Unannounced Medicines Management Inspection Report
20 March 2019

Kilwee Care Home

Type of Service: Nursing Home
Address: 42f Cloona Park, Dunmurry, Belfast, BT17 0HH
Tel No: 028 9061 8703
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 that provides nursing care for up to 32 patients living with healthcare needs are detailed in Section 3.0. This nursing home shares the same building as Kilwee Care Home, which provides residential care on the top floor.

3.0 Service details

Organisation/Registered Provider: Merit Retail Limited **Responsible Individual:** Ms Therese Elizabeth Conway	**Registered Manager:** Mrs Isabel Neves
Person in charge at the time of inspection: Ms Athira Vijayan (Registered Nurse) until 11.15 and Mrs Isabel Neves thereafter	**Date manager registered:** 15 March 2019
Categories of care: Nursing Home (NH): DE – dementia I – old age not falling within any other category MP – mental disorder excluding learning disability or dementia PH – physical disability other than sensory impairment PH (E) - physical disability other than sensory impairment – over 65 years	**Number of registered places:** 32 comprising: - a maximum of 20 patients in category NH-DE - a maximum of 12 patients in categories NH-I, NH-PH and NH-PH (E)

4.0 Inspection summary

An unannounced inspection took place on 20 March 2019 from 10.30 to 16.00.

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 the safe storage of medicines, care planning regarding medicines and management of injectable medicines.

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

As a result of this inspection, RQIA was concerned that the issues evidenced during the inspection had the potential to affect the health and well-being of patients. A decision was taken to hold a serious concerns meeting to discuss the outcome of the inspection with the responsible individual. The meeting was held at RQIA Belfast office on 27 March 2019 (see Section 4.1).

There was a warm and welcoming atmosphere in the home and the patients were observed to be relaxed and comfortable in their environment.

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	6	*2

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Isabel Neves, Registered Manager and Mrs Julie McKearney, Regional Manager at the inspection; and Ms Therese Conway, Responsible Individual, by telephone on 21 March 2019, 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 evidence seen during the inspection raised concerns that the quality of care was below the standard expected. The registered persons were invited to attend a serious concerns meeting in RQIA on 27 March 2019 to discuss the inspection findings and their plans to address the issues identified. The responsible individual, regional manager and registered manager were in attendance.

During the meeting, the management team provided a comprehensive action plan and detailed evidence of the completed/planned actions to drive improvement, to ensure that the concerns raised at the inspection were addressed. Assurance was given that the concerns were being taken seriously by Merit Retail Limited. Following the meeting RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the registered persons that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

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/

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 March 2019. 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 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 care assistant, the registered manager and the regional manager.

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA.

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
- care plans
- training records
- medicines storage temperatures

We left 'Have we missed you?' cards in 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 4 March 2019

The most recent inspection of the home was an unannounced care inspection. The completed 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 30 November 2017

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 31 **Stated:** First time	The registered person shall closely monitor the standard of maintenance of the controlled drugs record books to ensure that records of receipt, administration and disposal are accurately maintained.	**Not met**
	Action taken as confirmed during the inspection: Examination of the controlled drugs record book indicated that there were a small number of incomplete entries, where the administration had not been recorded or signatures were missing. See also Section 6.4. This area for improvement is stated for a second time.	
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time	The registered person shall review the management of insulin as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: The management of insulin had been reviewed; no further concerns were observed.	

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.

A new manager had been recently appointed to the home in February 2019. She advised of the training sessions which had been provided in the last month, this included the management of dementia, safeguarding, record keeping and enteral feeding. Swallowing difficulty training has been scheduled.

Records of staff competency assessments had been completed in 2018; however, due to the inspection findings, the registered manager advised that these would be reassessed, alongside supervision sessions and a review of the training provided. We were advised that management were aware that the annual appraisal process was overdue and were assured that this would be completed following reassessment of staff competency.

There were satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to the home. Written confirmation of medicine regimes was obtained. Personal medication records were updated by two trained staff. This is safe practice and was acknowledged.

