Unannounced Medicines Management Inspection Report
20 February 2018

Kingscourt

Type of Service: Nursing Home
Address: 928 Antrim Road, Templepatrick, BT39 0AT
Tel No: 028 9443 2046
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 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 registered to provide nursing care for up to 19 patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd **Responsible Individual:** Mr Eoghain King	**Registered Manager:** Mr Brian Campbell
Person in charge at the time of inspection: Mr Brian Campbell	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes (NH): LD – Learning disability LD(E) – Learning disability – over 65 years	**Number of registered places:** 19

4.0 Inspection summary

An unannounced inspection took place on 20 February 2018 from 10.00 to 13.55.

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 staff training and working relationships within the home, the administration of medicines, most medicine records and the management of controlled drugs.

One area for improvement was identified in relation to the management of external preparations. One area for improvement, regarding recording the date of opening on all medicines to facilitate audit, was stated for a second time.

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	*2

*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 Mr Brian Campbell, 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 18 October 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 - prior to the inspection, it was ascertained that no incidents involving medicines had been 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 four patients, one registered nurse and the registered manager. We also met with the independent assessor, undertaking the Regulation 29 monthly monitoring visit to the home, Mrs Deborah Oktar-Campbell.

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
- 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 18 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and 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 1 December 2016

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 29 **Stated:** First time	The registered provider should review records to ensure that the prescribed consistency of thickened fluid recorded on the personal medication record and care plan, correlate with the most recent speech and language assessment.	**Met**
	Action taken as confirmed during the inspection: No patient was prescribed a thickening agent at the time of the inspection. The procedures in place and the records maintained were discussed with the staff. Due to the assurances received this area for improvement was assessed as met.	

Area for improvement 2 **Ref**: Standard 28 **Stated:** First time	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit.	**Partially met**
	Action taken as confirmed during the inspection: The date of opening was recorded on the majority of the medicines examined which were administered on a regular basis. It was not recorded on laxative liquids and sachets and other liquid medicines and creams/ointments prescribed for use on a "when required" basis. It was therefore not possible to audit these medicines. 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 staff who have been trained to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The registered manager advised that training was planned for care staff that were responsible for the administration of topical preparations. The impact of training was monitored through team meetings, supervision and annual appraisal. 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 and to prevent wastage. 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. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

There were robust arrangements in place to manage changes to prescribed medicines. Personal medication 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. Additional checks were also performed on other controlled drugs which is good practice.

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

Medicines were mostly stored safely and securely and in accordance with the manufacturer's instructions. There were systems in place to alert staff to the expiry dates of medicines with a limited shelf life, once opened. Medicine storage areas were clean, tidy and organised. The medicine refrigerator and oxygen equipment were checked at regular intervals. However, a number of opened external preparations were observed without labels. These are prescribed for single patient use and the patient for whom each preparation belonged could not always be identified. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and supervision, the management of medicines on admission and the management of controlled drugs.

Areas for improvement

The management of external preparations should be reviewed to ensure that these are labelled appropriately and administered only to the individual for whom they were prescribed.

	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 sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff as to when doses of weekly, monthly or three monthly medicines were due.

The management of distressed reactions and pain were reviewed. The relevant information was recorded on the patient's care plan, personal medication record and records of administration.

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 reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Staff were advised to rewrite some personal medication records which were full and had no remaining space for any new entries.

The date of opening was recorded on the majority of the medicines examined which are administered on a regular basis. However, it was not recorded on laxative liquids and sachets and other liquid medicines and creams/ointments prescribed for use on a "when required" basis. It was therefore not possible to audit these medicines. An area for improvement identified at the last medicines management inspection was stated for a second time (see section 6.2). It was agreed that this would be monitored within audit procedures.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, audits were completed regularly by the community pharmacist.

Following observation, discussion with the staff and examination of records, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care planning, audit procedures and communication between staff and other healthcare professionals.

Areas for improvement

No new 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 on this occasion. Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous and were knowledgeable about the patients and their care needs.

The management of medicines and their care was not discussed in detail with the patients spoken to at the inspection. However, they and other patients who could not verbalise their feelings in respect of their care were keen to chat generally. They were observed to be relaxed and comfortable in their surroundings and in their interactions with staff and visitors.

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

The home was observed to be clean, warm and welcoming. A number of patients were participating in an outing to celebrate a patient's birthday. Another patient played several hymns on his keyboard and was congratulated on this.

Areas of good practice

Good relationships were observed between staff and patients. 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.

Written policies and procedures for the management of medicines were in place. These were not examined on this occasion. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report 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.

A review of the audit records indicated that satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the staff, it was evident that staff 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. It was evident that there were good working relationships and that management were open and approachable and willing to listen.

One area for improvement identified at the last medicines management inspection had not 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.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to medicine governance arrangements and maintaining good working relationships. 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 the QIP were discussed with Mr Brian Campbell, 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:** Second time **To be completed by:** 20 March 2018	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: Additional supervision with nurses responible for administering medications has taken place to ensure compliance.
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 20 March 2018	The registered person shall review the management of external preparations to ensure that these are labelled appropriately and administered only to the individual for whom they were prescribed. Ref: 6.4
	Response by registered person detailing the actions taken: A nurse has been allocated to monitor all aspects of external preparation prescriptions to ensure that they are appropriately labelled and administered to the individual for whom they were prescribed.

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

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