Unannounced Medicines Management Inspection Report
12 September 2018

Clonlee

Type of Service: Nursing Home
Address: 132 Belfast Road, Muckamore, Antrim, BT41 2ET
Tel No: 028 9446 1166
Inspector: Helen Daly

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

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd **Responsible Individuals:** Ms Naomi Carey & Mrs Janet Montgomery	**Registered Manager:** Mrs Perpetua Latta
Person in charge at the time of inspection: Mrs Perpetua Latta	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes (NH): I – old age not falling within any other PH – physical disability other than sensory impairment	**Number of registered places:** 53 This number includes a maximum of eight patients in category NH-PH and a maximum of one named resident receiving residential care in category RC-I. The home is also approved to provide care on a day basis for four persons.

4.0 Inspection summary

An unannounced inspection took place on 12 September 2018 from 10.15 to 14:50.

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

Three areas for improvement were identified in relation to the governance systems for medicines management, recording dates of opening and care planning for pain.

One area for improvement in relation to care planning for self-administered medicines was stated for a second time. One area for improvement in relation to the management of distressed reactions was carried forward for examination at the next medicines management inspection.

We spoke with four patients who were complimentary regarding the care and staff 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	*5

*The total number of areas for improvement includes one which has been stated for a second time and one which have been carried forward for review at the next medicines management inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Perpetua Latta, 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 12 April 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 home was reviewed. This included the following:

- Recent inspection reports
- Recent correspondence with the home
- The management of medicine related incidents; it ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection we met with four patients, three care assistants, two registered nurses, the deputy manager 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. We left 'Have we missed you?' cards in the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

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
- 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, not met or carried forward for review at the next medicines management inspection.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 April 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 14 September 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 person shall review the management of out of stock medicines to ensure that doses are not omitted.	**Met**
	Action taken as confirmed during the inspection: Systems were in place to ensure that medicines were available for administration. There was evidence that registered nurses were proactive in ensuring that medicines were ordered in a timely manner and that orders were followed up.	

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:** Second time	The registered providers should ensure that competency assessments on the management of medicines are completed with all trained staff at regular intervals.	**Met**
	Action taken as confirmed during the inspection: Records of the competency assessments which had been completed with registered nurses in February 2018 and March 2018 were available for inspection.	
Area for improvement 2 **Ref:** Standard 18 **Stated:** First time	The registered persons shall review the management of distressed reactions as detailed in the report.	**Carried forward to the next medicines management inspection**
	Action taken as confirmed during the inspection: Care plans were in place. These medicines had not been used in recent months therefore we were unable to confirm if the reason for and outcome of administration were being recorded at each administration. **This area for improvement was carried forward for review at the next medicines management inspection.**	
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time	The registered persons shall review the management of self-administered medicines as detailed in the report.	**Not met**
	Action taken as confirmed during the inspection: Two medicines were being self-administered. This had been marked on the personal medication record. However, a care plan was not in place and there was no record of the transfer of medicines to the patient. **This area for improvement was stated for a second time.**	

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 registered nurses who have been trained and deemed competent to do so. The registered manager advised that training on the management of medicines via syringe drivers and the enteral route was completed within the last year. Competency assessments were available for inspection. Care assistants had received training and been deemed competent to administer thickening agents and emollient preparations. Training on the management of dysphagia had been provided in August 2018. Further training on the management of emollient preparations was planned.

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

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

Satisfactory 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.

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. warfarin and insulin. The use of separate administration charts was acknowledged. As discussed at previous medicine management inspections and detailed below the date of opening had not been recorded on insulin pens.

Appropriate arrangements were in place for administering medicines in food. Written authorisation from the prescriber and care plans were in place. The registered manager advised that the pharmacist had been consulted for guidance.

The management of medicines to be administered via the enteral route was examined. A record of the daily regimen including the required water flushes was observed. Daily fluid intake charts were in place, however these were not being totalled every day. This is necessary to ensure that the recommended daily fluid intake is being achieved. The registered manager advised that this had recently been discussed at a team meeting and highlighted to all registered nurses. It was agreed that this would be monitored as part of an increased level of audit activity (See Section 6.7). Due to the assurances provided an area for improvement was not specified at this time.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. The majority of medicines are opened on the first day of the medicines cycle and this was evident from the audit findings. However, dates of opening were not recorded on several medicines, including those with a limited shelf-life once opened e.g. insulin, eye preparations and liquid medicines and medicines which had been opened mid-cycle. Dates of opening must be recorded to facilitate audit activity and to ensure that medicines do not remain in use after their expiry. This had been discussed at previous inspections but continues to be an issue. An area for improvement was identified.

Areas of good practice

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

Areas for improvement

The date of opening should be recorded on all limited shelf life medicines and medicine which are opened after the first day of the medicines cycle. This is to facilitate audit and disposal at expiry.

