The Regulation and Quality Improvement Authority

Inspection Report

6 January 2022

Phoenix Clinic & Resource Centre

Type of service: Nursing Home
Address: 1 Lansdowne Road, Newtownards, BT23 4NT
Telephone number: 028 9182 2111

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Phoenix Healthcare (NI) Ltd **Responsible Individual:** Mr Iain McCartney	**Registered Manager:** Mrs Karen Conway **Date registered:** 7 November 2012
Person in charge at the time of inspection: Ms Michelle Hudson, Deputy Manager	**Number of registered places:** 36
Categories of care: Nursing (NH): PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	**Number of patients accommodated in the nursing home on the day of this inspection:** 30
Brief description of the accommodation/how the service operates: This is a nursing home registered to provide nursing care for up to 36 patients**.**	

2.0 Inspection summary

An unannounced inspection took place on 6 January 2022 from 10.15am to 3.15pm. The inspection was carried out by a pharmacist inspector.

The findings of the last medicines management inspection on 27 August 2021 indicated that robust arrangements were not in place for all aspects of medicines management. Areas for improvement were identified in relation to the standard of maintenance of the personal medication records, the management of medicines on admission, the disposal arrangements for controlled drugs, the cold storage of medicines, and the governance and auditing systems in the home.

Following the last inspection the findings were discussed with the senior pharmacist inspector. It was agreed that as detailed feedback had been provided for the nurses on duty and the manager, a period of time would be given to implement the necessary improvements and that this follow up inspection would be undertaken to determine if the necessary improvements had been implemented and sustained.

Improvements in relation to the standard of maintenance of the personal medication records, the management of medicines on admission, the disposal arrangements for controlled drugs, the cold storage of medicines, and the governance and auditing systems in the home were observed at this inspection. However, further improvements were necessary in the disposal arrangements for controlled drugs. The manager was reminded that the improvements must be sustained.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence.

To complete the inspection a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

During the inspection the inspector:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

4.0 What people told us about the service

The inspector met with one nurse and the deputy manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Patients were observed to be relaxed and comfortable in the home. Nurses and staff were warm and friendly and it was evident from their interactions that they knew the patients well.

The nurse and deputy manager advised that they had worked hard to improve the management of medicines and that the changes implemented had been effective and were sustainable.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at the last medicines management inspection?

Areas for improvement from the last inspection on 27 August 2021		
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 personal medication records are up to date.	**Met**
	Action taken as confirmed during the inspection: Mostly satisfactory systems were in place to ensure that the personal medication records were accurate and up to date. The manager advised that the standard of maintenance of the records would continue to be closely monitored through the audit process. **See Section 5.2.1**	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that the refrigerator temperature is maintained between 2^{o}C and 8^{o}C, the thermometer is reset each day and corrective action is taken if temperatures outside the required range are observed.	**Met**
	Action taken as confirmed during the inspection: Satisfactory systems were in place to ensure that the refrigerator temperature was maintained between 2^{o}C and 8^{o}C. **See Section 5.2.2**	
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4, Part 1 are denatured and rendered irretrievable prior to disposal.	**Partially met**

	Action taken as confirmed during the inspection: Further improvements were necessary. **See Section 5.2.3** **This area for improvement was partially met and is restated.**	
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall implement a robust auditing system which covers all aspects of the management of medicines, including the areas of improvement identified at this inspection.	**Met**
	Action taken as confirmed during the inspection: The home's auditing system had been reviewed and revised to cover all aspects of the management of medicines, including the areas of improvement identified at the last inspection. **See Section 5.2.4**	
Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall review and revise the management of medicines on admission as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: The management of medicines on admission had been reviewed and revised. Safe systems were observed at the inspection. **See Section 5.2.5**	

5.2 Inspection findings

5.2.1 Personal medication records

Personal medication records were in place for all patients selected for review. These records are used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example at medication reviews and hospital appointments.

With the exception of one record, all personal medication records reviewed at the inspection were accurate and up to date. Medication changes had been accurately recorded. The records had been verified and signed by two nurses at the time of writing and at each update in order to ensure accuracy of transcribing. A system was in place to audit the standard of maintenance of the personal medication records. Nurses advised that the accuracy of the personal medication records was also checked prior to any hospital appointments and at discharge.

