Unannounced Medicines Management Inspection Report
9 October 2017

Kingsway Nursing Home

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

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) Ltd **Responsible Individual:** Ms Amanda Celine Mitchell	**Registered Manager:** See below
Person in charge at the time of inspection: Mrs Karen Agnew	**Date manager registered:** Mrs Karen Agnew (Acting – awaiting application)
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:** 69

4.0 Inspection summary

An unannounced inspection took place on 9 October 2017 from 10.00 to 17.00.

This was the first medicines management inspection to the home since it was re-registered in January 2017, following a change of ownership and registration of a new registered provider. A new manager had been appointed to the home in September 2017.

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 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.

Overall, there was evidence of good practice in relation to medicines management; this included training, administration of medicines, record keeping, management of new patient's medicines and medicines changes.

Areas requiring improvement were identified in relation to controlled drugs, warfarin, external preparations, infection control and care planning.

Patients and one relative were complimentary regarding the management of their medicines and the care provided in the home. One comment in relation to food choices was made and discussed with management. See Section 6.6 for details.

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	*3

*The total includes one area for improvement which was been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Karen Agnew, Manager and Mrs Mary Stevenson, Quality Improvement Lead, Healthcare Ireland (Belfast) Ltd, 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 4 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 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 seven patients, three registered nurses, two care assistants, the Quality Improvement Lead, the manager and one patient's relative.

As part of the RQIA inspector induction process, Michael Lavelle, RQIA Care Inspector, was present for this inspection.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff 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 4 July 2017

The most recent inspection of the home was a follow up 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 13 April 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 record keeping for external preparations should be reviewed.	**Not met**
	Action taken as confirmed during the inspection: There was limited evidence to indicate that the management of external preparations had been reviewed. When these medicines were administered by care assistants, records of administration were not maintained. Staff advised that specific records had been developed and implemented following the last medicines management inspection, but were no longer in use. The Quality Improvement Lead advised that this had been recently identified in an internal audit. **This area for improvement has been stated for a second time.**	

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.

The manager confirmed that medicines were managed by staff who have been trained and deemed competent to do so, and provided a sample of training and competency records. Refresher training in medicines management was completed in the last year. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. The manager advised that staff appraisals had been completed in the last month.

A new medicine system had been implemented in February 2017. We observed that this was well managed and there was no evidence of any out of stock medicines. However, excess stocks of medicines were noted and discussed. Management advised of the action already taken to address this issue and the contact made with the community pharmacist and general practitioners. Advice was given. Antibiotics and newly prescribed medicines had been received into the home without delay. The storage of prescriptions was discussed. It was agreed that all acute prescriptions awaiting collection would be stored securely.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home; and to manage changes to prescribed medicines.

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

The management of controlled drugs was reviewed. 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. Records of the receipt, administration and disposal of controlled drugs were maintained in a controlled drug record book. Staff were reminded that the correct brand name or generic name of buprenorphine patches must be recorded. It was noted that some record entries had been amended and stock balances were not always brought to zero following any disposal or transfer of the medicine. Whilst it was acknowledged that a denaturing kit was available for the safe disposal of controlled drugs, this kit was not locked away and contained several medicines which were waiting to be denatured. An area for improvement was identified. Two controlled drug cabinets were in use, for one of these, it could not be confirmed if this met with the Misuse of Drugs (Safe Custody) Legislation and it was agreed that the manager would contact the relevant persons and follow up as necessary. The manager confirmed by email on 13 October 2017, that a new controlled drug cabinet had been ordered.

The management of high risk medicines was examined e.g. insulin and warfarin. Largely satisfactory systems were in place. The relevant care plans were maintained. The good practice of ensuring that two staff were involved in each medicine administration was acknowledged. However, in relation to warfarin, written confirmation of the warfarin regime was received on most but not all occasions; this should be obtained following each blood test

and only the current warfarin regime should be in the medicines folder, to ensure safe administration; discontinued regimes should be archived in the patient's files. An area for improvement was identified.

Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. In one treatment room it was noted that areas were not tidy and organised and a number of medicines were awaiting disposal; these were not stored in locked cupboards. Following discussion with staff we were informed that there was no disposal record book that this had been ordered and once received the medicines would be disposed. This was further discussed with management for immediate action.

Satisfactory arrangements were in place for the management of medicines with a limited shelf-life once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

In relation to infection control, an area for improvement was identified regarding the management of sharps containers. It was noted that several sharps containers were overfilled, one was not assembled appropriately, these were open at all times and only one was marked with the date of opening. This was discussed with management. The manager advised by email on 13 October 2017, that these sharps containers had been removed from the treatment rooms.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, competency assessment, the management on medicines on admission/discharge and medicine changes.

Areas for improvement

The management of controlled drugs should be reviewed to ensure that robust arrangements are in place.

The management of warfarin should be reviewed.

In relation to infection control, the management of sharps containers should be closely monitored within the home's audit process.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Most of the sample of medicines examined had been administered in accordance with the prescriber's instructions. One discrepancy in an inhaled medicine was noted and a small number of medicines could not be audited as a record of the receipt of medicines had not been completed. Management provided assurances that these areas would be a focus within the audit process.

