Unannounced Medicines Management Inspection Report
13 August 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 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 with 42 beds that provides care for patients living with healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd **Responsible Individual:** Mr Christopher Walsh	**Registered Manager:** See 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 13 August 2018 from 10.25 to 15.55.

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 training, competency assessment, the administration of most medicines and care planning.

Areas for improvement were identified in relation to the governance arrangements for medicines, stock control of medicines, the management of controlled drugs, the standard of record keeping and the management of incidents.

Patients were observed to be relaxed and comfortable in the environment and in their interactions with staff.

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	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Bernie Conway-McDaniel, Registered Manager at the inspection and also with Mr Chris Walsh, Responsible Individual, by telephone on 14 August 2018, as part of the inspection process. The timescales for completion commence from the date of inspection.

Immediately after the inspection, the responsible individual provided us with a detailed action plan and a full account of the actions that will be taken to ensure that robust systems for the management of medicines were in place. Management of the home were advised that they would be given a period of time to drive the necessary improvement and that a further inspection would be undertaken.

4.2 Action/enforcement taken following the most recent premises inspections

A scheduled announced premises inspection was undertaken on 10 July 2018 during which we assessed progress regarding a number of environmental issues identified at the care inspection on 14 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken and enforcement action did not result from the findings of the 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 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 two registered nurses, one senior care assistant, two care assistants and the manager.

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

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA and we asked the manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

We left ‘Have we missed you’ cards in the foyer of the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

Areas for improvement identified at the last medicines management inspection were reviewed and the 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 10 July 2018

The most recent inspection of the home was an announced premises inspection. The completed QIP was approved by the estates inspector and will be validated at the next estates inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 30 November 2017

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 28

Stated: First time</td><td>The registered person shall review the auditing systems in place in relation to reporting and managing audit outcomes.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The QIP completed by the registered persons had advised that audits would be completed and where necessary action plans implemented. There was limited evidence that the auditing system had been reviewed. The inspection findings as detailed in the report indicate that a robust auditing system was still not in place.

An area for improvement under regulations has been made.</td></tr>
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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. An induction process was in place for registered nurses and also for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings and supervision. Competency assessments and staff appraisals were completed annually. Training in management of medicines was provided in the last year. At feedback with the manager, she advised that as a result of the inspection findings, further training in medicines management has been scheduled for September 2018.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

There were satisfactory arrangements in place for the safe management of medicine changes. Two staff were involved in updating the personal medication records and medication administration records.

The ordering and stock control of medicines was reviewed. Although we were advised of the systems in place to ensure that medicines were available for administration, we noted that some patients did not have a continuous supply of their medicines in the last month and as a result were not administered some of their medicines. Staff advised of the continued efforts to obtain these medicines; however, these issues had not been reported to the manager or recognised by staff as medicine related incidents. The potential impact to the patients and the need to ensure that medicines were available for administration was discussed. An area for improvement was identified. See also Section 6.7.

The management of controlled drugs was reviewed. Controlled drugs which require safe custody were stored in the controlled drug cabinet. Shift checks on stock balances of controlled drugs were carried out; however, these did not include Schedule 3 controlled drug patches. One of the controlled drug record books had not been accurately maintained and Schedule 4 controlled drugs were not always denatured prior to disposal. These issues were discussed with the staff and manager and an area for improvement was identified. The need for staff to refer to the organisation's Standard Operating Procedures for controlled drugs was also discussed.

The management of high risk medicines e.g. warfarin was examined. Written confirmation of the medicine regime was obtained and a separate administration chart was in place. Although the audit trails indicated the correct dose had been administered, there were some recording inaccuracies in the stock balances. Areas for improvement in relation to audit and record keeping were made in Sections 6.5 and 6.7.

There were largely satisfactory arrangements in place for the safe disposal of medicines. An area for improvement in relation to controlled drugs was made above.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Temperatures of medicine storage areas were monitored and recorded. Three expired eye

preparations were removed for disposal. It was agreed that limited shelf life medicines would be included in the monthly audit process. Staff were reminded that oxygen cylinders should be chained to the wall and empty cylinders should be removed at the earliest opportunity.

Areas of good practice

There were examples of good practice in relation to competency assessment and the management of medicines changes.

Areas for improvement

The necessary arrangements should be made to ensure that all medicines are available for administration to patients as prescribed.

The management of controlled drugs should be reviewed to ensure that robust arrangements are in place.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. A small number of discrepancies were observed and discussed with the registered nurses and the manager for close monitoring. It was agreed that the prescriber would be contacted in relation to one medicine. An area for improvement regarding audit was made in Section 6.7.

There was evidence that time critical medicines had been administered at the correct time. Whilst there were arrangements in place to remind staff when doses weekly and fortnightly medicines were due, we observed that one weekly patch had been administered two days late. See below.

The management of pain was reviewed. This was referenced in a care plan and a pain assessment was completed for each patient at admission, monthly or more frequently as needed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. With the exception of one weekly patch, the sample of records examined indicated that pain relieving medicines had been administered as prescribed. In relation to this patch, staff had omitted to change the patch as prescribed. The management of this patient's pain was discussed. The manager assured us that this would be investigated with immediate effect. An area for improvement in relation to controlled drugs was made in Section 6.4.

