



Unannounced Medicines Management Inspection Report 4 December 2018



King's Castle

Type of Service: Nursing Home
Address: Kildare Street, Ardglass, BT30 7TR
Tel No: 028 4484 2065
Inspector: Catherine Glover

www.rqia.org.uk

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 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 care for up to 42 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Messana Investments Ltd Responsible Individual: Mr Gerald Ward	Registered Manager: Mrs Wendy Miniss
Person in charge at the time of inspection: Mrs Wendy Miniss	Date manager registered: 11 February 2016
Categories of care: Nursing Homes (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 TI – Terminally ill	Number of registered places: 42 There shall be a maximum of five named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 4 December 2018 from 10.50 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) 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 during 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 storage.

Areas requiring improvement were identified in relation to stock control and auditing arrangements.

Patients said that they were happy in the home, the staff were very kind and the food was good.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Wendy Miniss, Registered 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 finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 August 2018. 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.

During the inspection the inspector met with two patients, one registered nurse, the deputy manager and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home. Staff were invited to share their views by completing an online questionnaire.

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
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- 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 20 August 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 20 December 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: First time	The registered person shall ensure that medicines are removed from stock once the date of expiry has been reached	Met
	Action taken as confirmed during the inspection: All of the medicines that were examined during the inspection were within the expiry date.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that bisphosphonates and eye preparations are closely monitored to ensure that they are being administered as prescribed.	Met
	Action taken as confirmed during the inspection: Bisphosphonates and eye preparations had been administered as prescribed.	

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 28 Stated: First time	The registered person shall review the systems in place to ensure that medicines are ordered in a timely manner.	Not met
	Action taken as confirmed during the inspection: It was observed that a number of patients had missed a day or two of their medicines at the start of the cycle as they had not been received on time. The registered manager advised of the difficulties in the ordering process. This system should be further reviewed to ensure that medicines are received in a timely manner and doses are not missed. This area for improvement has been as an area for improvement with respect to The Nursing Homes Regulations (Northern Ireland) 2005.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure that the date of opening should be recorded on all medicines to facilitate the audit process	Met
	Action taken as confirmed during the inspection: The date of opening had been recorded on all of the medicines that were audited.	

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. 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.

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

As stated in Section 6.2, the systems in place to manage the ordering of prescribed medicines to ensure adequate supplies were available must be further reviewed and revised. A number of patients had missed one or two doses of their prescribed medicines as they had not been received into the home in a timely manner. This is unacceptable and could affect the health and well-being of the patients involved. This matter has been ongoing since the previous medicines management inspection and must be resolved so that patients do not miss doses of their prescribed medicines. This was discussed in detail with the registered manager and deputy manager. The area for improvement with regard to The Nursing Homes Regulations (Northern Ireland) 2005 has been stated.

The arrangements in place to ensure that antibiotics and newly prescribed medicines were received into the home without delay were examined and found to be satisfactory.

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

Records of the administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. A small number of receipts had not been accurately recorded and this was brought to the attention of the deputy manager for correction. 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.

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

Discontinued or expired medicines were disposed of appropriately.

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. The medicine refrigerators was 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 the storage of medicines.

Areas for improvement

The registered person must review the systems in place to ensure that medicines are ordered and received in a timely manner.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The majority of medicines that were examined had been administered in accordance with the prescriber's instructions. However, there was evidence from the audits that were completed during the inspection that some medicines had been signed as administered when they had not. This was brought to the attention of the registered manager who agreed that this would be closely monitored.

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, 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. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. 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 assessment tool was used as needed. A care plan was not in place for one patient and it was agreed that this would be addressed following the inspection.

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. For one patient the fluid consistency had recently been changed. This change had not been updated on some of the patient's records. It was agreed that this would be addressed following the inspection.

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

Following discussion with the registered manager and examination of care 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 in relation to the standard of record keeping and care planning.

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 not observed during this inspection, however the registered nurses were knowledgeable about the patients' medicines and medical requirements.

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.

We spoke to two patients during the inspection. The patients were relaxed and comfortable in the home and said that they were happy living there. They said that the staff were kind and the food was good. One patient commented that it was "like home from home".

No responses were received to the questionnaires that were issued to patients and their representatives within the specified time frame for inclusion in this report (two weeks). Any comments from patients and their representatives in questionnaires received after the return date will be shared with the registered manager for information and action as required.

Areas of good practice

Staff listened to patients 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.

We discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not reviewed 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 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. 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 they were focused on medicine counts and largely satisfactory outcomes had been achieved. The registered manager advised that she and the deputy manager closely monitored the management of medicines within the home, however, there were no records to document this activity. One of the areas for improvement identified at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process. The benefits of completing and documenting a comprehensive medicines audit was discussed in detail and an area for improvement was identified.

Following discussion with the registered manager and registered nurses, 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.

There were no responses to the online staff questionnaire.

Areas of good practice

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

Areas for improvement

The auditing arrangements should be reviewed to ensure that there are robust governance arrangements for the management of medicines.

	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 QIP. Details of the QIP were discussed with Mrs Wendy Miniss, Registered 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 4 January 2019</p>	<p>The registered person shall review the systems in place to ensure that medicines are ordered and received in a timely manner so that patients do not miss doses of their prescribed medicines.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A new process has been implemented to ensure monthly scrip arrive sooner, to enabl us to ensure all medications are available for all patients</p>
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 4 January 2019</p>	<p>The registered person shall review the auditing arrangements to ensure that there are robust governance arrangements for the management of medicines.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A more detail audit has been implemented for the management of medications.</p>
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Please ensure this document is completed in full and is returned via the Web Portal



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