

Unannounced Follow Up Medicines Management Inspection Report 13 May 2019



Clonlee

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

www.rqia.org.uk

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 provider 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 which provides care for up to up to 53 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Hutchinson Healthcare 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 Home (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment	Number of registered places: 53 There may be 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 to four persons.

4.0 Inspection summary

An unannounced follow up inspection took place on 13 May 2019 from 10.25 to 13.45.

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 sought to assess progress with issues raised during the previous medicines management inspection which took place on 12 September 2018.

The following areas were examined during the inspection:

- the management of distressed reactions
- the management of self-administered medicines
- recording dates of opening on medicines to facilitate audit and disposal at expiry
- care plans for the management of pain
- governance systems with regards to medicines management

It was evidenced that three of the five areas identified for improvement had been addressed effectively. However, two areas for improvement in relation to recording dates of opening and the governance systems were stated for a second time.

In addition, three further areas for improvement were identified in relation to the administration of medicines process, fluid intake charts and the management of medicines which are added to food to assist swallowing.

The improvements which had been implemented were acknowledged. These must be sustained in order to ensure that staff deliver safe and effective care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*4

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

Areas for improvement and 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 premises inspection

The most recent inspection of the home was an announced premises inspection undertaken on 10 December 2018. No areas for improvement were identified. 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 incidents, it was ascertained that there were no incidents involving medicines had been reported to RQIA since the last medicines management inspection

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

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

- personal medication records
- medicine administration records
- medicines requested and received
- controlled drug record book
- medicine audits
- care plans
- medicines transferred out of the home

Areas for improvements identified at the last medicines management inspection were reviewed and 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 10 December 2018

The most recent inspection of the home was an announced premises inspection. There were no areas for improvement made as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 12 September 2018

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 18 Stated: First time	The registered persons shall review the management of distressed reactions as detailed in the report.	Met
	Action taken as confirmed during the inspection: Care plans which included details of prescribed medicines were in place. The medicines had been required for only one patient in recent months. The reason for and outcome of administration had been recorded. This provides evidence that the medicines are only being administered when required.	

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p>	<p>The registered persons shall review the management of self-administered medicines as detailed in the report.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A small number of medicines were being self-administered. This had been recorded on the personal medication record and a care plan was in place. Records of the transfer of the medicines to the patient were maintained. This provides evidence to ensure that the patient was using the medicines appropriately.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>As identified at previous inspections the majority of medicines were opened on the first day of the medicine cycle and hence audits could be completed.</p> <p>However, dates of opening were not recorded on several medicines, including those with a limited shelf-life once opened e.g. insulin, eye preparations, liquid medicines and medicines which had been opened mid-cycle. This means that audits cannot be carried out and medicines may remain in use after their expiry.</p> <p>The registered manager advised that registered nurses are continually reminded to record dates of opening.</p> <p>This area for improvement is stated for a second time.</p>	<p>Not met</p>

Area for improvement 4 Ref: Standard 4 Stated: First time	The registered persons shall ensure that detailed care plans for the management of pain are in place.	Met
	Action taken as confirmed during the inspection: Detailed care plans, which included the cause of the pain and the prescribed medicines, were in place.	
Area for improvement 5 Ref: Standard 28 Stated: First time	The registered persons shall review the governance systems in the home to ensure that a robust medicines management auditing system is in place.	Partially met
	Action taken as confirmed during the inspection: There was evidence of an increased level in auditing and we were advised that audits had identified areas for improvement. However, as not all of the areas for improvement have been effectively addressed and three new areas for improvement have been identified, the inspection findings indicate that the governance arrangements are still not robust. This area for improvement is stated for a second time.	

6.3 Inspection findings

See Section 6.2

Additional areas examined:

The inspection commenced following the morning medication round. It was noted that the lunchtime medicines had been pre-dispensed to facilitate a shorter lunchtime round. This practice is unsafe as it increases the likelihood that medicines may be administered to the wrong patient. This was discussed with the registered nurse, deputy manager and registered manager and assurances were provided that this was not the usual practice. An area for improvement was identified.

Medicines were being administered in food to assist swallowing. This had not been recorded on the personal medication records and care plans were not in place. In addition, letters of authorisation from the prescriber(s) were not available for all patients. This is necessary as

these medicines were being administered outside the terms of their product licence. An area for improvement was identified.

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. An area for improvement was identified.

Areas for improvement

Safe systems should be in place for the administration of medicines.

The management of medicines which are added to food to assist swallowing should be reviewed and revised.

Fluid intake charts regarding enteral feeding should be accurately maintained and totalled each day.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (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 QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005/ The Residential Care Homes Regulations (Northern Ireland) 2005/ The Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 13 June 2019	<p>The registered person shall ensure that registered nurses follow safe procedures for the administration of medicines.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The incident that was noted on the day of the inspection has been addressed with the individual nurse, disciplinary action taken and further training delivered to all trained staff on the administration of medication.</p>
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: Second time To be completed by: 13 June 2019	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: There has been an emergency staff meeting to discuss issues raised with the inspection, and to date staff have been more vigilant in dating the opening of medication. The Home has purchased additional stickers to facilitate staff to date medicines on opening .</p>
Area for improvement 2 Ref: Standard 28 Stated: Second time To be completed by: 13 June 2019	<p>The registered persons shall review the governance systems in the home to ensure that a robust medicines management auditing system is in place.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Following a staff meeting increased awareness added to dating medications and ensuring fluid balance fully completed, audits carried out on three residents per day continues with more awareness to PRN medications and again the focus on date of opening</p>

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2019</p>	<p>The registered person shall review and revise the management of medicines which are added to food to assist swallowing.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Careplans updated for individual residents to include that medication is being crushed to assist swallowing and authorisation letters in place for all residents.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2019</p>	<p>The registered person shall ensure that fluid intake charts regarding enteral feeding are accurately maintained and totalled each day.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Audits on fluid balance charts will be maintained daily in the interim to ensure of staff's compliance.</p>

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



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