



Unannounced Medicines Management Inspection Report 3 July 2018



Kingsway Nursing Home

Type of Service: Nursing Home
Address: 299 Kingsway, Dunmurry, Belfast, BT17 9EP
Tel No: 028 9060 9930
Inspector: Judith Taylor

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 with 69 beds that provides care for patients living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Celine Mitchell	Registered Manager: Mrs Karen Agnew
Person in charge at the time of inspection: Mrs Karen Agnew	Date manager registered: 13 April 2018
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: 69

4.0 Inspection summary

An unannounced inspection took place on 3 July 2018 from 09.35 to 16.10.

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.

Following the outcome of a recent care inspection on 4 June 2018 and an increase in the frequency of medicine related incidents, a decision was made in RQIA to prioritise the medicines management inspection scheduled for later in 2018. This inspection assessed progress with 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 some good practice was found in relation to training, governance, administration of medicines, the standard of record keeping and the management of controlled drugs.

Areas for improvement were identified in relation to the management of lidocaine plasters.

Patients said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. A relative was also complimentary about the care and staff. We noted the warm and welcoming atmosphere in the home.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Karen Agnew, 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 inspections

Announced variation pre-registration care and premises inspections were undertaken on 22 June 2018, to assess the application submitted regarding renovation of the ground floor of the home. This part of the ongoing refurbishment of the home was approved. Enforcement action did not result from the findings of these inspections.

Previously, an unannounced care inspection had been undertaken on 4 June 2018. This had resulted in a serious concerns meeting with the registered persons in relation to fire safety practices and the management and governance arrangements. At that meeting, RQIA were given assurances as to the way forward and a further inspection to monitor progress was planned. During the care and premises inspection on 22 June 2018 the inspectors evidenced that the fire safety concerns had been addressed satisfactorily.

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

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with two patients, one relative, two registered nurses, two care assistants and the registered manager.

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

We provided the manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We asked the manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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 inspections dated 4 and 22 June 2018

On 22 June 2018, announced pre-registration variation inspections were undertaken. These inspections approved part of the ongoing refurbishment of the home. The QIP relating to the inspection on 4 June 2018 was not examined; this will be reviewed by the care inspector and validated at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 9 October 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 review the management of controlled drugs to ensure that robust systems are in place.	Met
	Action taken as confirmed during the inspection: The management of controlled drugs had been reviewed in relation to storage, disposal and record keeping. There was evidence that robust systems were in place (see Section 6.4).	

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: Second time	The record keeping for external preparations should be reviewed.	Met
	Action taken as confirmed during the inspection: The management of external preparations had been reviewed. Focused learning sessions with staff had been completed. There was evidence that this area of medicines management continued to be closely monitored weekly and monthly by management.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall review the management of warfarin to ensure that a copy of the current medicine regime is available and obsolete regimes are securely archived.	Met
	Action taken as confirmed during the inspection: A copy of the current warfarin medicine regime was obtained for some patients. Where this was not faxed to the home, staff advised that two staff heard the details by telephone and there was evidence that two staff were involved in the transcribing. Obsolete records were not archived for one patient, but this was addressed at the inspection. It was agreed that staff would collect the written regime following telephoned directions. Given these assurances this area for improvement was assessed as met. See also Section 6.4.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall closely monitor the management of sharps containers in relation to infection control.	Met
	Action taken as confirmed during the inspection: Two sharps containers were examined at the inspection. Improvement was noted; these were dated, closed and were not overfilled.	

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 and following incidents. A process was in place to ensure that all staff were kept up to date with training in medicines management. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was completed each year.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and for the management of medicines changes. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

The stock control of medicines was reviewed. Management and staff advised of the ordering process to ensure that medicines were available for administration. It was acknowledged that where there had been some out of stock situations, these had been investigated and reported to RQIA and to the adult safeguarding team as necessary. We were also advised of the meetings which had taken place to resolve the issues. Of the patients' medicines examined at the inspection, all of the medicines were available for administration. 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.

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 (see Section 6.2).

The management of high risk medicines was reviewed. Robust arrangements were observed for the management of insulin. A separate administration record and a care plan were maintained.

In relation to the management of warfarin, a care plan was maintained. Dosage directions were received in writing or by telephone (see also Section 6.2) and a separate record of administration which included running stock balances was maintained. This practice seemed robust; however the outcome of an audit carried out at the inspection indicated that an incorrect dose had been administered on one occasion and this had not been identified by staff. This was discussed with management who agreed to raise with staff and closely monitor administration.

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

There were satisfactory systems in place for the safe disposal and record keeping for discontinued or expired medicines.

