Unannounced Medicines Management Inspection Report
11 December 2018

Castlehill

Type of Service: Nursing Home
Address: 14 Bellshill Road,Castledawson,BT45 8HG
Tel No: 028 7946 8730
Inspector: Rachel Lloyd

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 servicefrom 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 homeregistered to provide nursing care for up to 34 patients with a learning disability as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Safecare Chrysalis Ltd **Responsible Individual:** Mr Cathal McAteer	**Registered Manager:** Ms Bernadette O'Neill
Person in charge at the time of inspection: Ms Stacey Trolan, Registered Nurse, from 09.55 until 10.30 then Ms Bernadette O'Neill	**Date manager registered:** 27 January 2011
Categories of care: Nursing Homes (NH) LD - Learning disability. LD(E) - Learning disability - over 65 years	**Number of registered places:** 34 - with associated physical disabilities

4.0 Inspection summary

An unannounced inspection took place on 11 December 2018 from 09.55 to 14.30.

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 administration, care planning and staff knowledge regarding the management of medicines for individual patients.

Areas for improvement were identified in relation to some medicine records and the management of medicines with a short shelf life after opening.

Patients were observed to be relaxed and comfortable in the home and good relationships with staff were evident.

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.

4.1Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*3

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Bernadette O'Neill, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

4.2Action/enforcementtaken following the most recent care inspection

Other than those actions detailed in the QIPno further actions were required to be taken following the most recent inspection on 28 June 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 informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with two patients, two registered nurses and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. We asked the registered manager 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 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 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 theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 June 2018

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 9 January 2018

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13(4)

Stated: First time</td><td>The registered person shall review procedures for ordering and obtaining prescriptions and medicines to ensure that all prescribed medicines are available for administration.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
There was evidence that procedures had been reviewed. There were no examples of prescribed medicines being out of stock during this inspection. The registered manager stated that medicine stocks were reviewed more regularly and that this has contributed to the improvement.</td></tr>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 29

Stated: First time</td><td>The registered person shall ensure that rewritten personal medication records and any new entries are verified and signed by two trained members of staff.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This was not evidenced on a significant number of records examined and is necessary to ensure accuracy.

This area for improvement was stated for a second time.</td></tr>
</table>

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. 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 observation, supervision and annual appraisal. Records were available for examination. The registered manager also advised that a monitored dosage system had been implemented in October 2018 following a period of training for staff.

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

Systemsin place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage had been reviewed and improvements were observed. 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.

There were mostly satisfactory 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. However, personal medication records and any new entries, and any handwritten additions to medicine administration record sheets (MARS) should be verified and signed by two trained members of staff. This is necessary to ensure accuracy. An area for improvement identified at the last medicines management inspection was stated for a second time.

Satisfactory arrangements were observed for the management of high risk medicines e.g. injections.

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

The majority of discontinued or expired medicines were disposed of appropriately. However, staff were reminded that all Schedule 4 controlled drugs must be destroyed prior to disposal including clobazam and rectal diazepam. There were notices for staff regarding the other controlled drugs in this category, which were being disposed of satisfactorily. The registered manager agreed to address this immediately following the inspection.

Medicines were mostly stored safely and securely. Medicine storage areas were clean, tidy and organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. However, the systems in place to alert staff of the expiry dates of medicines with a limited shelf life once opened should be reviewed. Two eye preparations and one liquid antibiotic were in use after expiry, although they had been marked with the date of opening. An area for improvement was identified.

Areas of good practice

There were examples of good practice in relation to staff training and competency assessment and the management of medicine stocks.

Areas for improvement

Personal medication records and any new entries should be verified and signed by two trained members of staff. This area for improvement was stated for a second time.

The systems in place to alert staff of the expiry dates of medicines with a limited shelf life once opened should be reviewed.

	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 majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. One discrepancy was highlighted to registered nurses for attention within audit processes. 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, monthly or three monthly medicines were due.

The management of pain and swallowing difficulties were reviewed and found to be satisfactory. Registered nurses were reminded to record the prescribed consistency of thickened fluids on the personal medication record. It was agreed that this would be addressed immediately following the inspection.

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 discussed with the patient and reported to the prescriber.

Medicine records were mostly well maintained and facilitated the audit process.However, the registered manager stated at the start of the inspection that personal medication records needed to be rewritten and this was agreed. Many were full and the number of changes to prescribed medicines made them unclear on occasion. A few discrepancies between the current prescription and MAR were highlighted to registered nurses for immediate attention. The allergy status of the patient should also be recorded. An area for improvement was identified.

Practices for the management of medicines were audited sporadically by the staff. Audits werealso completed by the community pharmacist.

Following discussion with the registered nurses on duty and a review of the care plans, 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 administration of medicines.

Areas for improvement

Personal medication records should be reviewed to ensure that they are maintained clearly and accurately and detail all of the medicines prescribed for the patient and their allergy status.

	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.

We observed the administration of medicines to a small number of patients. The registered nurses interacted positively with the patients and explained that they were having their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. It was clear from discussion and observation of staff, that the staff were familiar with the patients. 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.We spoke with two patients briefly who appeared relaxed and content in their environment but did not discuss the care or the management of their medicines.

Ten questionnaires were left in the home to facilitate feedback from patients and their representatives. None were returned by relatives within the specified timescale (two weeks).

Any comments received after the return date will be shared with the registered manager for information and action as required.

Areas of good practice

The administration of medicines to patients was completed in a caring manner and patients were given time to take their medicines.

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 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.

Written policies and procedures for the management of medicines were in place. They were not reviewed on this occasion. Following discussion with staff it was evident that they were familiar with policies and procedures and that any updates were highlighted to them. The registered manager was advised to ensure that procedures reflect the current system for the management of medicines in the home due to the changes that have taken place.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report incidents and were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that mostly satisfactory outcomes had been achieved. However, audits had not taken place since the introduction of the new monitored dosage system in October 2018. It was advised that audits should take place regularly. They should not only include stock balance checks, but a review of all areas of medicines management, particularly the maintenance of personal medication records and MARs and other areas highlighted for attention during the inspection.The registered manager agreed that this would be addressed immediately.

Following discussion with the registered nurses on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. We were advised that there were good communication systems in the home, to ensure that staff were kept up to date. Staff stated that management were approachable and listened to concerns.

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

Not all of the areas for improvement identified at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Areas of good practice

There were some examples of improved practice in relation to the management of medicine incidents, governance 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 theQIP were discussed with Ms Bernadette O'Neill, 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 standardsthis 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 improvementidentified 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 providershould confirm that these actions have been completed and return the completed via theWeb Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance withthe 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:** 11 January 2019	The registered person shall ensure that rewritten personal medication records and any new entries are verified and signed by two trained members of staff. Ref: 6.2 & 6.4 **Response by registered persondetailing the actions taken:** Each Registered Nurse has been made aware for the second time of their responsibility and a weekly audit check of records to be maintained.
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 11 January 2019	The registered person shall review the systems in place to alert staff of the expiry dates of medicines with a limited shelf life once opened, to ensure they are not administered after expiry. Ref: 6.4 **Response by registered persondetailing the actions taken:** A new system has been introduced to highlight medicines that have a limited shelf life once opened and date of expiry.
Area for improvement 3 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 11 January 2019	The registered person shall ensure that personal medication records are maintained clearly and accurately and detail all of the medicines prescribed for the patient and their allergy status. Ref: 6.5 **Response by registered persondetailing the actions taken:** All residents personal medication records have been updated accordingly.

Please ensure this document is completed in full and returned via theWeb 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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews