



Announced Enforcement Medicines Management Inspection Report 29 April 2020



Greenhaw Lodge Care Centre

Type of Service: Nursing Home

Address: 42 Racecourse Road, Londonderry BT48 8DA

Tel No: 028 7135 4725

Inspectors: Cathy Glover and Judith Taylor

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

4.0 Inspection summary

A compliance inspection was undertaken on 29 April 2020.

Following a medicines management inspection on 25 February 2020, we identified shortfalls in the management of medicines. This resulted in the issue of two Failure to Comply Notices on 5 March 2020, regarding Regulation 10(1) (FTC Ref: FTC000089) and 13(4) (FTC Ref: FTC000090) of The Nursing Homes Regulations (Northern Ireland) 2005; with compliance date 30 April 2020.

Due to the Covid-19 pandemic, it was decided by RQIA that it would not be suitable to visit the home to assess the level of compliance with the two Failure to Comply Notices. As a result, we contacted the management team at Greenhaw Lodge Care Centre; it was agreed that they would submit specific medicine related documents to RQIA and these would be inspected by the pharmacist inspectors. These documents and supporting information were chosen by RQIA and were received on 23 April 2020.

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.

There was evidence of improvement and progress made to address the required actions within the notices; however, improvement was still required in the completion of medicine records and the audit process. Compliance with the Failure to Comply Notices could not be validated. Following the inspection these findings were discussed with RQIA senior management on 29 April 2020 and a decision was made to extend the compliance date. Compliance with the notices must therefore be achieved by 14 May 2020. Failure to Comply Notices FTC000089E1 and FTC000090E1 were issued.

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	1*	0

*The total number includes one area for improvement which has been stated for a third time.

The findings of the inspection were discussed via teleconference on 30 April 2020, with Nuala Green, Managing Director of Larchwood Care Homes NI Ltd, Chris Walsh, Responsible Individual and Bernadette Conway-McDaniel, Registered Manager. The timescales for completion of the Quality Improvement Plan (QIP) commence from the date of inspection.

No new areas for improvement were identified. However, ongoing 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents

A sample of the following records was examined during the inspection:

- medicines stock control records
- personal medication records for six patients
- medicine administration records for six patients
- minutes of staff meeting and action points
- monitoring reports completed by the responsible individual
- medicine audits
- training/competency records
- medicines storage temperatures
- photographs regarding two treatment rooms

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

6.0 The inspection

6.1 Review of areas for improvement from the last medicines management inspection dated 25 February 2020

This inspection focused solely on the actions contained within the failure to comply notices issued on 5 March 2020 and the QIP resulting from the inspection. The areas for improvement from the last care inspection on 4 February 2020 were not reviewed as part of this inspection and will be assessed at the next care inspection.

Areas for improvement from the last medicines management inspection		
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: Second time	The registered person shall develop a monitoring system to ensure that personal medication records are fully and accurately maintained.	Partially Met
	Action taken as confirmed during the inspection: Whilst there was evidence of the increased monitoring systems for personal medication records, we identified areas for improvement. Further detail is provided in Section 6.2. This area for improvement has been stated for a third and final time.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The registered person advised that the processes for ordering medicines had been reviewed to ensure that stock levels were appropriate, and that medicines were not received into the home when they had not been ordered.	

6.2 Inspection findings

FTC Ref: FTC000089

Notice of failure to comply with Regulation 10(1) of The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

10.—(1) *The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.* In relation to this notice the following four actions were required to comply with this regulation:

- Systems must be implemented which identify that patients do not have the required supply of their prescribed medicines and registered nurses must highlight these to management.
- Robust auditing systems must be implemented to quality assure the management of medicines.
- The monthly monitoring reports must be completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and 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.

Through inspection of records and discussion with management, we evidenced and acknowledged the progress made in relation to this Failure to Comply Notice in most but not all areas of medicines management.

