Unannounced Medicines Management Inspection Report
30 November 2017

Kilwee Care Home

Type of Service: Nursing Home
Address: 42f Cloona Park. Dunmurry, Belfast, BT17 0HH
Tel No: 028 9061 8703
Inspector: Helen Daly

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 48 beds that provides care for patients living with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Merit Retail Limited **Responsible Individual:** Ms Therese Elizabeth Conway	**Registered Manager:** See box below
Person in charge at the time of inspection: Mrs Catherine Lacey, Manager	**Date manager registered:** Mrs Anne O'Kane – acting, no application required
Categories of care: Nursing Home (NH) I – old age not falling within any other category DE – dementia 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:** 48 A maximum of 36 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH (E).

4.0 Inspection summary

An unannounced inspection took place on 30 November 2017 from 10.20 to 15.00.

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 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 medicines administration and medicine records.

Areas requiring improvement were identified in relation to the management of insulin and controlled drugs.

The patient we spoke with was complimentary about the management of their medicines and the care provided in the home.

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jane Bell, Regional 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.

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 5 July 2017.

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 informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with one patient, one relative, three care staff, three registered nurses, the deputy manager, the manager and the regional manager.

A total of ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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 5 July 2017

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 October 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

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.

The regional manager confirmed that all registered nurses had received training and been deemed competent in the management of medicines within the last year. Care assistants had received training on the management of thickening agents and external preparations from the community pharmacist in May 2017. Staff had received training on the new safeguarding procedures in April 2017.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. However, on the day of the inspection one medicine was out of stock for three days. This had been followed up and the prescriber had been made aware, the medicine was due in on the day of the inspection. This was discussed with the deputy manager and regional manager for ongoing monitoring. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. However, some discrepancies were noted in the controlled drug record books. One controlled drug had not been receipted, two administrations had not been recorded and balances had not been brought to zero when the controlled drugs were denatured and disposed of. It was apparent from the shift handover checking sheets and the disposal records that the controlled drugs had been received, administered and disposed of. An area for improvement was identified. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Satisfactory arrangements were in place for the management of warfarin. Dosage directions were received in writing and separate records of administration, including stock balances were maintained. Registered nurses were reminded that obsolete dosage directions should be cancelled and archived.

Improvements in the management of insulin were necessary. In-use insulin pens were stored in the refrigerator and a needle was observed on one pen. An area of improvement was identified.

Appropriate arrangements were in place for administering medicines in disguised form and the administration of medicines via the enteral route.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals. Some temperatures outside the accepted range were observed for the medicine refrigerator and treatment room on the ground floor. A new thermometer had been obtained on the day of the inspection and the regional manager advised that this would be closely monitored.

Areas of good practice

There were examples of good practice in relation to the management of medicines on admission, the management of warfarin and the administration of medicines via the enteral route.

Areas for improvement

The registered person shall closely monitor the standard of maintenance of the controlled drugs record book to ensure that records of receipt, administration and disposal are accurately maintained.

The registered person shall review the management of insulin. In-use insulin pens should be marked with the date of opening and stored at room temperature. Needles should be safely disposed of in a timely manner.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

The audits completed at the inspection indicated that medicines had been administered as prescribed. There was evidence that time critical medicines had been administered at the correct time. Reminders were in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Care plans were in place. Separate recording sheets were in place to enable registered nurses to record the reason for and outcome of each administration of these medicines.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place. A pain assessment tool was used with patients who were unable to verbalise their pain.

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. Care plans and speech and language assessment reports were in place. Records of administration were maintained.

With the exception of some controlled drug records, medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the additional recording sheets for transdermal patches, antibiotics and enteral feeding.

Practices for the management of medicines were audited. Running stock balances were maintained for medicines which were not supplied in the blister packs. This is good practice.

Following discussion with the registered nurses, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

Appropriate arrangements were in place to facilitate patients responsible for the self-administration of medicines.

We observed the administration of medicines to a small number of patients. The registered nurses administering the medicines spoke to the patients in a kind and caring manner and the patients were given time to swallow their medicines.

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

The patient and relative spoken to at the inspection advised that they had no concerns in relation to the management of medicines. They were complimentary regarding staff and management.

Comments included:

"It's very good here; the staff are lovely."
"It's great here; the staff are very friendly."
"The nurses are first class."
"They are a great crowd of girls."
"I have absolutely no complaints."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas of good practice

Staff listened to patients and relatives 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.

Written policies and procedures for the management of medicines were available in the treatment rooms. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. The medicine related incidents reported since the last medicines management inspection was discussed. 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.

A review of the audit records indicated that satisfactory outcomes had been achieved. The deputy manager advised that if a discrepancy was identified, it would be investigated and discussed with registered nurses for learning and corrective action.

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.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 Jane Bell, Regional Manager, 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 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 31 **Stated:** First time **To be completed by:** 30 December 2017	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: 6.4
	Response by registered person detailing the actions taken: Regular checks will be maintained to ensure all receipts, administrations and disposals are maintained within standards.
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 30 December 2017	The registered person shall review the management of insulin as detailed in the report. Ref: 6.4
	Response by registered person detailing the actions taken: Random checks of administration and storage of Insulin will be monitored.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care