

Unannounced Follow Up Medicines Management Inspection Report 25 February 2020



Greenhaw Lodge Care Centre

Type of Service: Nursing Home

Address: 42 Racecourse Road, Londonderry, BT48 8DA

Tel No: 028 7135 4725

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 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 registered nursing home which provides care for up to 42 patients.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes NI Ltd Responsible Individual: Christopher Walsh	Registered Manager and date registered: Mary Bernadette Conway - McDaniel 30 January 2020
Person in charge at the time of inspection: Christopher Walsh	Date manager registered: 30 January 2020
Categories of care: Nursing Home (NH) DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. A – Past or present alcohol dependence.	Number of registered places: 42 Category NH-MP (E) for one named patient only.

4.0 Inspection summary

An unannounced inspection took place on 25 February 2020 from 10.00 to 14.30.

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.

Following an inspection on 4 February 2020, information was provided to the inspector to evidence compliance with the outstanding Quality Improvement Plan (QIP). The documentation provided and the observations of the inspector raised concerns regarding the management of medicines within the home as there was evidence that medicine administration records had not been completed accurately and some medicines had been omitted as they were out of stock. It was decided that a medicines management inspection would be completed to examine the systems in place for the safe management of medicines within the home.

The following areas were examined during the inspection:

- Availability of medicines for administration
- Stock control
- Completion of medicine records
- Audit and governance systems in relation of medicines management.

The outcome of this inspection identified concerns regarding the overall governance arrangements and medicines management within the home. Review of medicine administration records indicated that 15 out of 20 patients sampled had been without one or more doses of their prescribed medicines within the last 28 days. Due to ineffective audit processes there was a failure to identify and drive improvement in relation to the management of medicines. We

found that patients had not received their medicines as prescribed; this is essential to ensure that their health and welfare is not being compromised.

As a consequence of our findings, the responsible individual and registered manager were invited to attend a meeting in RQIA office on 3 March 2020, with the intention of issuing two Failure to Comply (FTC) notices with regards to patients' health and welfare and governance arrangements.

The meeting was attended by Nuala Green, Managing Director of Larchwood Care Homes NI Ltd, Chris Walsh, Responsible Individual and Bernadette Conway-McDaniel, Registered Manager.

The representatives from Greenhaw Lodge Care Centre outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made as a number of areas required time to ensure that new processes were fully embedded into practice. As a result two Failure to Comply notices (FTC Ref: FTC000089 and FTC000090) were issued under The Nursing Homes Regulations (Northern Ireland) 2005.

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*

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Chris Walsh, Responsible Individual, 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 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 4 February 2020. 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 medicine-related incidents.

During the inspection the inspector met with two registered nurses, one manager from another Larchwood home and Mr Chris Walsh, Responsible Individual.

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:

- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- training records
- medicines storage temperatures

Areas for improvements identified at the last medicines management inspection were 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 4 February 2020

The most recent inspection of the home was an unannounced care inspection. At this inspection, the inspector could not validate all of the areas on the previous QIP. The inspection on 25 February 2020 inspection was completed to examine the outstanding issues from the areas for improvement made in relation to medicines management. The other areas for improvement will be validated during the next care inspection.

6.2 Review of areas for improvement from the last inspection dated 4 February 2020

The QIP from the inspection on 4 February 2020 was in draft at the time of this inspection, therefore only those sections which had been carried forward have been examined.

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 29 Stated: Second time	<p>The registered person shall make the necessary arrangements to ensure records of medicines administration are completed accurately.</p>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence that some of these records were not accurate. Code letters corresponding to medicines on the personal medication records were recorded when there was no corresponding entry on the personal medication record. The codes had then been recorded for several days indicating that nurses were copying the code from one day to the next.</p> <p>This area for improvement is not met and is subsumed into the enforcement action taken as a consequence of this inspection.</p>	
Area for improvement 2 Ref: Standard 29 Stated: First time	<p>The registered person shall develop a monitoring system to ensure that personal medication records are fully and accurately maintained.</p>	Partially met
	<p>Action taken as confirmed during the inspection: There was evidence that these records were generally up to date and contained all of the required information.</p> <p>There was evidence that the date of writing on one personal medication record and possibly a second record were not correct. This meant that the period of time covered by these records could not be determined.</p>	

	This area for improvement has been assessed as partially met and has been stated for a second time.	
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6.3 Inspection findings

Availability of medicines for administration

It was noted that 15 out of 20 patients sampled in one area of the home had been without one or more doses of their prescribed medicines within the last 28 days. These included laxatives, food supplements, medicines for dementia and pain relief. At the meeting on 3 March 2020 the responsible individual advised that a further two patients had been identified as missing doses of their medicines. This had the potential to adversely affect the health and wellbeing of patients.

