Curran, Responsible Individual, on 9 May 2019 by telephone. The timescales for completion commence from the date of inspection.

A Failure to Comply Notice FTC Ref: FTC000045 with respect to Regulation 13(4) of The Nursing Homes Regulations (Northern Ireland) 2005 was issued to Deanfield. The date for compliance with this notice was agreed as 15 July 2019 when a further medicines management inspection will be completed. The Western Health and Social Care Trust were notified of this enforcement on 17 May 2019.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

#### 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 3 April 2019. 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 incidents involving medicines reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered nurse in charge.

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
- medicine audits

The area for improvement identified at the last medicines management inspection was reviewed and 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 3 April 2019

The most recent inspection of the home was an unannounced care inspection. The completed 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 9 October 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> Second time	The registered person shall review procedures to ensure that adequate supplies of prescribed medicines are available so that medicines are not omitted due to being out of stock in the home.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Robust procedures to ensure that adequate supplies of prescribed medicines were available for administration were not evidenced. Although all patients had a supply of their prescribed medicines at the time of the inspection, medicine administration records examined for the period January to May 2019 indicated that this was not always the situation	

	<p>(see section 6.3). Systems to order repeat prescriptions and follow up when medicines were not supplied were not effective. There was no evidence that these occasions had been reported to the patient or other appropriate persons, escalated to management or reported to the prescriber.</p> <p>This area for improvement was subsumed into FTC000045.</p>	
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## 6.3 Inspection findings

### Procedures for the management of ordering and availability of prescribed medicines

The process to ensure there was a continuous supply of patients' medicines was reviewed. The registered nurse in charge advised of the ordering process for repeat prescriptions and how any shortfalls in medicines should be identified and followed up with the prescriber and community pharmacist. There was no evidence that these procedures had been followed robustly and we observed 18 instances involving 11 patients, during the period examined, whereby more than one dose of a prescribed medicine was omitted as no supply was available. There was no evidence that these had been reported to the patient, registered manager or the prescriber. These had not been reported to RQIA as a notifiable event. Other examples of medicines being omitted for one dose, as no supply was available, were also identified.

Not all medicine administration records were fully and accurately maintained. Staff had not recorded the reason for a number of omissions. We were unable to determine if the patient had received these medicines on these occasions.

### Governance arrangements for medicines management

We were provided with details of the current auditing processes for medicines management. However, the inspection findings indicate that these were not effective in identifying the deficits detailed in this report.

Additionally, a discrepancy was identified during the inspection in the administration of a medicine for one patient. This indicated that a medicine prescribed for administration twice daily, had been administered once daily since 18 April 2019. This had not been identified and it was therefore unclear if there had been any adverse effect on the health and well-being of the patient. It was agreed that this must be discussed with the patient, prescriber and other appropriate persons following the inspection.

### Areas for improvement

One area for improvement continues to be identified in relation to patients having a continuous supply of their prescribed medicines. Further examination of this process identified further deficits. These related to the governance and audit arrangements for medicines management and the procedures in place to report and manage incidents. Two areas for improvement were



identified in relation to audit and governance arrangements and the management of incidents. These were subsumed into the Failure to Comply Notice.

One Failure to Comply Notice under Regulation 13(4) of The Nursing Homes Regulations 2005 was issued.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with the registered nurse in charge, Jenna Nutt, at the conclusion of the inspection and with Mrs Joy McLaughlin, Registered Manager, on 8 May 2019 by telephone, as part of the inspection process 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 QIP 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:** Third and final time

**To be completed by:**  
15 July 2019 as outlined in the Failure to Comply Notice FTC000045

The registered persons must ensure that:

- Systems are in place so that patients have a continuous supply of their prescribed medicines.
- Robust auditing systems are developed and implemented which identify deficits in the availability of prescribed medicines and evidences the corrective action taken.
- Systems are in place to ensure that RQIA is notified when prescribed medicines are not available for administration.

Ref: 6.2 & 6.3

#### **Response by registered person detailing the actions taken:**

- . On the day following the inspection (08/05/19) Nurse Manager communicated with Lloyds Pharmacist re collection and delivery of medication. It was decided that they would carryout collection and delivery twice daily-am/pm. They will also communicate with the nursing home by fax each day to clarify when a prescription has been received from the GP surgery.
- . The Nurse Manger held meetings with the Home Registered Provider(09/05/19) and a Management of Outstanding Drugs Book was implemented to monitor all medication ordered for the week.
- . On this day a full audit of all medication was completed by the Home Provider and the Registered Nurse on duty.
- . The checking of medication and review of Out If Stock Medication has been added to Reg 29 form and this is completed monthly
- . The GP practices involved were contacted by the Nurse Manager to try and make the ordering more robust from their end (emails sent to Practice Managers)
- . The Home Provider contacts the Nurse Manager or Registered Nurses daily to get an update on all medication and if we are receiving them promptly.
- . Pharmacy Policies have been up dated to include all new practices and a clarification sheet for the nurses to sign when they have read.
- . All Registered Nurses attended a meeting on 13/05/19 and 27/05/19 with the Nurse Manager who highlighted all outcomes from the inspection and FTC meeting. They were made aware of the professional implications, accountability, record keeping and the need for training up date on medication. This was carried out on 12/06/19.
- . During the meeting on the 27/05/19 the Registered Nurses were told of the necessity and importance of flagging up any issues as they arise and dealing with them urgently following the new guidelines and documentation put in place.
- . They must bring these issues to the Nurse Manager ASAP who if necessary will notify the RQIA.
- . Robust systems are now in place to avoid Out of Stock medication



and the management of same. This is working well and no concerns since commencing.

- . The Registered Nurse or Nurse Manager sign off the diary at the end of each shift to increase accountability and reduce omissions.
- . A medication section has been added to Pre Admission forms, admission and re- admission forms. This states that all new admissions must have a 6 day supply of medication to allow for ordering and possible change of GP Practice.
- . The WHSCT Pharmacist has been communicating with the home and will provide extra training, new ordering systems and ongoing support.
- . On the Wednesday of the ordering week the Registered Nurse will contact the GP Practice of any outstanding medication to clarify when it will be delivered.
- . New format introduced for the auditing of medication and also to highlight Out Of Stock Medication (09/05/19)
- . Nurse Manager to include OOS in the monthly auditing. New format in place on 09/05/19.
- . The reporting of Out Of Stock medication or any issues with regards to ordering medication was discussed at the R/N Meeting 27/05/19. All were informed that the RQIA must be notified when there is omission of two days.

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



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