One personal medication record had not been updated following a recent medication change. The audit completed at the inspection indicated that one medicine had not been administered as prescribed. This finding was discussed in detail with the deputy manager who was requested to investigate the discrepancy and contact the prescriber for guidance. An incident report form detailing the outcome of the investigation and action take to prevent a recurrence was submitted to RQIA on 10 January 2022.

The deputy manager provided assurances that the standard of maintenance of the personal medication records would continue to be included in the audit process.

5.2.2 The management of medicines which require cold storage

Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer.

Following the last inspection nurses had received guidance on how to accurately monitor the refrigerator temperature and reset the thermometer each day. They were aware that corrective action must be taken if temperatures outside the required range were observed.

There was evidence that the current, maximum and minimum refrigerator temperatures were monitored and recorded each day and were mostly within the required range. The thermometer was reset each day after the temperatures were checked and recorded. Only medicines which required cold storage were stored in the medicines refrigerator.

As agreed at the last inspection, the room temperature of the rooms where nutritional supplements were stored was also monitored and recorded each day.

5.2.3 The disposal arrangements for controlled drugs in Schedules 2, 3 and 4 (Part 1)

The disposal arrangements for medicines were reviewed. Discontinued medicines were returned to a community pharmacy and records were maintained. The pharmacy holds the appropriate waste management licence.

There was evidence that controlled drugs in Schedule 2 and those controlled drugs which require safe custody in Schedule 3 were denatured and rendered irretrievable prior to disposal. However, other controlled drugs in Schedule 3 e.g. gabapentin, and controlled drugs in Schedule 4 were not denatured prior to disposal. This area for improvement was therefore stated for a second time. The Standard Operating Procedure for the disposal of controlled drugs should be reviewed and updated. An area for improvement was identified.

5.2.4 Governance and audit

Following the last inspection, an action plan to address the identified shortfalls in medicines management was developed and implemented. A revised medicines management audit tool was developed which covered all areas identified for improvement at the last inspection. The manager and deputy manager completed this audit weekly. Any necessary actions were discussed with staff for immediate implementation. Records of the audits and action plans were available for inspection.

The standard of maintenance of the personal medication records was included in the audit process. The deputy manager advised that they would continue to be audited and the importance of accurate record keeping reinforced with nurses.

Nurses also completed daily running balances on the administration of medicines. Any discrepancies were discussed with the staff involved. The deputy manager advised that the recording processes for this activity would be streamlined.

With the exception of the medication incident highlighted in Section 5.2.1, the audits completed during the inspection showed that medicines were administered as prescribed.

5.2.5 The management of medicines on admission

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for three patients who had recently been admitted to the home for long term and short term care were reviewed. There was evidence that:

- an accurate list of currently prescribed medicines was received from the hospital or GP to ensure that medicines were administered in accordance with the most recent directions
- personal medication records were verified and signed by two nurses to ensure accuracy of transcription
- accurate records of administration are maintained. A record of the administration of each individual medicine was maintained when medicines were administered from a compliance aid.

It was noted that some hand-written medication administration records had been verified and signed by one nurse only. The deputy manager advised that two nurses do verify the accuracy of transcriptions but that the second nurse does not sign. It was agreed that both nurses would verify and sign all hand-written medication administration records.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with regards to the management of medicines.

The outcome of this inspection concluded that four of the five areas for improvement identified at the last medicines management inspection had been addressed. One area for improvement in relation to the disposal of controlled drugs had been partially addressed and is therefore stated for a second time. One new area for improvement was identified regarding the Standard Operating Procedure for the disposal of controlled drugs. The manager was reminded that the improvements must be sustained.

The inspector would like to thank the patients and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	1*	1

* The total number of areas for improvement includes one under Regulations which is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Michelle Hudson, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4, Part 1 are denatured and rendered irretrievable prior to disposal. Ref: 5.1 & 5.2.3
To be completed by: From the date of the inspection	**Response by registered person detailing the actions taken:** ALL CONTROLLED DRUGS IN SCHEDULE 2,3 AND 4 ARE DENATURED AND RENDERED IRRETRIEVABLE PRIOR TO DISPOSAL AS PER UPDATED POLICY
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 31 **Stated:** First time	The registered person shall review and revise the Standard Operating Procedure for the disposal of controlled drugs. Ref: 5.2.3
To be completed by: 6 February 2021	**Response by registered person detailing the actions taken:** STANDARD OPERATING PROCEDURES HAVE BEEN UPDATED AND THE PROCEDURE FOR DISPOSAL OF CONTROLLED DRUGS HAS BEEN REVISED

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

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