Unannounced Follow Up Medicines Management Inspection Report
18 July 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 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 nursing home 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: Mrs Isabel Neves	**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 18 July 2019 from 10.25 to 15.40.

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) 2005and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The findings of the last medicines management inspection on 20 March 2019 indicated that robust arrangements were not in place for the management of medicines. RQIA was concerned that the issues evidenced during the inspection had the potential to affect the health and well-being of patients. A serious concerns meeting was held in RQIA on 27 March 2019, with management from Merit Retail Ltd. They provided a full account of the actions to be taken to drive and sustain improvement.

This inspection sought to assess progress with the issues raised during the last medicines management inspection and to determine if the service was now delivering safe, effective and compassionate care and if the service was well led.

It was evidenced that the areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed and developed the systems in place. Staff had received further training on the management of medicines, roles and responsibilities and accountability. However, we did identify one area for close monitoring in relation to liquid medicines.

Overall, the evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led. The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

The following areas were examined during the inspection:

- administration of medicines
- medicine records
- governance and audit

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	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Isabel Neves, Registered Manager, and one other member of the management team, 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 inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 March 2019.

Due to the inspection findings, a serious concerns meeting was held with management from Kilwee Care Home on 27 March 2019. RQIA decided to give Merit Retail Ltd a period of time to improve medicines management and advised that a further inspection would be undertaken to ensure that the issues raised had been effectively addressed.

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 two registered nurses, the deputy manager and the registered 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
- medicine audits
- policies and procedures
- care plans
- training records

Areas for improvements identified at the last medicines management inspection were reviewed and 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 20 March 2019

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last medicines management inspection dated 20 March 2019

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:** First time	The registered person shall review the stock control of medicines to ensure that patients have a continuous supply of their medicines.	**Met**
	Action taken as confirmed during the inspection: The ordering and stock processes for medicines management had been reviewed. The sample of records examined showed that medicines were available for administration.	

Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that robust arrangements are in place for the safe management of new medicines/medicine changes.	**Met**
	Action taken as confirmed during the inspection: Examination of a sample of medicine records regarding new medicines and medicine changes, indicated there were robust systems in place.	
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall review the administration of medicines process to ensure that all patients are administered their medicines as prescribed.	**Met**
	Action taken as confirmed during the inspection: A significant improvement in the administration of medicines was evidenced at the inspection. Records indicated that patients were being administered their medicines as prescribed.	
Area for improvement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall make the necessary arrangements to ensure that personal medication records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The formatting of these records had been reviewed. Staff confirmed that the current format was much easier to read. We selected a sample of patient's personal medication records and these were legible, well maintained and signed by two staff to indicate that they were accurate.	
Area for improvement 5 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that records of the administration of medicines are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The format of these records was also reviewed and some further changes are being considered. Review of several records showed that medicines administration was well recorded, including reasons for any non-administration.	

Area for improvement 6 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that a robust audit system which covers all aspects of medicines management is developed and implemented.	**Met**
	Action taken as confirmed during the inspection: A comprehensive auditing programme had been developed and implemented. This was well embedded into routine practice and included a variety of medicine formulations and medicine records.	
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:** Second 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.	**Met**
	Action taken as confirmed during the inspection: The management of controlled drugs had been reviewed and revised. This included simplification of the checking systems and the maintenance of one controlled drug record book. As well as staff checks, management checked records on a daily basis.	
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time	The registered person shall review the management of incidents.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was made in relation to ensuring that if patients missed doses of medicines as there was no stock, staff recognised this as an incident and reported to management for action and follow up. From discussion with staff and management, it was evident that staff were aware of what was considered a reportable incident including medicines relating issues and that these were reported to management in a timely manner.	

6.3 Inspection findings

Administration of medicines

We reviewed the stock control of medicines regarding ordering and receipt of medicines. There was evidence that patients had a continuous supply of their medicines. When low stock levels were identified this was addressed in a timely manner and reported to management as required.

The management of new patient's medicines and medicine changes was reviewed. Written confirmation was obtained. We were advised of the process to ensure that all staff were made aware and also the community pharmacist. Records clearly indicated the change, including the discontinuation of medicines.

A review of patients' medicine records indicated that they were being administered their medicines as prescribed. This included a variety of medicines, such as high risk medicines, inhaled medicines and external preparations. Systems were in place to follow up any ongoing compliance issues with the prescriber.

Medicine records

A variety of medicine records were selected for examination as stated in Section 5.0. The records were well maintained and readily facilitated the audit process. Two staff were routinely involved in the transcribing of medicines information, which is safe practice.

Personal medication records were easily read and included the necessary detail. The date of discontinuation of medicines was clearly recorded. A number of medicines were highlighted to remind staff of specific dosage regimes. Alert stickers to indicate when a patient had an allergy were affixed to the medicine records. This is safe practice.

Medicine administration records were well maintained. There were no gaps in these records. Reasons for any non-administration were stated. Separate records were in place for thickening agents and external preparations administered by care staff. These were monitored regularly.

The management of controlled drugs had been reviewed and recording processes simplified. One record book was in use to include all shift checks, receipt, administration and disposal. Discontinued controlled drugs were safely disposed of. Two staff were routinely involved in the record keeping regarding controlled drugs. However, we identified a discrepancy in one liquid controlled drug. There was evidence of spillage on the medicine label and was discussed with staff and management. See also below.

Governance and audit

Management advised of the meetings which were held with staff to discuss the outcomes of the last medicines management inspection. Staff were provided with a copy of the inspection report and management's action plan.

Staff had received training on medicines management, their roles and responsibilities and professional accountability. A sample of training records was provided at the inspection. Staff competency and supervision sessions had been completed.

In relation to incident management, this was discussed and it was confirmed that all staff had been updated about identifying and reporting incidents.

The auditing procedures for medicines management had been reviewed. Several new audits had been put in place, running stock balances were maintained for all medicines, which were not supplied in the monitored dosage system. Audits were completed by staff and management, with specific audit tasks completed by the new deputy manager. A review of the internal auditing records indicated that largely satisfactory outcomes had been achieved; if issues were identified, these were reported to management to follow up. It was evident that the new auditing process was well embedded into routine practice.

However, whilst we acknowledged that running stock balances were maintained for liquid medicines, we observed discrepancies in the actual stock balances and recorded stock balances of three liquid medicines. Regarding one medicine (controlled drug), there was evidence of spillage. This had not been accounted for within the stock balance. We discussed the measuring of liquids and ensuring that staff actually observe the stock balance when recording it. Management assured that this would be reviewed immediately after the inspection. An area for improvement regarding liquid medicines has been made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and competency assessment, stock control, medicines administration, the completion of medicine records, the safe storage of medicines and the governance arrangements regarding medicines management. The progress made was acknowledged.

Areas for improvement

The management of liquid medicines should be reviewed.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Isabel Neves, Registered Manager, and one other member of the management team, 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 QIP 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 28 **Stated:** First time **To be completed by:** 18 August 2019	The registered person shall review the management of liquid medicines in relation to measuring and audit. Ref: 6.3
	Response by registered person detailing the actions taken: Medicine Bottle Syringe Adapters provided so that all liquid medication dosage is dispensed using a syringe to minimize discrepancies. Audit systems reviewed with support from Pharmacist. Training provided for registered nurses regarding the management and auditing of liquid medication. Registered nurses trained regarding the process to follow and how to report any spillages.

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

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