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 for up to five days. This included one patient who missed two doses of one medicine and three doses of another medicine; and two other patients who missed five doses of one of their medicines. There was no evidence that the registered nurses had reported these shortages to the prescriber or the management team; and they were not reported to RQIA as notifiable events. We could not determine if this non-administration had a detrimental effect on the patient's health and well-being. 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 registered manager investigated these observations and forwarded the appropriate notifiable events to RQIA on 25 and 26 March 2019 identifying the action being taken to minimise any reoccurrence.

Robust arrangements were not observed for the management of medicine changes. This was discussed in relation to record keeping, supply and labelling of the medicine. We also observed that one antibiotic had been prescribed and administered; however, records indicated the patient was allergic to this medicine. The procedures for the safe management of new medicines/ medicine changes should be reviewed. An area for improvement was identified.

The management of controlled drugs was reviewed. Stock levels of controlled drugs were checked at each shift change, including controlled drugs which are not subject to the safe custody legislation. This is good practice. Key control was appropriate. We noted that the controlled drug record book had not been completed when the controlled drugs had been removed from the controlled drug cabinet, on the morning of the inspection. This was discussed with staff and management. See also Section 6.2. The area for improvement is stated for a second time.

There were largely satisfactory arrangements in place to management high risk medicines, i.e. injectable medicines, including insulin, and warfarin. Care plans were maintained. However, we identified a discrepancy in the administration of one dose of warfarin; records showed that this dose had been checked by two registered nurses. This was highlighted during the inspection and management assured that this would be reported to the prescriber after the inspection and followed up with staff. This was also reported as a notifiable event to RQIA on 25 March 2019.

The disposal of medicines was reviewed. Two staff were involved in the disposal of medicines. However, in relation to controlled drugs, there was no evidence that Schedule 4 controlled drugs were denatured prior to disposal. Staff advised that this is the expected practice. It was agreed that staff would be reminded to clearly state this on the records.

Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. Two medicines were stored at the incorrect temperature and this was addressed at the inspection. We noted that the medicine storage areas were clean, tidy and well organised and patients' medicines were clearly segregated. There were robust systems to manage medicines which required cold storage and medicines with a limited shelf life once opened.

A new system had been recently developed to monitor medical equipment, such as oxygen and blood glucometers.

Areas of good practice

There were examples of good practice in relation to the management of medicines on admission.

Areas for improvement

The stock control of medicines must be reviewed to ensure that all patients have a continuous supply of their medicines.

The necessary arrangements must be made to ensure that robust arrangements are in place for the safe management of new medicines/medicine changes.

One area for improvement in relation to controlled drugs has been stated for a second time.

	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.

The outcomes of the audit trails indicated that we did not have the assurances that all patients were being administered their medicines as prescribed. We identified several medicines discrepancies. In addition, patients missed doses of their medicines as detailed in Section 6.4. These were highlighted with staff and management at the inspection. Patients must be administered their medicines as prescribed. An area for improvement was identified.

There were arrangements in place to alert staff of when three monthly medicines were due. A separate administration chart was in place and this good practice was acknowledged.

The management of pain was reviewed. Medicine details were recorded on the personal medication records. Care plans and pain assessments were maintained. The sample of records examined indicated that pain relieving medicines had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Management also advised of the planned developments regarding pain management care planning.

We reviewed the management of medicines prescribed for distressed reactions. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. There was evidence of the systems is in place to ensure that a record of the reason for and outcome of any administration is maintained. However, this practice was not followed when these medicines had been administered recently. We were advised that this was an oversight. A care plan was in place and the registered manager provided a copy of the new audit tool specific to these medicines.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. A care plan and speech and language assessment report was in place. In relation to administration, satisfactory records were maintained by registered nurses; however, whilst we acknowledged that care staff completed food and fluid intake charts, there was no system to enable care staff to record that they had administered thickened fluids. We discussed this with staff and it was evident that care staff were familiar with the prescribed fluid consistency level; this was also recorded on the daily handover sheets for reference. The format of the food and fluid chart should be reviewed to include this information. An area for improvement regarding administration records is made below.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber. However, as discussed in Section 6.4, we noted that some patients missed doses of their medicines for up to five days. There was no evidence that this had been reported to management or the prescriber. Management confirmed that this was discussed as part of the supervision sessions and training provided immediately after the inspection.