There were satisfactory arrangements in place to alert staff of when time critical medicines must be administered, such as Parkinson's medicines and also medicines which were prescribed at weekly intervals.

There were systems in place to ensure that staff were made aware of patients' healthcare needs at each shift handover e.g. swallowing difficulty, diabetes, antibiotic therapy. This information was detailed in a printed form for care staff and registered nurses. This is good practice. A copy of the form was provided at the inspection. Staff confirmed that this system worked well and readily facilitated the delivery of care.

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.

When a patient was prescribed an antibiotic, a care plan was maintained. This is good practice.

Some medicines were required to be crushed prior to administration. Written consent had been obtained and this detailed the method of preparation and administration for each medicine.

It was noted that medicines were prescribed for the treatment of epileptic seizures. These medicines were clearly recorded on the patient's personal medication record; however, it was not clear which medicine was the first line treatment and there was no care plan or epilepsy management plan in place. Staff verbally provided details of this plan. This was discussed in relation to ensuring that all staff were aware of the planned care, particular in the instances where shifts are covered by other nurses e.g. agency staff. The manager confirmed by email on 13 October 2017, that the general practitioner had been contacted, and that a care plan and epilepsy management plan had been developed.

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 maintained.

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. They confirmed that most patients were generally compliant with their medicine regimes.

Most of the medicines records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the use of separate administration records for transdermal patches, antibiotics and high risk medicines; and double signatures when updating and writing personal medication records and medication administration records. The management of external preparations had been raised at the last medicines management inspection as detailed in Section 6.2. This area for improvement has been stated for a second time.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the administration of medicines, completion of most records and care plans. Staff were knowledgeable regarding the patients' medicines.

Areas for improvement

An area for improvement under standards has been stated for a second time in relation to external preparations.

	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.

There are procedures in place to accommodate any patients who wish to self-administer their medicines.

We observed the administration of medicines at lunchtime. The registered nurse administering the medicines spoke to the patient in a kind and caring manner and the patient was given time to swallow their medicine.

Throughout the inspection, 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.

The patients spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines, they preferred the registered nurses to administer their medicines and their requests for medicines prescribed on a 'when required' basis was adhered to e.g. pain relief. They were complimentary regarding staff and management. Comments included:

"They look after you well."
"I can get anything I need."
"The staff are good."
"I am very happy in this home."
"They are good staff."

One patient raised some concerns regarding their meals in relation to choice and preferences. With the patient's consent this was discussed with management. They stated that they were already aware of these concerns and provided details of the action taken to address these.

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.

The relative we spoke with was complimentary regarding the care provided by the staff. No concerns were raised.

We met with staff throughout the inspection. Comments included:

"I am happy here."
"There have been lots of changes, but things are fine."
"We know the patients well."
"I get good support from management."
"I like working in this home."

Of the questionnaires which were left in the home to facilitate feedback from patients, their representatives and staff, four were returned from patients, two from patient's representatives and one from staff. The responses generally indicated that they were very satisfied/satisfied with all aspects of the care in relation to the management of medicines. A few comments were made in relation to care and these were shared with management for their attention. They were also shared with the care inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the listening to and taking account of the views of 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 in detail. 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 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.

The auditing arrangements for medicines had been reviewed following the implementation of the new medicines system. A daily stock balance was maintained for the majority of medicines supplied as tablets/capsules and nutritional supplements. This is good practice. In addition, an audit was completed by the community pharmacist. 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.

Following discussion with the manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

One area for improvement made 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.

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 Karen Agnew, Manager and Mrs Mary Stevenson, Quality Improvement Lead, Healthcare Ireland (Belfast) Ltd, 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 QIP via 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:** 9 November 2017	The registered person shall review the management of controlled drugs to ensure that robust systems are in place. Ref: 6.4
	Response by registered person detailing the actions taken: A new controlled drug cabinet for the treatment room in the extension has been ordered . Supervision in relation to recording the correct name or generic name for buprenorphine patches in the CD register Denaturing kits must be kept locked away Cd cupboard only to be used for the safe custody of CD drugs and no other items has been completed with the trained staff . An additional digital safe has been provided so there is no need to lock cameras etc in the CD cupboard and smaller denaturing kits have been provided to limit the amount of time required to store these.
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:** Second time **To be completed by:** 9 November 2017	The record keeping for external preparations should be reviewed. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: Topical medicine records charts have been completed for the care staff to complete where they are applying creams such as emollients to the residents. These records are countersigned by the nursing staff within the home . Focused learning on the management and administration of creams is being cascaded to the care staff team by the Clinical Development Lead. The nursing staff are liasing with the Gp surgeries to ensure clarity of dispensing labels and prevent the use of " use as directed" on dispensing prescriptions.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 9 November 2017	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. Ref: 6.4
	Response by registered person detailing the actions taken: Older regimes have been removed from the files and monitoring of this will be recorded in the managers monthly medication audits

Area for improvement 3 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 9 November 2017	The registered person shall closely monitor the management of sharps containers in relation to infection control. Ref: 6.4
	Response by registered person detailing the actions taken: Supervision has been completed with nursing staff covering their role and responsabilites in the relation to the management of sharps. The management of sharps is covered in the monthly audit tool completed by the home manager

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

The Regulation and Quality Improvement Authority

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews