Unannounced Medicines Management Inspection Report
6 November 2017

Oakridge Care Home

Type of Service: Nursing Home
Address: 14 Magheraknock Road, Ballynahinch, BT24 8TJ
Tel no: 028 9756 5322
Inspector: Paul Nixon

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 58 beds that provides care for patients with a variety of care needs, as detailed in the table in section 3.0.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd **Responsible Individual:** Mr Christopher Philip Arnold	**Registered Manager:** Ms Kelly Kilpatrick
Person in charge at the time of inspection: Ms Kelly Kilpatrick	**Date manager registered:** 24 June 2016
Categories of care: Nursing Homes I – Old age not falling within any other category. DE – Dementia. 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:** 58 A maximum of 40 patients in the Dementia Unit. A maximum of 18 patients in the General Nursing Unit.

4.0 Inspection summary

An unannounced inspection took place on 7 November 2017 from 09.45 to 14.10.

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.

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.

Evidence of good practice was found in relation to medicine governance, medicine administration and medicine records.

Areas requiring improvement were identified in relation to the disposal of medicines and the recording arrangements for medicines prescribed on a “when required” basis for the management of distressed reactions.

The patients we spoke with were complimentary about the management of their medicines and the care provided 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Kelly Kilpatrick, 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 4 and 5 October 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 three patients, the registered manager, three registered nurses and two care staff.

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
- care plans
- training records
- medicines storage temperatures

Areas for improvements 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 and 5 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP will be reviewed 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 4 January 2017

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 28 **Stated:** First time	The registered provider should ensure robust systems are in place for the management of thickening agents.	**Met**
	Action taken as confirmed during the inspection: Robust systems were in place for the management of thickening agents. For those patients whose records were examined, the thickener was recorded on their personal medication record and included details of the fluid consistency. Administrations were recorded and care plans and speech and language assessment reports were in place.	
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time	The registered provider review the format of the personal medication record and the medicine administration record to ensure that there is correlation between them.	**Met**
	Action taken as confirmed during the inspection: The format of the personal medication record and the medicine administration record had been reviewed to ensure that there was correlation between them.	

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 had 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.

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 satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration 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. The registered manager confirmed that all staff had attended safeguarding training.

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. insulin.

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

The registered manager and nursing staff stated that discontinued or expired medicines were placed into pharmaceutical waste bins by the community pharmacist and a member of nursing staff; with both persons signing the entries in the disposal of medicines record book. However, the volume of medicines awaiting disposal had built up to a considerable level, including controlled drugs that had not been denatured. This issue had also been highlighted during a medicines management inspection on 7 November 2013. Discontinued and out-of-date medicines should be disposed of in a timely manner. An area of improvement was identified.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were generally clean, tidy and well organised. However, two of the three controlled drugs cupboards were very full, due to the fact that controlled drugs no longer in use had not been denatured in a timely manner. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessments and the management of medicines on admission.

Areas for improvement

The arrangements for the disposal of medicines should be reviewed to ensure that medicines no longer in use are promptly disposed of.

	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 sample of medicines examined had generally been administered in accordance with the prescriber's instructions. However, some medicines could not be audited because the date of opening of the supply had not been recorded; the registered manager gave an assurance that this matter would be rectified.

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 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. However, for two of the four patients whose records were examined, a detailed care plan specifying the circumstances under which the medicine was to be administered was not in place. Also, in the Tyrella dementia unit, for two patients whose records were examined, the reason for and effect of administration were generally not recorded. An area for improvement was identified.

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.

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. They included additional records for acute antibiotic courses, insulin and transdermal opioid patches.

Practices for the management of medicines were audited throughout the month by the management and staff.

Following discussion with the registered manager and staff, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

Areas of good practice

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

Areas for improvement

The recording arrangements for medicines prescribed to be administered on a "when required" basis for the management of distressed reactions should be reviewed.

	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 being completed at the start of this inspection and was not observed. Staff were knowledgeable about the administration of medicines.

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. From discussion and observation of staff, it was clear that they were familiar with the patients' needs, their likes and dislikes.

The patients we spoke with advised that they were content with the management of their medicines and the care provided in the home. Patient comments included:

"It's great here; the staff are marvellous."
"It's very good; the staff are excellent."

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.

As part of the inspection process, we issued questionnaires to patients, patients' representatives and staff. One patient completed and returned a questionnaire within the specified timeframe. Comments received were positive; with responses recorded as 'very satisfied' with the management of medicines in the home.

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. 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. The medicine related incidents reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following the incident. 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 manager, registered nurses and care 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. They advised that management were open and approachable and willing to listen.

Three members of staff shared their views by completing a questionnaire. Comments received were positive; with responses recorded as 'very satisfied' or 'satisfied' with the care in the home. One member of staff stated, "Leadership and team work are excellent."

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 Ms Kelly Kilpatrick, 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

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 Web Portal for assessment by the inspector.

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 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	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 6 December 2017	The registered person shall ensure that the arrangements for the disposal of medicines are reviewed to ensure that medicines no longer in use are disposed of in a timely manner. Ref: 6.4
	Response by registered person detailing the actions taken: The disposal of medications has been reviewed and sufficient denaturing kits are now available in the Home. Supervisions held with nurses to ensure compliance, the Home Manager will continue to monitor this through the auditing process.
Area for improvement 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 6 December 2017	The registered person shall ensure that the recording arrangements for medicines prescribed to be administered on a “when required” basis for the management of distressed reactions are reviewed. Ref: 6.5
	Response by registered person detailing the actions taken: The management of "when required" medications has been reviewed and the recording of these medication is in place. This will be monitored by the Senior Nurses and the Home Manager through the auditing process.

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

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