

Unannounced Medicines Management Inspection Report 2 February 2017



Greenhaw Lodge Care Centre

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenhaw Lodge Care Centre took place on 2 February 2017 from 10.20 to 14.20.

The findings of the last medicines management inspection on 4 October 2016 indicated that robust arrangements were not in place for the management of medicines. The improvements noted at the medicines management inspection completed on 26 May 2015 had not been sustained. Following a discussion with the senior pharmacist inspector in RQIA, it was agreed the registered provider would be made aware of the required improvements and that a further inspection would be undertaken.

The purpose of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the last medicines management inspection, to assess the level of compliance with legislative requirements and the DHSSPS Care Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. The registered nurses had been provided with update training in medicines management and competencies had been reassessed. New procedures had been developed to review the medicine stock levels on a weekly basis and ensure that any expired medicines were removed from stock. There were systems in place to ensure that medicines management was in compliance with legislative requirements and standards. No requirements or recommendations were made.

Is care effective?

The management of medicines supported the delivery of effective care. The areas identified for improvement at the last medicines management inspection had been addressed in a satisfactory manner. There were systems in place to ensure that patients were receiving their medicines as prescribed. Robust arrangements were in place to manage any ongoing refusal of medicines. The standard of record keeping had improved. No requirements or recommendations were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. The auditing processes had been revised and further developed. The frequency of audits had increased and included a running stock balance for several medicines. Following the last medicines management inspection, a staff meeting was held and the inspection findings discussed. A copy of the QIP was issued to staff and also used as part of the auditing processes in the home. No requirements or recommendations were made.

This inspection was underpinned by 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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Miss Ronagh McCaul, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 November 2016.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/ Mr Christopher Walsh	Registered manager: Miss Ronagh McCaul
Person in charge of the home at the time of inspection: Miss Ronagh McCaul	Date manager registered: 7 March 2012
Categories of care: NH-A, NH-DE	Number of registered places: 43

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the incidents register - it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with three registered nurses, the maintenance person and the registered manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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
- medicine audits
- care plans
- training records
- controlled drug record book

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2016

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 their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection 4 October 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: First time	The registered provider must ensure that all medicines are administered in strict accordance with the prescribers' instructions.	Met
	Action taken as confirmed during the inspection: There were systems in place to ensure that medicines were administered in accordance with the prescribers' instructions. New auditing systems had been developed which included a weekly check of medicine records and the use of separate administration records for several medicines. With the exception of some external preparations, the outcomes of the audit trails indicated that medicines had been administered as prescribed.	
	The registered manager provided assurances that the management of external preparations would be reviewed and closely monitored with immediate effect.	

Requirement 2 Ref: Regulation 13(4) Stated: First time	<p>The registered provider must ensure there are robust arrangements for the management of any ongoing refusal of medicines.</p> <p>Action taken as confirmed during the inspection: The management of the ongoing refusal of medicines had been reviewed. Any ongoing refusals were reported to the registered manager and also to the prescriber; the details were recorded in the patient’s notes.</p>	Met
Last medicines management inspection recommendations		
Recommendation 1 Ref: Standard 28 Stated: First time	<p>The registered provider should provide training for relevant staff in the management of eye and respiratory conditions relative to the medicines prescribed.</p> <p>Action taken as confirmed during the inspection: Training in medicines management was completed by staff in November 2016; this included eye preparations and respiratory conditions.</p>	Met
Recommendation 2 Ref: Standard 28 Stated: First time	<p>The registered provider should ensure there are robust arrangements in place for the ordering and supply of medicines.</p> <p>Action taken as confirmed during the inspection: To ensure that medicines were available for administration, a weekly stock check system had been developed and implemented and the process had also been reviewed in consultation with the community pharmacist. Staff advised that this system was effective and stated that out of stocks rarely occurred.</p> <p>One out of stock medicine was noted on the day of the inspection. This had been identified earlier on the morning of the inspection and was being investigated by the registered manager; a supply was expected later on the day of the inspection.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered provider should develop systems to identify and remove expired medicines.</p> <hr/> <p>Action taken as confirmed during the inspection: A system to check expiry dates of medicines had been developed. There were no expired medicines noted at the inspection.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered provider should make the necessary arrangements to monitor the completion of medication administration records.</p> <hr/> <p>Action taken as confirmed during the inspection: This recommendation was made in regard to accurate record keeping. The reason for any non-administration was recorded and initialled. In general the medication administration records (MARs) were well maintained.</p> <p>A monitoring system had also commenced. Clinical lead nurses were responsible for checking MARs completed by the registered nurses. These were well maintained. Senior care staff were responsible for checking the MARs completed by care staff regarding external preparations. It was found that some improvements were required in the completion of these MARs. As this was a delegated task this was discussed in relation to ensuring that registered nurses also reviewed these records. The registered manager advised that the systems would be further developed to ensure clarity of recording and designated care staff would be provided with training. She advised by telephone on 3 February 2017 that training had been arranged.</p>	<p>Met</p>

Recommendation 5 Ref: Standard 28 Stated: First time	The registered provider must ensure that an effective audit process is in place.	Met
	Action taken as confirmed during the inspection: The audit process for medicines management had been reviewed. The frequency of auditing had increased and a specific weekly audit of records was completed. In addition a running stock balance was maintained for medicines which were not included in the 28 day monitored dosage system. They included eye preparations, laxatives, nutritional supplements, liquids, injections and inhaled medicines.	
Recommendation 6 Ref: Standard 41 Stated: First time	The registered provider should make the necessary arrangements to ensure that the relevant staff are aware of their roles and responsibilities in relation to medicines management.	Met
	Action taken as confirmed during the inspection: Following the last medicines management inspection, the registered manager met with staff to discuss the findings of the inspection. A copy of the QIP was issued to each staff member responsible for medicines management. It was evidenced from discussion with staff, that they were aware of their roles and responsibilities.	

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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