Unannounced Follow Up Medicines Management Inspection Report 4 December 2018

Greenhaw Lodge Care Centre

Type of Service: Nursing Home
Address: 42 Racecourse Road, Londonderry, BT48 8DA
Tel No: 028 7135 4725
Inspector: Judith Taylor

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 that provides care for up to 42 patients with healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd **Registered Provider:** Mr Christopher Walsh	**Registered Manager:** See box below
Person in charge at the time of inspection: Mrs Bernie Conway-McDaniel	**Date manager registered:** Mrs Mary Bernadette (Bernie) Conway-McDaniel (Application received - registration pending)
Categories of care: Nursing Homes (NH): A – Past or present alcohol dependence DE – Dementia	**Number of registered places:** 42

4.0 Inspection summary

An unannounced inspection took place on 4 December 2018 from 10.45 to 14.45.

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/ the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The previous medicines management inspection on 13 August 2018 had shown that robust arrangements for the management of medicines were not in place. To ensure that the necessary improvements have been made, it was decided that a further medicines management inspection would be completed.

This inspection sought to determine if there were robust arrangements in place for the management of medicines and if the service was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- governance arrangements
- the management of controlled drugs
- medicines records

It was evidenced that most of the areas identified for improvement had been addressed effectively. Management had reviewed the systems in place, an action plan to resolve issues had been developed and staff had received further training on the management of medicines, roles and responsibilities and accountability. The evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led. The improvements which had taken place were

acknowledged. These must be sustained in order that staff continue to deliver safe and effective care. However, some further improvement is necessary to ensure that robust systems are in place regarding the standard of record keeping.

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 Mrs Bernie Conway-McDaniel, Manager, Mr Christopher Walsh, Responsible Individual and three registered nurses, 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 undertaken on 3 October 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 incidents: it was ascertained that there were no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with three registered nurses, the clinical lead nurse, the manager and the responsible individual.

Areas for improvements identified at the last medicines management inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 3 October 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 13 August 2018

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:** First time	The registered person shall review the stock control of medicines to ensure that patients receive their medicines as prescribed.	**Met**
	Action taken as confirmed during the inspection: We were advised of the action taken to ensure patients had a continuous supply of their medicines. A system was in place to review medicine stock levels on a weekly basis and address any identified low supplies.	

Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Staff had been provided with training on the management of controlled drugs. No further concerns regarding the management of controlled drugs were identified.	
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that a robust audit system which covers all aspects of medicines management is developed and implemented.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the audit system had been reviewed and new monitoring arrangements put in place.	
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 28 **Stated:** First time	The registered person shall ensure that any regular administration of "when required" medicines or ongoing refusal of medicines is referred to the prescriber.	**Met**
	Action taken as confirmed during the inspection: Staff advised of the action taken following the last medicines management inspection. This had been included in the medicines training provided in September 2018. The prescriber had been contacted as necessary and doses reviewed/care plans updated, as per the prescribers' instructions.	
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time	The registered person shall make the necessary arrangements to ensure records of medicines administration are completed accurately.	**Partially Met**
	Action taken as confirmed during the inspection: There was some improvement noted in the medicines administration records. However, a new medicines system had been introduced the previous day; several of the records had not been accurately completed. This area for improvement is stated for a second time.	

Area for improvement 3 **Ref**: Standard 28 **Stated:** First time	The registered person shall review the management of incidents.	**Met**
	Action taken as confirmed during the inspection: Training in the identification and management of incidents was provided to staff.	

6.3 Inspection findings

Governance arrangements

On arrival, staff advised of the new medicines system, which had been introduced on 3 December 2018. This included new supply and recording arrangements. We were informed of the action taken to implement this system and of the specific role of the clinical lead nurse in monitoring medicines management. Policies and procedures for medicines management were being updated to reflect the new medicines system.

An audit planner clearly identified when the medicine audit had to be completed by management. An action plan had been developed. Other medicine audits included daily, weekly and monthly audits on a variety of medicines and medicines records. Running stock balances for several medicines had been commenced. A sample of audit records was made available and there was evidence of the action taken to address any issues identified. Care plan audits were also completed.

The storage arrangements for medicines had been revised. The stock levels of medicines were being closely monitored to ensure medicines were only ordered as needed and systems were in place to ensure all medicines were available for administration as prescribed. Staff were aware to report any low stock levels to management. New medicine trolleys had been obtained and these clearly segregated each patient's medicines.

The management of controlled drugs

Controlled drugs were safely managed. All controlled drugs subject to safe custody legislation and other controlled drugs, such as Schedule 4 controlled drugs were checked at each shift check. Discontinued or expired controlled drugs were safely disposed of. New record books had brought into use and these were accurately maintained.

Medicine records

Patients' personal medication records had been printed for the new medicine system. Some of these were satisfactory; however, a few required more information in relation to dosage, and medicine entries, i.e. these did not always correlate with the corresponding medication administration records. We also noted some spelling errors of medicines and the potential risk was discussed. An area for improvement was identified.

A range of medicines and medicine formulations were audited. The outcomes indicated that most of the patients were being administered their medicines as prescribed. However, there were several incomplete entries since the introduction of the new medicine system and there

was no evidence that a small number of medicines had been administered as prescribed. The times of administration on the administration records did not correlate with the personal medication records. Advice was given and a different administration record was being prepared for introduction on 5 December 2018. Whilst we acknowledged that this was a new medicines system, accurate records of medicines administration must be maintained. The area for improvement made at the last medicines management inspection is stated for a second time.

Systems were in place to ensure that any non-compliance with medicine regimes or increased frequency in administration for "when required" medicines was referred to the prescriber and details were recorded in the patients' notes.

Areas of good practice

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

Areas for improvement

A monitoring system should be developed to ensure that personal medication records are fully and accurately maintained at all times.

One area for improvement in relation to medicines administration has been stated for a second time.

	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 Mrs Bernie Conway-McDaniel, Manager, Mr Chris Walsh, Responsible Individual and three registered nurses, 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	
Area for improvement 1 **Ref**: Standard 29 **Stated:** Second time **To be completed by:** 4 January 2019	The registered person shall make the necessary arrangements to ensure records of medicines administration are completed accurately. Ref: 6.3
	Response by registered person detailing the actions taken: Each member of the nursing team has been met with to discuss the need to ensure that records of medicines administration is completed accurately, new administration records were put in place on day of Inspection. Antibiotic administration sheets times are going to coincide with main mar sheet. In depth training has been organised for 10 January 2019 x 2 sessions
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 4 January 2019	The registered person shall develop a monitoring system to ensure that personal medication records are fully and accurately maintained. Ref: 6.3
	Response by registered person detailing the actions taken: A new audit template has been agreed with the local pharmacy provider and this was implemented on the 7 January 2019. Staff will be involved in and communicated to regarding the outcome from each audit.

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

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