Unannounced Medicines Management Inspection Report
20 December 2017

Kings Castle

Type of Service: Nursing Home
Address: Kildare Street, Ardglass, BT30 7TR
Tel No: 028 4484 2065
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 40 beds that provides care for patients and residents with a range of 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 Minnis
Person in charge at the time of inspection: Mrs Wendy Minnis	**Date manager registered:** 11 February 2016
Categories of care: Nursing Homes 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:** 40 There shall be a maximum of 8 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 20 December 217 from 10.30 to 13.30.

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 King’s Castle, which at this time provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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, care planning and controlled drugs.

Areas requiring improvement were identified in relation to recording the date of opening of medicines, the management of eye preparations and bisphosphonates, and ensuring that there is a robust stock management system to ensure that medicines are ordered in a timely manner.

Patients said they were happy in the home and that the staff were 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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Wendy Minnis, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 June 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 reported to RQIA since the last medicines management inspection.

During the inspection we met with four patients, two registered nurses and the registered manager.

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
- care plans
- training records
- medicines storage temperatures

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 12 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and 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 20 October 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

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 planned for January 2018.

The systems in place to manage the ordering of prescribed medicines to ensure adequate supplies were available should be reviewed. It was noted that on occasion medicines would run out of stock and the patient may miss a dose before the medicine was again available. The registered manager should review the systems in place to ensure that medicines are ordered in a timely manner. An area for improvement was identified.

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.

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

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 refrigerator 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 controlled drugs.

Areas for improvement

The system for requesting medicines should be reviewed to ensure that medicines are ordered in a timely manner.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The majority of medicines examined had been administered in accordance with the prescriber's instructions. However some medicines could not be audited as the date of opening had not been recorded and we were unable to determine if these medicines had been administered as prescribed. An area for improvement was identified.

Six supplies of eye drops were removed from stock as the date of expiry had passed, in some cases by several months which indicated that these medicines had not been administered as prescribed. The date of opening had also not been recorded on insulin pens. Once opened, these medicines must be disposed of after 28 days. The registered manager must ensure that medicines are removed from stock once the date of expiry has been reached. An area for improvement was identified.

Audit discrepancies were noted in several supplies of bisphosphonate medicines which indicated that they had not been administered as prescribed. The registered manager must ensure that these medicines are closely monitored through the audit process. An area for improvement was identified.

The management of distressed reactions and pain were reviewed. The relevant information was recorded in the patient's care plan, personal medication record and records of administration.

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. Good outcomes were noted.

Following discussion with the registered 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 and care planning.

Areas for improvement

The date of opening should be recorded on all medicines to facilitate the audit process.

Medicines must be removed from stock once the date of expiry has been reached.

Bisphosphonates and eye preparations must be closely monitored to ensure that they are being administered as prescribed.

	Regulations	Standards
Total number of areas for improvement	2	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 was not observed during this inspection, however registered nurses were noted to be knowledgeable regarding patients' medicines and their wishes and preferences.

None of the questionnaires that were left in the home were returned within the timeframe for inclusion in this report.

We spoke to four patients during lunch who told us that the care in the home was very good. They said they felt safe and happy in the home and that the staff were good. There was a warm and welcoming atmosphere in the home.

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. They were not reviewed as part of this inspection.

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. The registered manager advised that she had been closely monitoring the administration of bisphosphonates but as the results had been satisfactory it had not been continued. She advised that this would be reintroduced after the inspection.

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.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Wendy Minnis, 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	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 20 January 2018	The registered person shall ensure that medicines are removed from stock once the date of expiry has been reached Ref: 6.5
	Response by registered person detailing the actions taken: All nursing staff reminded regarding ensuring that expiry dates are checked and removed from trolley as per policy. Notice put on both trolleys to remind staff of same.
Area for improvement 2 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 20 January 2018	The registered person shall ensure that bisphosphonates and eye preparations are closely monitored to ensure that they are being administered as prescribed. Ref: 6.5
	Response by registered person detailing the actions taken: Notice placed on each trolley to remind staff of same. Bisphosphate audit chart put in place for same.
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:** 20 January 2018	The registered person shall review the systems in place to ensure that medicines are ordered in a timely manner. Ref: 6.4
	Response by registered person detailing the actions taken: New system put in place to enable staff to monitor drugs more accurately and prevent drugs running out of stock.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 20 January 2018	The registered person shall ensure that the date of opening should be recorded on all medicines to facilitate the audit process Ref: 6.5
	Response by registered person detailing the actions taken: Nursing staff reminded of same. Notice place on both medicine trolleys to remind staff of same.

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

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