Unannounced Medicines Management Inspection Report
25 January 2018

Knockagh Rise

Type of Service: Nursing Home
Address: 236 Upper Road, Greenisland, BT38 8RP
Tel No: 028 9085 5930
Inspector: Rachel Lloyd

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 servicefrom 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 29 beds that provides care for patients and residentsliving with a range of healthcare needs as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Knockagh Rise Ltd **Responsible Individual:** Mr Malcolm James Wilson	**Registered Manager:** See below
Person in charge at the time of inspection: Mrs Wendy Turkington (Registered Nurse)	**Date manager registered:** Ms Diane Brown - Acting - no application required
Categories of care: Nursing Home (NH): I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years Residential Care (RC): I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 29 including: A maximum of 6 residential places in categories RC-I, RC-PH and RC-PH(E).

4.0 Inspection summary

An unannounced inspection took place on 25January 2018 from 09.25 to 13.15.

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 Knockagh Rise which at this time provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identifiedduring 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 majority of medicine records, medicine storage, care planning, communication with various healthcare professionals, working relationships within the home and the management of the ordering and supply of medicines.

Areas for improvement were identified in relation tothe disposal of some controlled drugs, the management of additions to medicine administration records and records regarding the management of distressed reactions.

The patients spoken to advised that they had no concerns in relation to the management of their medicines and they spoke positively about their care.

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.

4.1Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Wendy Turkington, Registered Nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

4.2Action/enforcementtaken following the most recent careinspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 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 - 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 two patients, two registered nurses, one care assistant, one visiting professional and briefly with the responsible individual, Mr James Wilson.

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

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 theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 July 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was 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 22 November 2016

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 29 **Stated:** First time	The registered provider should ensure that both of the staff involved in receiving telephoned instructions regarding warfarin dosage regimens transcribe these instructions and sign the record to verify their accuracy.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin in the examples examined was satisfactory. Written confirmation of warfarin regimes was in place and two registered nurses had signed the transcribed record of these doses.	

Area for improvement 2 **Ref**: Standard 28 **Stated:** First time	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit.	**Met**
	Action taken as confirmed during the inspection: The auditing process for medicines had been reviewed to ensure that the date of opening was routinely recorded on medicines. Of the medicines which were selected for audit, all but two insulin pen devices could be audited. This was discussed with staff and we were given assurances that all staff would be made aware. Given these assurances 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 and for care staff who had been delegated medicine related tasks. A new system for the supply of medicines had been introduced three months ago and training for all relevant staff had been provided by the community pharmacist in October 2017. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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

There were largely satisfactory arrangements in place to manage changes to prescribed medicines. However, handwritten updates to printed medication administration records were not verified by two trained members of staff.This is necessary to ensure accuracy in transcription. An area for improvement was identified.

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.

Satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Appropriate arrangements were in place for administering medicines in disguised form.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal with the exception of Schedule 4 (Part1) controlled drugs e.g. diazepam and zopiclone.An area for improvement was identified.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and organised. The systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened, were examined. The date of opening was routinely recorded on most medicines but was not recorded on two out of three insulin pen devices in use. Staff were reminded that this is necessary to prevent their use after expiry (see section 6.2).

The medicine refrigerator and oxygen equipment were checked at regular intervals. Staff were reminded that inhaler spacer devices should be labelled with the patient's name, staff agreed to address this immediately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, the management of medicines on admission, the storage of medicines and obtaining new medicines promptly.

Areas for improvement

Handwritten updates to printed medication administration records should be verified by two trained members of staff to ensure accuracy in transcription.

The disposal of Schedule 4 (Part1) controlled drugs should be reviewed, to ensure they are denatured and rendered irretrievable prior to disposal.

	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 sample of medicines examined had been administered in accordance with the prescriber's instructions. Some minor discrepancies were highlighted to staff for attention. There was evidence that time critical medicines had been administered at the correct time. There were

arrangements in place to alert staff as to when doses of weekly, monthly or three monthly medicines were due.

The management of distressed reactions, swallowing difficulty and pain were reviewed. Most of the relevant information was recorded on the patient's care plan, personal medication record and records of administration.The reason for and the outcome of administration was not usually recorded when medicines were administered on a "when required" basis for the management of distressed reactions. An area for improvement was identified.

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 mostly well maintained and facilitated the audit process. Staff advised that they were in the process of archiving a number of records and it was agreed that this should be completed promptly.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, audits were completed by the community pharmacist.

Following observation, discussion with the staff and examination of records, 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 found throughout the inspection in relation to the majority of the record keeping, care planning, audit procedures and communication between patients, staff and other healthcare professionals.

Areas for improvement

The reason for and the outcome of administration should be routinely recorded, when medicines were administered on a "when required" basis for the management of distressed reactions.

	Regulations	Standards
Total number of areas for improvement	0	1

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 completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. Staff were observed assisting patients with lunch.

Patients spoken to at the inspection advised that they had no concerns in relation to the management of their medicines and that requests for medicines prescribed on a “when required”basis were responded to promptly.

An optician who attends the home regularly was visiting patients during the inspection and was complimentary about the staff in the home and commented on how organised theywere.

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.

None of the questionnaires left in the home to facilitate feedback from patients and relatives were returned prior to the issue of this report.

Areas of good practice

There was evidence that stafflistened to and valued patients. Good relationships were observed between staff and patients.

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. These were not examined on this occasion.Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report 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 nurses and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management. They stated that there were good working relationships and that management were open and approachable and willing to listen.

Part of the nursing home is currently in the process of being registered as a separate residential care home. The management of medicines is undertaken by trained and competent care staff. The manager was advised that when the registration process was complete, discontinued and out of date medicines should be returned directly to the community pharmacist for disposal.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to medicine governance arrangements and maintaining good working relationships. 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 theQIP were discussed with Mrs Wendy Turkington, Registered Nurse, 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 standardsthis 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 improvementidentified 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 providershould confirm that these actions have been completed and return the completed via theWeb 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 29 **Stated:** First time **To be completed by:** 25 February 2018	The registered person shall ensure that handwritten updates to printed medication administration records are verified by two trained members of staff, to ensure accuracy in transcription. Ref: 6.4
	Response by registered persondetailing the actions taken: The acting home manager has informed all trained staff verbally and in written form any additions to the MARRS sheet should be checked and signed by two trained nurses on receipt of medications.A weekly review has been implemented to ensure documentation has been addressed correctly.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 25 February 2018	The registered person shall review the disposal of Schedule 4 (Part1) controlled drugs, to ensure they are denatured and rendered irretrievable prior to disposal. Ref: 6.4
	Response by registered persondetailing the actions taken: All trained staff have been informed verbally and in written form by the acting home manager that all controlled drugs should be denatured prior to disposal.A new system for denaturing has been implemented by the pharmacist,whereby denaturing is carried out within the home by two trained nurses.A key is in place to identify controlled drugs with a highlighter pen and any controlled drugs will be highlighted in "pink" to be disposed of as part of schedule four.All controlled drugs will be denatured and rendered irretrievable for disposal.The acting home manager will audit this process weekly.
Area for improvement 3 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 25 February 2018	The registered person shall ensure that the reason for and the outcome of administration is routinely recorded, when medicines were administered on a “when required” basis for the management of distressed reactions. Ref: 6.5
	Response by registered persondetailing the actions taken: All trained staff have been informed in writing and verbally by the acting home manager that when administering "as required"medications,they should be recorded on individual progress notes,stating reason for administration.Also to be recorded on the medication audit sheets in the individual medicine kardex's.A system of weekly review has been implemented to ensure the correct documentation has been addressed.

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

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