	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 medicines examined had been administered in accordance with the prescriber's instructions. A small number of discrepancies were discussed with the registered manager for follow up and ongoing monitoring (See Section 6.7). Some audits could not be completed as dates of opening had not been recorded (See Section 6.4).

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 distressed reactions was discussed with the registered manager. Care plans were in place. The medicines had not been required in recent months. For two patients their use had been reviewed with the prescriber and they were now prescribed for regular administration. The registered manager advised that registered nurses were aware that the reason for and outcome of administration were recorded when necessary, however this could not be confirmed as they had not been used. The area for improvement identified at the last medicines management inspection was carried forward for review at the next medicines management inspection.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place; however, details of the cause of the pain and the prescribed medicines were not recorded.

An area for improvement was identified. Registered nurses were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. The registered manager advised that most of the patients could verbalise pain and a pain assessment tool was used as needed.

The management of swallowing difficulty was examined and found to be satisfactory. Care plans, speech and language assessment reports and records of prescribing and administration were in place. The recommended fluid consistency was recorded on the prescribing and administration records.

A small number of patients sometimes refused their medicines. This had been recorded on the medication administration records and discussed with the prescribers.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the supplementary recording sheets for insulin, warfarin and antibiotics.

Following discussion with the registered manager and registered nurses, 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 and the administration of the majority of medicines.

Areas for improvement

Detailed care plans for the management of pain should be in place. The reason for the pain and prescribed medicines should be included.

	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 engaged the patients in conversation and explained that they were having their medicines.

A small number of medicines were being self-administered. This had been recorded on the personal medication record. However, care plans and records of the transfer of the medicines to the patient were not maintained. This had been identified at the last medicines management inspection and hence the area for improvement was stated for a second time.

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. Patients were observed to be relaxed and comfortable.

We spoke with four patients who were complimentary regarding the care provided and staff in the home. Comments included:

- "The nurses look after my medicines, I prefer it that way."
- "We love it here; we don't want to go home."
- "The girls are great. They couldn't do enough for you."
- "It is fantastic. We have no complaints."

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. One relative completed and returned a questionnaire indicating that they were very satisfied with the care provided in the home.

Any comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

Areas of good practice

Staff were observed to listen to patients and to take account of their views.

Areas for improvement

No new areas for improvement were identified.

	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 within Clonlee.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

The management of medicine related incidents was discussed with the registered manager who advised us of the procedures in place and stated she was aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. A limited auditing system was in place which included running stock balances for antibiotics, controlled drugs and warfarin. The registered manager advised that audits were also completed at the end of each medication cycle but records of the outcomes or action plans to address any identified shortfalls were not available for inspection. One area for improvement which had been identified at the last medicines management inspection had not been addressed. An audit tool which monitors all aspects of the management of medicines, including recording dates of opening, daily fluid intake charts and care plans should be developed and implemented. An area for improvement was identified.

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

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. In addition to verbal handovers, written handover sheets were in place.

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

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

The registered person shall develop and implement a robust audit tool which covers all aspects of the management of medicines. Action plans to address any shortfalls should be followed up.

	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 Mrs Perpetua Latta, 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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td 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</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 18

Stated: First time

To be completed by:
14 October 2017</td><td>The registered persons shall review the management of distressed reactions as detailed in the report.

Ref: 6.2 and 6.5</td></tr>
<tr><td>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.

Ref: 6.2</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 28

Stated: Second time

To be completed by:
12 October 2018</td><td>The registered persons shall review the management of self-administered medicines as detailed in the report.

Ref: 6.2 and 6.6</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The only medication that one resident self administors is her eye drops, the relevant paperwork is now in place to faciliate the signing over and the auditing of same.</td></tr>
<tr><td rowspan="2">Area for improvement 3

Ref: Standard 28

Stated: First time

To be completed by:
12 October 2018</td><td>The registered persons shall ensure that the date of opening is recorded on all limited shelf life medicines and medicines which are opened after the first day of the medicines cycle.

Ref: 6.4 and 6.7</td></tr>
<tr><td>Response by registered person detailing the actions taken:
This will be discussed at the staff meeting scheduled for 12/10/18 and audit system to be implemented to ensure medication is dated on opening.</td></tr>
</table>

Area for improvement 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 12 October 2018	The registered persons shall ensure that detailed care plans for the management of pain are in place. Ref: 6.5
	Response by registered person detailing the actions taken: Careplans have been in place in relation to management of pain for individual residents, although more informative details have been included as to the reason of administration.
Area for improvement 5 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 12 October 2018	The registered persons shall review the governance systems in the home to ensure that a robust medicines management auditing system is in place. Ref: 6.4, 6.5 and 6.7
	Response by registered person detailing the actions taken: There are systems in place to audit the administration of medicines,and following a conversation with our Pharmacist we have stream lined our drug trolleys to aid in the monitoring. The frequency of spot checks will be increased and will include the monitoring of dating on opening and involve the nursing staff, to give ownership and support.

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

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