There were largely satisfactory arrangements in place for the management of distressed reactions. Care plans were in place. We noted that one patient who was prescribed a medicine for "when required" use was being administered this on a regular basis. This had not been referred to the prescriber. An area for improvement has been made.

The procedures in place to ensure compliance with medicines regimes were reviewed. Systems were in place to ensure that liquid medicine formulations were prescribed as necessary to aid

swallowing. In relation to the ongoing refusal of medicines, one patient regularly refused two medicines. This had not been referred to the prescriber. An area for improvement regarding referring medicine related issues to the prescriber was made above.

Most of the medicines records were well maintained and facilitated the audit process. In relation to the records of medicines administration, there were a number of unexplained gaps; the audit trails indicated that most of these medicines had been administered but the record had not been signed and if the medicine was not administered, the actual reason for this was not clearly recorded. An area for improvement was identified.

Practices for the management of medicines were audited by the staff included the maintenance of running stock balances for medicines which were not supplied in the 28 day blister packs. These running stock balances had not been accurately maintained. The need for a robust audit system was discussed. See Section 6.7.

Areas of good practice

Some examples of good practice were observed in relation to the completion of personal medication records and care planning.

Areas for improvement

A system should be in place to ensure that any regular administration of "when required" medicines or ongoing refusal of medicines is referred to the prescriber.

The necessary arrangements should be made to ensure that medication administration records are fully and accurately maintained.

	Regulations	Standards
Total number of areas for improvement	0	2

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 medicines were administered in a kind and caring manner. The registered nurse gave the patient time to take their medicines and explained the medicines.

Throughout the inspection, it was found that there were good relationships between the staff, the patients and their representatives. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that they were familiar with the patients' likes and dislikes.

It was not possible to obtain the views and opinions of patients. However, we observed the patients to be relaxed and comfortable in their surroundings and in their interactions with staff.

Of the questionnaires which were distributed, one was returned from a patients' representative. The responses indicated that they were satisfied with the care provided in the home. Any comments in questionnaires received after the return date (two weeks) will be shared with the manager for her attention as necessary.

Areas of good practice

Staff listened to patients and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates 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. We were advised that there were arrangements in place to implement the collection of equality data within Greenhaw Lodge Care Centre.

Written policies and procedures for the management of medicines were in place. These were not examined in detail.

The management of medicine related incidents was examined. Whilst staff confirmed that they knew how to identify and report incidents, and advised of the procedures in place, it was highlighted that when medicines were out of stock, this had not been identified or reported to the manager (see also Section 6.4); an area for improvement was made. 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.

The governance arrangements for medicines management were reviewed. There was limited evidence that the auditing system was effective in identifying areas for improvement or that any noted issues were reported to the manager. This issue had been raised at the last medicines management inspection and had not been addressed effectively. It was suggested that the QIP should be regularly reviewed as part of the quality improvement process including the regulation 29 monitoring visits. As there were also areas for improvement identified in the domains of safe and effective care, a robust auditing system must be developed and implemented. The responsible individual forwarded an action plan to address the inspection findings immediately after the inspection.

Following discussion with the manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The staff we met with spoke positively about their work and the working relationships in the home and with other healthcare professionals. All of the staff stated they felt well supported in their work, received the necessary training and advised they had no concerns.

The staff advised that there were effective communication systems in the home to ensure that they were kept up to date. Shift handovers were verbal and written; in relation to medicines management this included diet, diabetes and antibiotics.

No online questionnaires were completed by staff within the specified time frame (two weeks).

Areas of good practice

There were examples of good practice in relation to the management of medicine incidents. There were clearly defined roles and responsibilities for staff.

Areas for improvement

The management of incidents should be reviewed.

A robust auditing system which covers all aspects of medicines management must be developed and implemented.

	Regulations	Standards
Total number of areas for improvement	1	1

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 Bernie Conway-McDaniel, Registered Manager, and Mr 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 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:** First time **To be completed by:** 13 September 2018	The registered person shall review the stock control of medicines to ensure that patients receive their medicines as prescribed. Ref: 6.4
	Response by registered person detailing the actions taken: Alert notice implemented. Nurses check stock on Sundays for action on Monday as required
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 13 September 2018	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs. Ref: 6.4
	Response by registered person detailing the actions taken: Management of Controlled drugs discussed in training and at staff meeting.
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 13 September 2018	The registered person shall ensure that a robust audit system which covers all aspects of medicines management is developed and implemented. Ref: 6.4, 6.5 & 6.7
	Response by registered person detailing the actions taken: Going forward we plan to do weekly drug audits, with action plan and feedback weekly via Handovers
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 28 **Stated:** First time **To be completed by:** 13 September 2018	The registered person shall ensure that any regular administration of “when required” medicines or ongoing refusal of medicines is referred to the prescriber. Ref: 6.5
	Response by registered person detailing the actions taken: Discussed with staff at training and staff meeting

Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 13 September 2018	The registered person shall make the necessary arrangements to ensure records of medicines administration are completed accurately. Ref: 6.5
	Response by registered person detailing the actions taken: Discussed at training, staff meeting, audits shall pick up any descrepancies in administration and staff shall be spoken to individually if there are concerns.
Area for improvement 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 13 September 2018	The registered person shall review the management of incidents. Ref: 6.7
	Response by registered person detailing the actions taken: Discussed with staff, staff are now aware of what constitutes an incident. Home Manager will ensure that all incidents are followed up as required.

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

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