



# Unannounced Medicines Management Inspection Report 12 June 2018



## Deanfield

**Type of Service: Nursing Home**  
**Address: 19 Deanfield, Limavady Road,  
Londonderry, BT47 6HY**  
**Tel No: 028 7134 4888 / 028 7134 1754**  
**Inspector: Rachel Lloyd**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 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> Ms Ciara MacHugh (Nursing Sister) at outset of inspection Mrs Joy McLaughlin from 13.30 onwards	<b>Date manager registered:</b> 13 December 2007
<b>Categories of care:</b> Nursing Homes (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 12 June 2018 from 10.45 to 15.05.

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

Areas for improvement were identified in relation to the management of medicines prescribed for administration on a weekly basis, those prescribed for administration every three months, and audit and governance procedures.

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. A decision was taken to hold a serious concerns meeting to discuss the findings. The meeting was held at RQIA Belfast office on 21 June 2018 (see Section 4.1).

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>	*3	*1

\*The total number of areas for improvement includes one which has been stated for a third and final time under regulations and one which has been stated for a second time under standards.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Joy McLaughlin, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The evidence seen during the inspection raised concerns that the quality of care was below the standard expected. The responsible individuals were invited to attend a serious concerns meeting in RQIA on 21 June 2018 to discuss the inspection findings and their plans to address the issues identified. During the meeting, Mr Michael Curran provided a comprehensive action plan to address the concerns raised during the inspection. Assurance was given that the concerns were being taken very seriously by Loughview Homes Ltd. Following the meeting RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that the concerns had been effectively addressed.

RQIA informed the representatives of Loughview Homes Ltd that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 October 2017. 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 - 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, one nursing student on placement, the nursing sister 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 number of 'Have we missed you?' cards were placed in the foyer of the home, to allow patients and their representatives to give feedback to RQIA regarding the quality of service provision.

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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

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 18 October 2017

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 6 June 2017**

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time	<p>The registered person shall ensure that the management of bisphosphonate medicines is reviewed to ensure that they are administered as prescribed.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The management of these medicines was examined for three patients over the previous three months. They had not been administered as prescribed for two patients. The reason for the non administration was usually recorded as no stock available.</p> <p>At the serious concerns meeting the registered person advised that their investigation had identified that stock had been available but that it was unclear why it had not been administered.</p> <p><b>Following discussion and the assurances provided at the serious concerns meeting this area for improvement has been stated for a third and final time.</b></p>	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that the governance and audit arrangements for medicines are reviewed to ensure that all aspects of medicines management are included, that management review outcomes and that action is taken as necessary.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the home's audit records indicated that the majority of outcomes were satisfactory. Although audit procedures had been reviewed and developed since the last inspection and were completed regularly, these had not been effective in identifying and escalating the shortfalls identified in the management of medicines, namely the management of medicines prescribed weekly or every three months. The audit process must be reviewed to ensure it is robust.  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.**

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 appraisal. Refresher training in medicines management and competency assessments were completed annually. Other medicines related training since the last inspection had included palliative care, the management of swallowing difficulty and the management of feeding tubes. As a result of this inspection, the representative of Loughview Homes Ltd, advised RQIA at the serious concerns meeting, that medication training updates would be provided for all relevant staff.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. The registered manager and nursing sister had completed safeguarding champion training in March 2018 and had cascaded this training to staff.

The procedures in place to ensure the safe management of medicines during a patient's admission to and discharge from the home were examined and found to be satisfactory. One

discrepancy was found in the admission procedure followed for one recent admission. This was discussed with the registered manager who agreed to follow this up.

The systems in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage were examined. Antibiotics and newly prescribed medicines had been received into the home without delay. However, discrepancies were identified in the administration of bisphosphonate medicines (see Section 6.2). Other medicine doses had been recorded as being omitted for one or two doses, due to being 'out of stock', in the sample of administration records examined for the last three months. Adequate supplies must be available to ensure that medicines are not omitted due to being out of stock in the home. An area for improvement was identified.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged.

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. 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. Medicine refrigerators and oxygen equipment were checked at regular intervals.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of changes to prescribed medicines, the management of controlled drugs and the storage of medicines.

