Unannounced Medicines Management Inspection Report
10 January 2019

Cullion House

Type of Service: Nursing Home
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU
Tel No: 028 9039 1555
Inspector: Judith Taylor

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 that provides care for up to 22 patients living with learning disability.

3.0 Service details

Organisation/Registered Provider: Donnelly Care Group Ltd **Responsible Individual:** Mr Cathal John Donnelly	**Registered Manager:** Mrs Dora Syatwinda
Person in charge at the time of inspection: Mr Eddie McLaughlin (Registered Nurse)	**Date manager registered:** 27 July 2017
Categories of care: Nursing Homes (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	**Number of registered places:** 22

4.0 Inspection summary

An unannounced inspection took place on 10 January 2019 from 10.30 to 14.45.

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 medicines training and competency assessment, the completion of most medicine records and care planning.

Areas for improvement were identified in relation to the disposal of medicines, the stock control and storage of medicines and auditing arrangements for medicines.

The patient we met with spoke positively about the staff and the care provided. The patients were observed to be relaxed and comfortable in their environment.

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	5

As part of the inspection process, details of the Quality Improvement Plan (QIP) were discussed with Mr Eddie McLaughlin, Nurse in Charge, at the inspection and with Ms Dora Syatwinda, Registered Manager, by telephone on 15 January 2019. 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 29 August 2018. 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 was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with one patient, one senior carer, one registered nurse and the registered manager who was present for a short time during the inspection.

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

A sample of the following records was examined during the inspection:

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record books
- medicine audits
- care plans
- training records
- medicines storage temperatures
- policies and procedures

We left ‘Have we missed you?’ cards in the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home

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 29 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was 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 30 October 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 21 **Stated:** First time	The registered person shall review pain management to ensure pain assessments are completed and a suitable pain assessment tool is in use.	**Met**
	Action taken as confirmed during the inspection: There was evidence that pain management had been reviewed and revised; individual protocols which provided details of the patient's medicines and how they expressed their pain were in place. These were reviewed by the registered manager on a regular basis.	

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. Staff competency assessments were completed following induction, at least annually or more frequently as required. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided every two years. In the last year, staff had completed training in swallowing difficulty and record keeping.

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 medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records were updated by two trained staff. This is safe practice and was acknowledged.

The ordering and stock control of medicines was reviewed. Whilst there were arrangements in place to ensure each patient had a continuous supply of their medicines, a number of currently prescribed medicines had been disposed of, due to excess stock. We also noted excess supplies of some other medicines. Medicines should only be ordered as the need arises and should not be unnecessarily wasted. An area for improvement was identified. The registered manager advised of the difficulties experienced within the ordering process and advised that she would discuss in consultation with the prescriber.

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

The management of controlled drugs was reviewed. 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. We advised that the controlled drug key should be held separately from other medicine keys. It was agreed that this would be actioned from the day of the inspection onwards.

The process for the disposal of medicines should be reviewed to ensure that two staff are involved in the disposal of each medicine, medicines are disposed of into a clinical waste bin and all Schedule 4 controlled drugs are denatured prior to disposal. The need to update/follow the organisation's Standard Operating Procedures for controlled drugs was discussed. An area for improvement was identified.

The management of high risk medicines e.g. insulin was reviewed. Care plans were maintained and dosages were clearly recorded on the medicine records. The benefit of maintaining a separate insulin record which includes the site of administration was discussed.

Medicines were stored securely; however, the treatment room was very cluttered and overcrowded. There was limited space to store medicines, ensure clear segregation of patients' medicines and complete medicine records. We also noted some issues with the environment and these were shared with the registered manager and also the care inspector. Previously we had been advised that a new treatment room was being considered and we acknowledge that an application for variation to RQIA had been made; however, following review, this application had not been approved as it did not meet with requirements stipulated within the Care Standards for Nursing Homes, 2015. The need for adequate storage and space to prepare and manage medicines was reiterated. An area for improvement was identified.

In relation to medicines with a limited shelf life once opened, we noted the date of opening was not recorded on one liquid medicine and two insulin pens. One in use eye preparation had passed the expiry date and was removed from stock. This issue had been discussed at the last medicines management inspection but this had not led to the necessary improvement. An area for improvement was identified.

Areas of good practice

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

Areas for improvement

The stock control of medicines should be reviewed to ensure that medicines are only ordered as the need arises.

The disposal of medicines process should be reviewed.

