



Unannounced Enforcement Medicines Management Inspection Report 18 September 2019



Knockmoyle Lodge

Type of Service: Nursing (NH)

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Inspectors: Catherine Glover and Paul Nixon

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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 35 patients with a diagnosis of dementia.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Florence Beckett	Registered Manager: See below
Person in charge at the time of inspection: Sharon Colhoun, Nurse in Charge	Date manager registered: Carol Anne Byrne – acting, no application
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 35

4.0 Inspection summary

An unannounced inspection took place on 18 September 2019 from 10.30 to 12.45.

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.

The inspection sought to assess the level of compliance achieved in relation to one of the four Failure to Comply (FTC) Notices (FTC ref: FTC000077) that was issued on 20 August 2019 in relation to medicines management. The date of compliance with this notice was 18 September 2019. Compliance with the other notices will be validated by the care inspector on 17 October 2019.

Evidence was available to validate compliance with the Failure to Comply Notice.

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	0

This inspection resulted in no areas for improvement being identified.

Further enforcement action did not result 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 medication related incidents.

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

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

- | | |
|------------------------------------|----------------------------------|
| • medicines requested and received | • medicine audits |
| • personal medication records | • policies and procedures |
| • medicine administration records | • care plans |
| • controlled drug record book | • training records |
| | • medicines storage temperatures |

Areas for improvement identified in the QIP at the last inspection were not reviewed as part of this inspection and are carried forward to the next inspection.

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 last inspection dated 8 – 13 August 2019

This inspection focused solely on the actions contained within the failure to comply notice FTC000077 issued on 20 August 2019. The areas for improvement from the last inspection were not reviewed as part of this inspection and are carried forward to the next care inspection. The QIP in 7.2 reflects the carried forward areas for improvement.

6.2 Inspection findings

FTC Ref: FTC000077

Notice of failure to comply with regulation *Regulation 13(4)* of The Nursing Homes Regulations (Northern Ireland) 2005

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 –

- (a) any medicine which is kept in a nursing home is stored in a secure place; and*
- (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and*
- (c) a written record is kept of the administration of any medicine to a patient.*

In relation to this notice the following nine actions were required to comply with this regulation.

The registered persons must ensure that:

- medicine trolleys are secure at all times and supervised when in use
- systems are in place so that patients have a continuous supply of their prescribed medicines
- systems are in place to ensure that RQIA is notified when prescribed medicines are not available for administration
- medicine administration records are fully and accurately completed
- personal medication records are fully and accurately completed
- medicines are signed at the time of administration to ensure appropriate dosage intervals for medications
- robust auditing systems are developed and implemented which identify deficits in the management of medicines and produces an effective action plan. Audits must be completed regularly
- registered nurses and care staff are provided with training relevant to their roles and responsibilities in relation to the management of medicines
- medicine competency assessments are completed with all registered nurses to ensure that they are competent in the management of medicines and monitoring of controlled drugs.

Evidence was available to validate compliance with the Failure to Comply Notice.

It was noted that:

Medicines trolleys were supervised during the medicine round and securely stored when not in use.

There was no evidence that medicines were routinely out of stock. Staff were aware that RQIA should be notified if medicines were not available for administration.

Medicines records, including personal medication records had been fully and accurately completed. Medicine administration records accurately reflected the time of administration of medicines.

The auditing systems in the home had been revised and had been effective at highlighting areas for improvement. Action plans to address deficiencies had been produced.

Registered nurses and care staff had received further training relevant to their roles and responsibilities in relation to the management of medicines. Competency assessments had been completed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last inspection from 8 – 13 August 2019. This inspection focused solely on the actions contained with the Failure to Comply Notice FTC000077 issued on 20 August 2019.

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 from the last inspection from 8 – 13 August 2019 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) (c) Stated: First time To be completed by: 13 October 2019	<p>The registered person shall implement the refurbishment plan to ensure that identified furniture/equipment and floor coverings in multiple areas throughout the home are repaired or replaced.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 14.(2)(a),(b)&(c) Stated: First time To be completed by: 11 October 2019	<p>The registered person shall ensure that all shower heads and associated flexible hoses are sterilised at three monthly intervals in compliance with Approved Code of Practice L8 "The control of legionella bacteria in water systems"</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
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 43 (5) Stated: Second time To be completed by: 8 October 2019	<p>The registered person shall review the alarm noise levels of the main entrance door, to ensure that the noise is not too obtrusive for patients' quality of life.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>



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