We identified that improvements in relation to the standard of record keeping were necessary to ensure that medicines records were fully and accurately maintained. In relation to personal medication records, we observed a number of amended entries on these records. Medicine entries must not be amended, they should be discontinued and a new entry written. Several were untidy and required rewriting; and medicine entries required minimum dosage intervals for medicines prescribed on a "when required basis". These records may be used by other healthcare professionals and must be clearly written. An area for improvement was identified.

With regard to the records of administration, there was no evidence that two doses of a bisphosphonate medicine had been administered and records indicated there had been several missed doses of one cream. As detailed above, we observed audit discrepancies; most of these related to the medicine code being signed but the medicine had not been administered. In addition, the staff failure to complete entries on the records clearly meant we were unable to determine whether medicines had been administered. An area for improvement was identified.

Staff were reminded that obsolete records must be discontinued and archived, to enable the safe administration of medicines.

Areas of good practice

There were examples of good practice in relation to care planning.

Areas for improvement

The administration of medicines process must be reviewed to ensure that all patients are administered their medicines in strict accordance with the prescriber's instructions.

The standard of record keeping must be reviewed to ensure that personal medication records and records of administered medicines are fully and accurately maintained.

	Regulations	Standards
Total number of areas for improvement	3	0

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 administration of medicines to patients was not observed during the inspection.

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

It was not possible to ascertain the views and opinions of patients. The patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. A small number of patients were enjoying craft and painting activities in the dining room.

Of the questionnaires which were left in the home, none were returned from patients and their representatives. Any comments received in questionnaires received after the specified time frame (two weeks) will be shared with management for their 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 management arrangements in the home were discussed. The new registered manager advised of the support from the regional manager and the responsible individual. She advised of the planned developments and action taken following her appointment to the home. This included governance and audit, staff training and competency.

The outcomes of the inspection highlighted several shortfalls in the management of medicines and these were discussed in relation to effective auditing systems, overall governance, staff roles and responsibilities and professional accountability. Management advised of the most recent audit outcomes and the action taken in recent days to address and develop medicines management and also to review staffing levels; in addition an internal management meeting had been held with the responsible individual on 19 March 2019. As there were areas for improvement identified in the domains of safe and effective care, a robust auditing system must be developed and implemented. An area for improvement was identified. The benefit of using completed action plans and QIPs as part of the ongoing audit process to ensure sustained improvement was discussed.

The management of medicine related incidents was examined. Staff confirmed that they knew how to identify and report incidents, and advised of the procedures in place. However, they failed to recognise that if patients had no supply of their prescribed medicines this should be reported as an incident to the management team (see also Section 6.4); an area for improvement was identified. 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.

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

We discussed the 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.

Staff confirmed that there were effective communication systems to ensure that they were kept up to date. This included the written and verbal handover reports and a communications book was also in use.

The staff we met with spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals.

Areas for improvement

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

The management of incidents should be reviewed.

