Unannounced Medicines Management Inspection Report
28 November 2017

Knockmoyle Lodge

Type of Service: Nursing Home
Address: 29 Knockmoyle Road, Omagh, BT79 7TB
Tel No: 028 8224 7931
Inspector: Catherine Glover

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 35 beds that provides care for patients and residents with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Mr John O'Donnell (acting)	**Registered Manager:** See below
Person in charge at the time of inspection: Mrs Alison Sweeney	**Date manager registered:** Mrs Alison Sweeney (registration pending)
Categories of care: Nursing Homes (NH) MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. DE – Dementia Residential Care (RC) MP(E) - Mental disorder excluding learning disability or dementia – over 65 years DE – Dementia	**Number of registered places:** 35 comprising: 31 – NH-DE, 2 - NH-MP(E) 1 – RC-MP(E) 1 – RC-DE A maximum of 31 patients in category NH-DE, a maximum of two patients in category NH-MP(E), a maximum of one resident in category RC-MP(E) and a maximum of one resident in category RC-DE. The home is also approved to provide care on a day basis for one person. 1. Admissions to Knockmoyle Lodge will cease until compliance with the specific actions stated in FTC/NH/1208/2017-18/01 dated 4 July 2017 have been fully met. 2. The registered provider must ensure that a nurse manager, with sufficient clinical and management experience, is working in the home on a day- to- day basis to ensure the quality and safety of care practice and service delivery to patients. 3. The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

4.0 Inspection summary

An unannounced inspection took place on 28 November 2017 from 10.45 to 14.30.

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 term 'patients' is used to describe those living in Knockmoyle Lodge which provides both nursing and residential care.

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 medicine records and administration, the management of controlled drugs and the storage of medicines.

No areas requiring improvement were identified.

Patients were relaxed and comfortable in the home and there was a warm and welcoming atmosphere.

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. Findings of the inspection were discussed with Mrs Alison Sweeney, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Enforcement action as shown in the table in Section 3.0 was ongoing following the most recent care inspection on 9 November 2017.

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

Prior to the inspection, it was ascertained that no incidents involving medicines had been 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 three patients, two registered nurses and the manager.

Fifteen questionnaires were provided for distribution to staff, 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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

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 9 November 2017

The most recent inspection of the home was an announced enforcement monitoring inspection. The enforcement action was ongoing and will be followed-up by the care inspector at the next inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 16 January 2017

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 provider must ensure that the medicines refrigerator is maintained between 2 - 8°C and appropriate action is taken when temperatures fall outside this range.	**Met**
	Action taken as confirmed during the inspection: The refrigerator temperature was maintained within the required range.	
Area for improvement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must ensure that personal medication records are adequately maintained.	**Met**
	Action taken as confirmed during the inspection: Personal medication records had been fully and accurately maintained. Some of the patient photographs were missing, however this had been identified by the manager who had planned to replace them following this inspection.	
Area for improvement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must investigate the medicine discrepancies noted during the inspection and forward a report of the findings to RQIA.	**Met**
	Action taken as confirmed during the inspection: This was completed following the previous inspection.	
Area for improvement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must ensure that robust policies and procedures are in place for monitoring and auditing medicines.	**Met**
	Action taken as confirmed during the inspection: Policies and procedures were in place.	

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 36 **Stated:** First time	The registered provider should ensure medicine policies and procedures are reviewed and updated on a regular basis.	**Met**
	Action taken as confirmed during the inspection: The manager advised that she had planned to review the policies and procedures following her recent appointment to the role. Given this assurance this area for improvement was assessed as met.	

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.

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. 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.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. 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.

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.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and controlled drugs.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly 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. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour. The reason for and the outcome of administration were recorded. A care plan was maintained.

The sample of records examined indicated that medicines which were prescribed to manage pain 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. Staff advised that most of the patients could verbalise any pain, and a pain tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

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. Each administration was recorded and care plans and speech and language assessment reports were in place.

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.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines.

Following discussion with the manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

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.

The administration of medicines to patients was observed during the lunchtime medicine round. Medicines were administered in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible. The timing of this medicine round was discussed with the manager who agreed to review it so that the dining experience was protected.

Fifteen questionnaires were left in the home to facilitate feedback from patients, staff and relatives. Four were returned within the time frame from staff who advised that they were satisfied/very satisfied with all aspects of the care in relation to the management of medicines. Two were returned from relatives who advised that they were very satisfied with all aspects of the care in relation to the management of medicines. The registered manager advised by telephone on 30 November 2017 that none of the patients were able to complete the questionnaires.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Good relationships were evident.

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 in place. The manager planned to review and update the policies and procedures following her appointment to the role.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. 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 largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered 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 there were good working relationships within the home and with other healthcare professionals.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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