

Unannounced Medicines Management Inspection Report 30 January 2018



Lecale Lodge

Type of Service: Nursing Home
Address: 26 Strangford Road, Downpatrick, BT30 6SL
Tel No: 028 4461 6487
Inspector: Helen Daly

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

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p>	<p>Registered Manager: Ms Diana Aston</p>
<p>Person in charge at the time of inspection: Mrs Leonie Mulholland , Registered Nurse, 10.30 - 12.30</p> <p>Mrs Anne Fitzsimons, Clinical Lead Nurse, 12.30 – 15.25</p>	<p>Date manager registered: 5 January 2018</p>
<p>Categories of care:</p> <p>Nursing Home (NH): I – old age not falling within any other category MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill</p> <p>Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment</p>	<p>Number of registered places: 56 including:</p> <ul style="list-style-type: none"> - a maximum of 25 patients in category NH-MP/MP(E) - a maximum of 13 residents in category RC-I and category RC-PH for 2 identified persons only

4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 10.30 to 15.25.

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 Lecale Lodge, which at this time, provides both nursing and residential care.

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 medicines administration, medicine records, storage and the management of controlled drugs.

Patients and staff were complimentary regarding the management of the home and the care provided to them.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Anne Fitzsimons, Clinical Lead Nurse, as part of the inspection process and can be found in the main body of the report.

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 21 August 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 three patients, one senior care assistant, four registered nurses and one clinical lead nurse.

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
- 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 21 August 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 2 February 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 manager must ensure that medication administration records are accurately maintained.	Met
	Action taken as confirmed during the inspection: The medication administration records which were reviewed at this inspection had been accurately maintained.	

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.

Registered nurses advised that they had received training on the management and administration of medicines in December 2017 prior to the change of community pharmacy. In addition training on medicines management was completed annually via e-learning. Competency assessments were carried out following induction and annually thereafter. Training on the management of medicines via the enteral route had been provided in October 2017. Training was discussed in detail with one bank nurse and a recently recruited nurse. Both were complimentary regarding the training provided and the ongoing support provided within the home.

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

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

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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. The use of separate administration charts was acknowledged. Dates of opening were recorded on in-use insulin pens.

Satisfactory arrangements were in place for the management of medicines and nutrition via the enteral route. Detailed feeding regimens were in place. Fluid intake charts showed that the recommended fluid intake was being achieved each day.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

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. Medicine refrigerators and oxygen equipment were checked at regular intervals. Four new refrigerators had recently been obtained. Guidance on resetting the thermometer was given to three registered nurses.

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 majority of medicines examined had been administered in accordance with the prescriber’s instructions. Some small discrepancies were highlighted to the registered nurses for ongoing monitoring.

There were arrangements in place to alert staff of when doses of early morning, twice weekly, weekly, monthly or three monthly medicines were due.

The management of distressed reactions, pain and swallowing difficulty was reviewed. The relevant information was recorded in the patients’ care plans, personal medication records and records of administration.

Registered nurses 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. This was evidenced for one patient at the inspection.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Following discussion with the clinical lead nurse 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 in relation to the standard of record keeping, care planning and the administration of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

The administration of medicines to patients had been completed prior to the commencement of this inspection and was not observed. Staff were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

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 were adhered to e.g. pain relief. They were complimentary regarding staff and management. Comments included:

- "It's very good here; the staff are pleasant, the food is good."
- "The staff are very kind."

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, we issued ten questionnaires to patients and their representatives. No responses were received within the specified timeframe.

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.

There were robust arrangements in place for the management of medicine related incidents. 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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines. A review of the audit records indicated that largely satisfactory outcomes had been achieved. However, a small number of discrepancies in the running stock balance counts were observed. Registered nurses were reminded that any discrepancies in the expected stock balances should be investigated on all occasions and followed up if necessary.

Following discussion with the clinical lead nurse, 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 were complimentary about the support from management.

During the inspection we discussed the current processes in relation to part of the nursing home being registered as a separate residential care home. The clinical lead nurse confirmed that medicines management would continue to be undertaken by trained and competent care staff. She also confirmed that following completion of this registration process, all staff would be made aware of the procedures for the safe disposal of medicines in residential care homes and that medicines would be returned directly to the community pharmacist for disposal.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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