Unannounced Medicines Management Inspection Report
7 January 2019

Leabank

Type of Service: Nursing Home
Address: 1 Beechwood Avenue, Ballycastle, BT54 6BL
Tel No: 028 2076 3392
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 55 patients with healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Leabank **Responsible Individuals:** Mr Brian Macklin & Mrs Mary Macklin	**Registered Manager:** See box below
Person in charge at the time of inspection: Mrs Patricia Anne Laverty	**Date manager registered:** Mrs Patricia Anne Laverty (Registration Pending)
Categories of care: Nursing Homes (NH): DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment	**Number of registered places:** 55 including: a maximum of two patients in category NH-DE; all new admissions to categories NH-DE must receive prior approval from RQIA there shall be a maximum of three named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 7 January 2019 from 10.45 to 16.00.

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 governance, training and competency assessment, the completion of most medicine records and the safe storage of medicines.

Areas for improvement were identified in relation to distressed reactions, controlled drugs, some medicine records and care planning.

The patients we met with spoke positively about the staff and the care provided. There was a warm and welcoming atmosphere in the home and 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	*4

*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 Mrs Patricia Laverty, 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 11 October 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 two patients, two registered nurses, the deputy manager and the manager.

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA and we asked the 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 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 11 October 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 27 February 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 medicine storage to ensure that all medicines are safely and securely stored at all times.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Medicines were stored in locked cupboards and medicine trolleys. Satisfactory arrangements were in place for the management of medicine keys.</td></tr>
</table>

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 30 **Stated:** Second time	The management of medicine refrigerator temperatures should be reviewed to ensure that temperatures outside of the required range (2°C to 8°C) are reported to management and the appropriate action taken.	**Met**
	Action taken as confirmed during the inspection: Temperatures of the medicine refrigerators were monitored and recorded each day and were within the required range of 2°C to 8°C. There was evidence that any deviation was reported to the manager.	
Area for improvement 2 **Ref**: Standard 18 **Stated:** First time	The registered person shall review the management of distressed reactions to ensure that a care plan is maintained and that the reason for and the outcome of administration is recorded on each occasion, for medicines prescribed on a "when required" basis.	**Not met**
	Action taken as confirmed during the inspection: We reviewed four patients' records. A care plan was in place for one of the patients. When administered, the reason for and outcome of the administration were not recorded. 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 and deemed competent to do so. An induction process was in place for registered nurses, agency nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings and supervision. Management advised that staff appraisal was usually annually; however, this was overdue and was being addressed. Competency assessments were completed annually. Refresher training in medicines management and swallowing difficulty was provided in the last year.

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 and medication administration records were updated by two trained staff. This is safe practice and was acknowledged.

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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

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

Robust arrangements were observed for the management of high risk medicines e.g. insulin. Care plans were maintained. Each administration was checked and signed by two registered nurses and recorded on separate insulin administration charts. This safe practice was acknowledged.

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 controlled drug record books. It was advised that these books should include page numbers. Checks were performed on controlled drugs which require safe custody, at the end of each shift; and were also performed on other controlled drug which is good practice.

With the exception of Schedule 4 controlled drugs, discontinued or expired medicines were safely disposed of. In relation to the disposal of Schedule 4 controlled drugs, staff should ensure that these are denatured prior to disposal. This was also discussed in relation to the organisation's Standard Operating Procedures for controlled drugs. An area for improvement was identified.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised and patients' medicines were clearly segregated. There were robust systems to manage medicines which required cold storage and medicines with a limited shelf life once opened.

In relation to the oxygen storage on the ground floor, it was suggested that the temperature of the room was monitored to ensure the temperature was maintained below 25^{o}C. The manager agreed that this would be addressed.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission, controlled drugs and safe storage of medicines.

Areas for improvement

The management of controlled drugs 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 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 of when doses of weekly or three monthly medicines were due.

The management of pain was reviewed. Medicine details were recorded on the personal medication records. Pain assessments were completed at monthly intervals. However, care plans regarding pain management were not in place for all patients prescribed regular pain relief. An area for improvement was identified.