The registered nurses had not recognised that medicines not being available for administration had the potential to adversely affect patient care. The registered manager advised that she was not always informed when medicines were not available. Insufficient action had been taken to resolve the issues regarding stock.

There was evidence that one patient's medicine had been used for another patient as they had no supply of their own. Patients should only be administered medicines from their own supply.

The areas for improvement regarding medicines availability are included in FTC Ref: FTC000090.

Stock control

There were large overstocks of some medicines evidencing poor stock control. At the meeting on 3 March 2020, the registered manager advised that although some medicines were not ordered as there was sufficient stock, on occasion they were still prescribed and dispensed. The home does not receive the prescriptions or copies of the prescriptions so that they can be checked prior to dispensing, in accordance with best practice guidance from the Health and Social Care Board. An area for improvement was identified.

The medicines overstock cupboards were unlocked and disorganised. On occasion it was noted that nurses had recorded that they could not find the medicine to administer. Medicines must be stored in an orderly manner so that nurses can easily retrieve them.

The treatment room required cleaning. This room is a clinical area and should be maintained as such.

The areas for improvement regarding stock control are included in FTC Ref: FTC000090.

Completion of medicine records

There was evidence that the medicines administration records were not completed accurately. When a sample of records was reviewed, it was evident that codes corresponding to medicines

were being copied from one day to the next. Medicines administration records must be completed accurately.

The area for improvement regarding medicines management is included in FTC Ref: FTC000090.

Audit and governance systems in relation of medicines management

The inspection raised concerns regarding the overall governance arrangements and medicines management within the home. Due to ineffective audit processes there was a failure to identify and drive improvement in relation to the management of medicines. The audit and governance systems must be reviewed to ensure that safe systems for the management of medicines are implemented and sustained.

The monthly monitoring reports were not effective in highlighting any shortfalls in the management of medicines. These reports did not evidence the concerns raised by RQIA during this inspection. The QIPs from previous inspections should be reviewed during this process to ensure that areas identified for improvement are addressed and the improvement is sustained.

The monthly monitoring reports must contain clear, time-bound action plans, detailing all areas of improvement required. The completed Regulation 29 report must be shared with the manager and the senior management team to ensure that the required improvements are made in a timely way.

Regulation 29 reports must be completed every two weeks and submitted to RQIA within five working days of completion.

The areas for improvement regarding audit and governance are included in FTC Ref: FTC000089.

Areas for improvement

In addition to those areas included in the Failure to Comply Notices, the registered person should review the process for ordering medicines to ensure that prescriptions are checked prior to dispensing in order to manage stock control and minimise waste.

	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 quality improvement plan (QIP). Details of the QIP were discussed with Chris Walsh, Responsible Individual, 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 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	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: Second time</p> <p>To be completed by: 25 April 2020</p>	<p>The registered person shall develop a monitoring system to ensure that personal medication records are fully and accurately maintained.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>At the end of each month Clinical Leads check kardex's are accurate, if they need updated this is done and signed off by two nurses. Individual order sheets are completed for each resident and sent to our dispensing pharmacy. Medications are received into the Home and cross referenced with order form and signed by Clinical Leads. Discrepancies are noted on a snag list which is e-mailed to dispensing pharmacy. A log is maintained as discrepancies are corrected on the snag list.</p> <p>On change over day new stock is put in place. Any excess stock is recorded and disposed of. Individual mar records are completed on administration. A monthly audit is completed by Clinical Leads with oversight from Home Manager</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2020</p>	<p>The registered person shall review the process for ordering medicines to ensure that prescriptions are checked prior to dispensing in order to manage stock control and minimise waste.</p> <p>Ref 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Process for ordering medicines has been reviewed since inspection, there has been a significant improvement improvement which has limited overstock of medicines. Copies of prescriptions are retained in the Home</p>

Please ensure this document is completed in full and returned via 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
📍 @RQIANews

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