The storage of medicines should be reviewed.

A robust system should be put in place to manage medicines with a limited shelf life once opened.

	Regulations	Standards
Total number of areas for improvement	0	4

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. However, we observed discrepancies in some liquid medicines. An area for improvement was made in Section 6.7.

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.

The management of pain and distressed reactions was reviewed. Medicine details were recorded on the personal medication records. Care plans were maintained. Staff were aware that distressed reactions may be the result of pain and ongoing monitoring was necessary to ensure that the patient was comfortable. See also Section 6.2.

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. Care plans and speech and language assessment reports were in place. Records of administration were completed by registered nurses and care staff.

Staff advised 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 patient's family and prescriber.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate administration records for transdermal patches. However, we noted some incomplete entries in the medicine related records completed by care staff e.g. external preparations. A system should be in place to oversee the completion of these records to ensure they are fully maintained. See Section 6.7.

Following discussion with the management and staff, it was evident that when applicable, other healthcare professionals were contacted in response to patients' healthcare needs.

Areas of good practice

There were some 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.

	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 was not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the patients' medicines and how the patients preferred to take their 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 and engaged with the patients; they treated the patients with dignity. It was clear from observation of staff, that they were familiar with the patients' likes and dislikes.

We met with one patient who spoke positively about the care provided, the food and the staff. No concerns were raised.

Of the questionnaires which were left for patients/patients' representatives, five were returned within the specified time frame (two weeks). All of the responses were recorded as "very satisfied". 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 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.

We discussed the 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. Arrangements were in place to implement the collection of equality data.

The governance arrangements for medicines management were examined. There was evidence of the auditing and monitoring systems completed by staff and management. We were advised of the daily and monthly audits completed and how areas for improvement were shared with staff to address. However, as there were areas to address in the domains of safe and effective care, the audit process should be further developed. An area for improvement was identified. We suggested that the QIP is included in the audit process to assist with sustained improvement.

Written policies and procedures for the management of medicines were in place. The need for a clear policy regarding disposal of medicines was discussed. See also Section 6.4.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, including referral to the safeguarding team as necessary.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management.

We were advised that there were effective communication systems to ensure that all staff were kept up to date.

The staff spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals. They stated they felt well supported in their work and stated they had no concerns.

No online questionnaires were completed by staff within the specified time frame (two weeks).

Areas of good practice

There were some examples of good practice in relation to governance arrangements and the management of medicine incidents. There were clearly defined roles and responsibilities for staff.

Areas for improvement

The auditing process for medicines management should be reviewed to ensure it covers all aspects of medicines management.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Eddie McLaughlin, Registered Nurse and Ms Dora Syatwinda, 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	
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 10 February 2019	The registered person shall review the stock control of medicines to ensure that medicines are only ordered as the need arises. Ref: 6.4
	Response by registered person detailing the actions taken: A meeting has been arranged with the Home Manager, GP Practice manager and pharmicist to address this issue, so only stock required is prescribed, dispensed and delivered to the Home.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 10 February 2019	The registered person shall review the management of the disposal of medicines as detailed in the report. Ref: 6.4 & 6.7
	Response by registered person detailing the actions taken: This has been addressed and appropriate measures are in place to ensure the correct management of the disposal of medicines as detailed in the report and discussed in email sent to pharmacy inspector on 07/02/19.
Area for improvement 3 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 10 February 2019	The registered person shall review the storage arrangements for medicines as detailed in the report. Ref: 6.4
	Response by registered person detailing the actions taken: A conractor that specialies in the installation and designing of clinical rooms has visited the Home and plans in progress for improvement of the storage arrangements for medicines as detailed in the report.
Area for improvement 4 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 10 February 2019	The registered person shall ensure there are robust arrangements for the management of limited shelf life medicines. Ref: 6.4
	Response by registered person detailing the actions taken: The Home manager is improving the auditing process currently used and has discussed the issue of management of limited shelf life medications with all staff nurses employed by the Home.Staff nurses reminded of their responsibilities under the administration and management of medicines in relation to recording the opening dates on liquid medications.

Area for improvement 5 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 10 February 2019	The registered person shall review the auditing process to ensure that it covers all aspects of medicines management. Ref: 6.5 and 6.7
	Response by registered person detailing the actions taken: The Home Manager is in the process of of reviewing the auditing process to ensure it covers all aspects of medicines management and will reference the improvements as highlighted in this QIP as part of the auditing process.

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

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