	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 Isabel Neves, Registered Manager, Mrs Julie McKearney, Regional Manager and Ms Therese Conway, 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:** 19 April 2019	The registered person shall review the stock control of medicines to ensure that patients have a continuous supply of their medicines. Ref: 6.4
	Response by registered person detailing the actions taken: Nurse's competencies are being reviewed. Comprehensive Medication training delivered and meeting held covering medicines policy, system, audits & accountability. Supervisions withall registered nurses are being carried out regarding all aspects of medication administration, including receiving medication ensuring that residents have continuous supply of their medicines. Stock control balance sheets have been implemented for all boxed medication to be counted and signed after each adminstration. Medication link nurse identified. Community Pharmacist will provide support.
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall ensure that robust arrangements are in place for the safe management of new medicines/medicine changes. Ref: 6.4
	Response by registered person detailing the actions taken: Management of new medicines and medicine changes have been addressed and clarified with pharmacist to make sure these are managed apropriately by pharmacy. Process explained to all nurses during medication training, medication competencies and during nurse's meeting. For allergies, a new procedure has been implemented. A red label is added to all the resident's personal medication records and records of the administrationof medicines. Any changes to medication will be reflected in the residents' care plans, which is audited monhtly.
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 19 April 2019	The registered person review the administration of medicines process to ensure that all patients are administered their medicines as prescribed. Ref: 6.4 & 6.5
	Response by registered person detailing the actions taken: Medication competencies are being reviewed for all registered nurses and medication training arranged for all nurses to attend, including night time sessions. The organization of the medication trolley has been reviewed as well to facilitate this process. Stock control balance sheets have been implemented for all boxed medication to be counted and signed after each adminstration. The auditing system will highlight any discrepancies which will be

	addressed accordingly.
Area for improvement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall make the necessary arrangements to ensure that personal medication records are fully and accurately maintained. Ref: 6.5
	Response by registered person detailing the actions taken: The kardex system has been reviewed in the home. The kardex provides separation of regular medications from PRN medications, aiding accurate administration. This is further supported by a colour coding system. Kardex templates have been reviewed. A separate kardex for antibiotics and topical medicines is in place to prevent the main kardex becoming crowded and untidy. All Kardexes have been re-writen and new systems adhered to. All kardexes have been added to word processed format and this has been made available to all registered nurses to have access to at any time so that any changes required can be made promptly and accurately, keeping the prescription sheets clear and tidy.
Area for improvement 5 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall ensure that records of the administration of medicines are fully and accurately maintained. Ref: 6.5
	Response by registered person detailing the actions taken: Records of administration have been reviewed and updated to allow easy reference to the personal medication records. Balance audits for all boxed medications are in place. A new section has been added to record additional information e.g. reason for administration, outcomes achieved; reason for non-administration. Audits have been implemented. The use of thickeners is recorded in care charts booklets to evidence when thickeners are being administered by care staff. Cream application is documented in the records of administration by the nurses and cream charts are being implemented by care staff. Application of topical medicines is being provided to care staff.
Area for improvement 6 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall ensure that a robust audit system which covers all aspects of medicines management is developed and implemented. Ref: 6.5 & 6.7
	Response by registered person detailing the actions taken: Audit systems reviewed and new audits implemented: Daily Control of boxed medication;Weekly Medication Audits; Weekly Managers Medication Audit, Monthly Audits and Checklist booklet including audits of pillpacked medication, Warfarin audit, Supplements audit, Insulin check sheets, Controlled drugs audit, Eye drops audit, Cream

	audit, End of month check list audit; Monthly Treatment room audit. Liquid medication audits being implemented with assistance from pharmacist. New Labels system in place to facilitate audits. Pharmacist to support nurses with monthly drug order. Medication link nurse identified to improve governance and medication management.
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 31 **Stated:** Second time **To be completed by:** 19 April 2019	The registered person shall closely monitor the standard of maintenance of the controlled drugs record books to ensure that records of receipt, administration and disposal are accurately maintained. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: Control Drug register file has been removed to avoid duplication of records and to avoid any misunderstandings regarding the documentation of the adminitration of controlled drugs. The controlled Drug Book records stock control checks and the administration of controlled drugs. Manager Daily walk around to check the Controlled drug book and perform spot checks of the controlled drug cupboard. Comprehensive Medication training delivered covering medicines policy, system, audits & accountability. Supervisions withall registered nurses are being carried out revieweing procedures and records regarding all aspects of medication administration, including the receipt of medication, administration and disposal of controlled drugs.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall review the management of incidents. Ref: 6.7
	Response by registered person detailing the actions taken: The management of medicine related incidents has been explained during medication training and supervisions and enforced during nurse's meeting. Daily Manager walk around implemented, during which the manager checks accidents/incidents. 24 hours shift reports implemented where nurses document any concerns raised during the shift, including any concerns or difficulties with medication.

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

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