The responsible individual provided assurances that all patients' medicines had been available for administration since the issue of the Failure to Comply Notice on 5 March 2020 and staff were aware that low stocks of medicines must be reported to the management team. There was no evidence in the submitted documents that medicines were not available.

Whilst we acknowledged that there had been a review of auditing, we found continued areas for improvement in the standard of record-keeping which had not been identified within the audit process.

Detailed monthly monitoring reports were completed and shared with the registered manager and senior management team. These had been forwarded to RQIA on a fortnightly basis.

As further improvement was required in the audit processes, compliance with this Failure to Comply Notice had not yet been achieved. There was evidence available to confirm that progress had been made toward achieving compliance and the notice was extended with a compliance date of 14 May 2020.

FTC Ref: FTC000090**Notice of failure to comply with Regulation 13(4) of The Nursing Homes Regulations (Northern Ireland) 2005*****Health and welfare of patients***

13.—(4) *Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that -*

In relation to this notice the following eight actions were required to comply with this regulation:

- A robust auditing process must be developed and implemented for medicines management.
- Systems must be implemented to ensure that patients have a continuous supply of their prescribed medicines.
- Registered nurses must ensure that when a patient misses a dose of their medicines due to insufficient stock, they inform the registered manager and the incident is reported to RQIA.
- Registered nurses should ensure medicines are required prior to requesting a further supply from the prescriber.
- Medicines must be administered in strict accordance with the prescribers' instructions and from the patient's own supply.
- Medicine administration records must be completed accurately and kept updated.
- Medicines storage areas must be secure, clean and organised.
- Further training and competency assessment on the management of medicines must be completed for all staff with responsibility for managing medicines.

Through inspection of records and discussion with management, we evidenced and acknowledged the progress made in relation to this Failure to Comply Notice in most but not all areas of medicines management.

There was evidence of changes in auditing processes and they included an increased frequency of auditing. However, the auditing process had not been effective in driving all of the required improvements to ensure compliance with the Failure to Comply Notice. The auditing process should be further developed and embedded into practice.

We inspected six patients' medicines records and there was no evidence that any patient had missed doses of their medicines due to lack of supply.

Management provided details of the systems in place for monitoring stock levels of medicines, reporting low stock levels, processes for ensuring that a medicine was only ordered when it was needed and the training provided to staff.

The audits completed by the staff in the home evidenced that patients had been administered medicines in accordance with the prescribers' instructions. There was no evidence of patients using another patient's medicine.

The standard of record keeping required further improvement. Deficits were found in each of the six patients' records that were examined, mainly the completion of medication administration

records and personal medication records. These included missed signatures, non-adherence to time intervals for one specific medicine and using the incorrect medicine code; therefore, we could not confirm if the patient had been administered their medicine as prescribed.

As part of the submitted documents, 16 photographs were received. These related to the two treatment rooms; the photographs showed that the storage issues had been addressed.

Management advised of the training completed by staff; samples of completed copies of staff medicines administration assessment and minutes of the staff meeting held after the last inspection were provided.

There was evidence of improvement and progress made to address the required actions within the notice; however, due to the improvement that is still required in relation to record keeping and audit, we could not validate compliance with this Failure to Comply Notice. The notice was extended with a compliance date of 14 May 2020.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Compliance with the two Failure to Comply Notices could not be validated. However, there was evidence of improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management made a decision to extend the compliance date by two weeks. Therefore, compliance with the notices must be achieved by 14 May 2020.

7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. The timescale commences 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 area 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 Nursing Homes Regulations (Northern Ireland) 2005/ The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Third and final time</p> <p>To be completed by: 14 May 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: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Clinical Leads when on duty are completing individual resident audits. Manager is doing a weekly audit on mar sheets to ensure they are completed accurately any issues are addressed directly with Nurse. Clinical Leads are doing weekly stock checks to ensure residents are not without medicines.</p> <p>Monthly order/checking in of medicines is done by Clinical Leads Patches are highlighted on mar sheets to reduce risk of missed doses.</p>

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



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