### **Areas for improvement**

Systems must be reviewed to ensure that adequate supplies of prescribed medicines are available at all times, so that medicines are not omitted due to being out of stock in the home.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0



## 6.5 Is care effective?

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

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, the arrangements in place to alert staff of when doses of some medicines are due for administration must be reviewed. The administration of weekly bisphosphonate medicines was not satisfactory (see Section 6.2 and 6.4). The administration of hydroxycobalamin injections, prescribed for administration every three months was not satisfactory. In three of the four examples examined, records indicated there were discrepancies. The date of opening was not recorded on this medicine (although it was recorded on the majority of other medicines), which made it difficult to audit administration. The date the next dose was due was not usually recorded and records of administration were not always maintained satisfactorily, although some administrations were recorded in the patient's notes. One area for improvement under the regulations was stated for a third and final time and one new area for improvement was identified.

The management of pain, distressed reactions and swallowing difficulties were examined. Satisfactory arrangements were observed. Records were maintained and care plans were in place. Staff also advised that a pain assessment is completed as part of the admission process. Staff were reminded that the reason for and outcome of the administration of medicines on a "when required" basis, for the management of distressed reactions, should be recorded on every occasion.

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.

The majority of the medicine records examined were well maintained and readily facilitated the audit process.

Following discussion with the staff, it was evident that when applicable, other healthcare professionals are contacted in response to the needs of the patients.

### Areas of good practice

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

### Areas for improvement

One area for improvement under the regulations was stated for a third and final time in relation to the administration of bisphosphonate medicines.

Hydroxycobalamin injections must be administered as prescribed and a record of administration made on the medicines administration record. A robust system should be in place to ensure that staff are aware when the next dose is due.

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

The administration of medicines was completed in a caring manner. Patients were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The patients spoken to advised that they were content in the home.

Ten questionnaires were left in the home to facilitate feedback from patients and their representatives. One was returned from a patient within the specified timescale (two weeks). They indicated that they were very satisfied with the care provided.

They commented:

“The staff look after all my needs and treat me very well.”

Any comments from patients, their representatives or staff received after the issue of this report will be shared with the registered manager for their information and action as required.

**Areas of good practice**

There was evidence that staff listened to patients and took account of their views.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which create a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector 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. Staff confirmed that arrangements were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. These were not examined. 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 any medicine related incidents. Staff confirmed that they knew how to identify and report any incidents. Staff were reminded that any omission of prescribed medicines, that may affect the health and well-being of patients, should be reported to RQIA. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for analgesia prescribed for use “when required”. In addition, a periodic audit was completed by the community pharmacist. A review of these records indicated that audit procedures had been developed since the last inspection and that largely satisfactory outcomes had been achieved. This inspection evidenced that these audits were not effective in identifying the shortfalls identified with regard to the management of medicines. As stated in Section 6.2, 6.4 and 6.5, the audit process should be further developed to ensure it is robust. An area for improvement under standards, identified at the last medicines management inspection was stated for a second time.

The areas for improvement made at the last medicines management inspection had not been addressed effectively. To ensure that these are fully addressed and the improvement sustained, the QIP should be regularly reviewed as part of the quality improvement process.

Staff stated that there were good working relationships in the home. No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

### **Areas of good practice**

There were clearly defined roles and responsibilities for staff and evidence of good working relationships in the home.

### **Areas for improvement**

No new areas for improvement were identified.

	<b>Regulations</b>	<b>Standards</b>
<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 QIP. Details of the QIP were discussed with Mrs Joy McLaughlin, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 13 June 2018</p>	<p>The registered person shall ensure that the management of bisphosphonate medicines is reviewed to ensure that they are administered as prescribed.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The following action plan has been put in place-</p> <ul style="list-style-type: none"> <li>. list of residents prescribed bisphosphonate medicines</li> <li>. new documentation in place for recording</li> <li>. all registered nurses have had clinical supervision</li> <li>. administration of medication training arranged</li> <li>. nursing home policy updated and induction procedure to include the above</li> </ul>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 July 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Action plan in place to ensure this is managed more robustly. Discussed with registered nurses through clinical training. Nursing home policy updated</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 July 2018</p>	<p>The registered person shall review the management of hydroxycobalamin injections.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed through the clinical training. New documentation and guidelines have been put in place Added to induction documentation</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 12 July 2018</p>	<p>The registered person shall ensure that the governance and audit arrangements for medicines are reviewed to ensure that all aspects of medicines management are included, that management review outcomes and that action is taken as necessary.</p> <p>Ref: 6.2 &amp; 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Nurse Manager has reviewed the audit process and made it more robust. This is to include management monthly audits of bisphosphonate medication and 3 monthly injections. This has been added to the Reg.29 documentation and checked monthly.</p>

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



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