Following recent renovations, two new treatment rooms were in use. Medicine storage areas were clean, tidy and well organised. Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. There were systems in place to alert staff of the expiry dates of most medicines with a limited shelf life, once opened i.e. eye preparations and insulin pen devices. However, in relation to lidocaine plasters, these plasters must be stored in sealed sachets and must be used within two weeks of opening. Two opened sachets were in use and there was no date of opening. These were removed for disposal. See also Section 6.5.

Four medicine refrigerators were in use and each included stocks of insulin. Daily temperatures were recorded for three refrigerators; however, for the fourth refrigerator, there were some days when the temperature had not been recorded. It was acknowledged that this had been identified in an internal audit in June 2018. We were given assurances that this would be closely monitored.

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 showed that most medicines had been administered in accordance with the prescriber's instructions. We noted some gaps in the administration of one eye preparation; this had been prescribed twice daily and in the last nine days, had been recorded once daily. This was discussed with the staff who confirmed that it was being administered every morning but had omitted to sign the record. The registered manager advised that she would review this with the staff and monitor within the audit process.

The management of one pain controlling plaster (lidocaine) was reviewed. We found that this had not been removed as required. The potential risk was highlighted and the registered nurse contacted the patient's prescriber during the inspection. See also Section 6.4. An area for improvement was identified.

There were suitable arrangements in place to alert staff of when doses of weekly medicines were due. These were clearly marked on the medication administration records. Time critical medicines had been administered at the correct time.

We reviewed the management of medicines prescribed for the management of distressed reactions, swallowing difficulty and pain management. The relevant medicine records and care plans were maintained.

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.

Most of the medicine records were well maintained and facilitated the audit process. A few medicines were not recorded on one personal medication record; however, this was addressed at the inspection.

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

Following discussion with the registered manager and staff and a review of a sample of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the patients' healthcare needs.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of most medicines.

Areas for improvement

The management of lidocaine plasters should be reviewed to ensure that this medicine is administered as prescribed and staff are knowledgeable about the medicine.

	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. The registered nurse explained the medicine and encouraged the patient to take their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients and their representatives. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that they were familiar with the patients' likes and dislikes.

We met with two patients, who expressed their satisfaction with the staff and the care provided. They advised that they were administered their medicines on time and any requests were adhered to in a timely manner. They stated they did not have any pain or concerns. Comments included:

"They (staff) are very kind."

"If you need anything, you just have to ask."

"It's not home, but it's the next best thing."

“The food is ok.”

“I chose this home; it’s where I wanted to be.”

Some patients were noted to be outside having afternoon tea and enjoying the weather.

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.

We also met with one relative who spoke very positively about the care provided and her relative’s experience in the home. Comments included:

“The staff are excellent; xxx(relative) is looked after very well.”

“We have no complaints, the family are very happy with the care.”

Of the questionnaires which were left in the home to facilitate feedback from patients and their representatives, one was returned within the time frame (two weeks). The responses indicated that they were satisfied with the care in the home. Any comments in questionnaires received after the return date will be shared with the registered manager as necessary.

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.

The inspector 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. There were arrangements in place to implement the collection of equality data within Kingsway Nursing Home.

Written policies and procedures for the management of medicines were in place and were readily available for staff reference. Staff confirmed that there were systems to keep them updated of any changes.

The governance arrangements for medicines management were reviewed. Management advised of the daily, weekly and monthly audits which take place and how areas for improvement were identified and followed up. This was usually through the development of action plans and staff supervision. A sample of the audit outcomes and the resultant action plans were provided.

Also, as part of the pharmacist support to the home, a quarterly audit was undertaken and a list of the findings was left in the home for management to address. An action plan was also developed from these findings.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. They provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence. These usually included reflective practice, supervision and reassessment of competency. We discussed the medicine related incidents reported and the resultant changes in practice which had occurred through close monitoring of stock levels and an increase in the frequency of auditing. 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.

Following discussion with the registered manager and 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.

The staff we met with spoke positively about their work and advised that there were good working relationships in the home with staff and the registered manager and with other healthcare professionals. They stated they felt well supported in their work and we were informed that some staff had worked in the home for several years. Comments included:

“We have a good team of staff here.”

“I love my job; it’s more settled now since the building work is finished.”

“I am happy in my work.”

“I’m looking forward to working with the new system of ground floor/first floor. It’s already better.”

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. The shift handovers were verbal and written and included registered nurses and care assistants; in relation to medicines management, this written handover sheet included information regarding diabetes, swallowing difficulty and antibiotics.

There were no online questionnaires completed by staff with the specified time frame (two weeks).

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 Karen Agnew, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2018</p>	<p>The registered person shall review the management of lidocaine plasters to ensure that these are administered as prescribed and staff are knowledgeable about this medicine.</p> <p>Ref: 6.4 & 6.5</p> <p>Response by registered person detailing the actions taken: Supervision completed with staff and the Mar sheet adjusted to allow for signature when old patch is removed</p>
--	---

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care