For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Records of administration, care plans and speech and language assessment reports were in place.

In relation to the management of medicines prescribed to manage distressed reactions, the medicines were clearly recorded on the patient's personal medication record. They were prescribed for a small number of patients; some rarely required their use. See also Section 6.2. The area for improvement was stated for a second time.

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. We were provided with examples of when this had occurred and had resulted in a change of formulation to assist with administration.

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 and injectable medicines. However, we noted some non-correlation between personal medication records and the corresponding medication administration records, mainly regarding external preparations. A system should be in place to check that the patient's personal medication record and medication administration records match. An area for improvement was identified.

Practices for the management of medicines were audited throughout the month by the staff and management. This included a record of running stock balances for some medicines and the quantity of any medicine carried forward to the next medicine cycle.

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

Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

Areas for improvement

Care plans regarding pain management should be developed.

One area for improvement in relation to the management of distressed reactions has been stated for a second time.

A system should be in place to ensure personal medication records and medication administration records correlate.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

We noted the warm and welcoming atmosphere in the home. Throughout the inspection, it was found that there were good relationships between the staff, the patients and the patients' representatives. 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 two patients who spoke positively about the care provided, the food and the staff. They stated that staff responded to any requests they had and advised they had no concerns. Other comments included:

- "The staff are very good indeed; I couldn't complain about anything."
- "Since I have been here, it has been good; they look after me well."
- "We get nice food all the time."
- "I am happy here and like it."

Of the questionnaires which were left for patients/patients' representatives, none were returned within the specified time frame (two weeks). Any comments in questionnaires received after the return date will be shared with the manager as necessary.

Areas of good practice

Staff listened to patients and relatives 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. We were advised that there were arrangements 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 to ensure sustained improvement. We were advised of the daily, weekly and monthly audits completed and how areas for improvement were shared with staff to address. This was usually through team meetings and supervision. Management also advised of the support provided by the community pharmacist. A sample of audit records was made available at the inspection.

Written policies and procedures for the management of medicines were in place and readily available for staff reference. Staff advised that there were procedures in place to ensure that they were made aware of any changes.

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. They provided details of the procedures in place to ensure that all staff were made aware of incidents and systems to prevent recurrence.

We were advised that there were effective communication systems to ensure that all staff were kept up to date. A written handover sheet was used at shift changes; in relation to medicines management this included antibiotic therapy, diabetes and thickened fluids. A communications book was also in use.

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.

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 examples of good practice in relation to governance arrangements, the management of medicine incidents 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 the QIP were discussed with Mrs Patricia Laverty, 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 18 **Stated:** Second time **To be completed by:** 7 February 2019	The registered person shall review the management of distressed reactions to ensure that a care plan is maintained and that the reason for and the outcome of administration is recorded on each occasion, for medicines prescribed on a "when required" basis. Ref: 6.2
	Response by registered person detailing the actions taken: Any patient on medication for distressed reaction have a care plan in place. Staff been advised that they must ensure that this is completed for all residents going forward. When a medication for distressed reaction is administered a distressed reaction form is completed to advise why it is being administered and what effect it has had following administration.
Area for improvement 2 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 7 February 2019	The registered person shall review the management of controlled drugs. Ref: 6.4
	Response by registered person detailing the actions taken: The controlled drugs are now being denatured and disposed of correctly and a full record of all drugs disposed retained for traceablility
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 7 February 2019	The registered person shall ensure that patients' care plans are reflective of their healthcare needs. Ref: 6.5
	Response by registered person detailing the actions taken: All patients prescribed regular pain relief have a care plan in place.
Area for improvement 4 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 7 February 2019	The registered person shall make the necessary arrangements to ensure correlation with personal medication records and corresponding medication administration records. Ref: 6.5
	Response by registered person detailing the actions taken: All new patients will have a prescriber patient medication record from the GP or Pharmacist in hospital discharges. This has also been implemented into the patient of the day to ensure that the Kardex and the MAR's are the same for a each patient on a monthly basis.

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

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