Unannounced Medicines Management Inspection Report
27 February 2018

Leabank

Type of Service: Nursing Home
Address: 1 Beechwood Avenue, Ballycastle, BT54 6BL
Tel No: 028 2076 3392
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 with 55 beds that provides care for patients and residents living with a range of 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:** Mr David Ross
Person in charge at the time of inspection: Mr David Ross	**Date manager registered:** 22 February 2018
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment Residential Homes (RC): I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	**Number of registered places:** 55 including: A maximum of 10 residents in categories RC-I and RC-PH. A maximum of 2 residents in category RC-DE and a maximum of 2 patients in category NH-DE. All new admissions to categories RC-DE and NH-DE must receive prior approval from RQIA.

4.0 Inspection summary

An unannounced inspection took place on 27 February 2018 from 10.00 to 15.40.

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 term ‘patients’ is used to describe those living in Leabank which provides both nursing and residential care.

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 most medicine records, the administration of medicines, the management of controlled drugs, communication with various healthcare professionals and working relationships within the home.

Areas for improvement were identified in relation to the storage of medicines and the management of distressed reactions.

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	1	*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 David Ross, 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

The most recent inspection of the home was an unannounced care inspection on 23 February 2018. Enforcement action resulted from the findings of this inspection. The responsible persons and registered manager were invited to attend a serious concerns meeting in RQIA on 1 March 2018 to discuss the inspection findings and their plans to address the issues identified at the inspection. During the concerns meeting, the responsible persons provided an action plan to address the concerns raised during the inspection. Following the meeting RQIA decided to issue an Improvement Notice in respect of failure to comply with the care standards.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

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 relatives, two registered nurses and the registered manager.

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 23 February 2018

The most recent inspection of the home was an unannounced care inspection (see section 4.2). A report will be issued and the completed QIP will be assessed 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 17 May 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	Handwritten entries on printed medication administration records should be checked and signed by a second member of staff to avoid errors in transcription. **Action taken as confirmed during the inspection**: This was evidenced on the sample of medication administration records examined.	**Met**
Area for improvement 2 **Ref**: Standard 30 **Stated:** First 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. **Action taken as confirmed during the inspection**: The management of refrigerator temperatures had been reviewed and staff training undertaken following the last medicines management inspection. However, records for both of the medicines refrigerators indicated that temperatures were not always monitored on a daily basis. This was discussed with the registered manager, who agreed to ensure that temperatures are monitored on a daily basis. Refrigerator temperatures were satisfactory at the time of the inspection. However, records for the refrigerator downstairs indicated that maximum and particularly minimum temperatures were often outside of the required range for the cold storage of medicines of 2°C to 8°C. No evidence of this being reported to management or any corrective action taken was observed. The possibility that the temperature setting needs adjustment was discussed. This area for improvement was stated for a second time.	**Partially met**

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 impact of training was monitored through team meetings, supervision and annual appraisal. The newly appointed registered manager advised that he was planning to continue with this and also to review competency assessments and assess any training requirements in the coming weeks. 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 satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration 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. Staff confirmed that all relevant controlled drugs were denatured and rendered irretrievable prior to disposal. They were reminded that this detail should be clearly recorded in the record of disposal.

The arrangements in place for administering medicines in disguised form were examined for two patients. A care plan was in place for one patient; it was agreed that a care plan would be written for the second patient following the inspection and include details of who this had been agreed with and when e.g. prescriber, next of kin.

Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. The locks on the door to the treatment room and on some medicine cupboards in the office were broken. The registered manager was aware of this issue and had requested that this be addressed by maintenance staff. However, some medicines were not secure at the time of the inspection and registered nurses confirmed that the door to the office was not usually locked. The potential risk was discussed. All medicines must be stored securely. An area for improvement was identified.

Medicine storage areas were clean, tidy and organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. An area for improvement identified at the last medicines management inspection, regarding the management of medicine refrigerator temperatures, was stated for a second time (see section 6.2).

Areas of good practice

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

Areas for improvement

Systems should be reviewed to ensure that all medicines are safely and securely stored at all times.

One area for improvement in relation to the management of medicine refrigerator temperatures was stated for a second time (see section 6.2).

	Regulations	Standards
Total number of areas for improvement	1	0

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 mostly been administered in accordance with the prescriber's instructions. Some minor discrepancies were highlighted to staff for attention. There was evidence that time critical medicines had been administered at the correct time. There were robust arrangements in place to alert staff as to when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. However, the reason for and the outcome of administration were not always recorded. A care plan was not always maintained. An area for improvement was identified.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained.

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

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.

Most of the medicine records were well maintained and facilitated the audit process. A few missing signatures were observed on medicine administration records and this was highlighted for attention. The date of opening was recorded on the majority of medicines examined. It was not recorded on some medicines prescribed for use "when required". Staff were reminded that the date of opening should be recorded on all medicines to facilitate the audit process. Staff were also reminded that the site of administration of insulin injections should be recorded on every occasion on the record sheet provided.

A large amount of medicine records were stored in the treatment room which needed archiving. The registered manager was aware of this and intended to address this issue. This was discussed and agreed.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, some audits were completed 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 the majority of the record keeping, audit procedures and communication between staff and other healthcare professionals.

Areas for improvement

The management of distressed reactions should be reviewed 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.

	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.

The administration of medicines to patients was observed and was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.
Throughout the inspection, good relationships were observed between the staff and the patients and their relatives. Staff were noted to be friendly and courteous.

The management of medicines and care was not discussed 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 observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Two relatives were complimentary about the staff and the care of their relative in the home.

Comments from relatives included:

“I’m very happy.”
“I’ve no complaints at all.”

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

Areas of good practice

Good relationships were observed between staff and patients/relatives.

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.

The new registered manager was aware of and has started to address several of the issues highlighted. This was acknowledged and plans for the further development of medicines governance in the home were discussed.

Written policies and procedures for the management of medicines were in place. These were not examined. 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 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 largely 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 registered nurses and observation of interactions between registered nurses and care 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. They stated 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 David Ross, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 29 March 2018	The registered person shall review medicine storage to ensure that all medicines are safely and securely stored at all times. Ref: 6.4
	Response by registered person detailing the actions taken: New locks were installed on medicine cabinets the following day and all trained staff were informed. All trained staff have been informed about the importance of medication management and will be completing medication management competencies.
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 30 **Stated:** Second time **To be completed by:** 29 March 2018	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. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: Deputy manager was informed along with the staff nurses, that fridge temperatures must be recorded and any discrepancies must be reported to management so that the appropriate intervention can be carried out. All fridge temperatures are being recorded and are being checked on a daily basis.
Area for improvement 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 29 March 2018	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: 6.5
	Response by registered person detailing the actions taken: all trained staff were informed of the management of distress reaction, and care plans are being put in place, trained staff are also aware that each distress reaction must be recorded and the outcome of it recorded also. Trained staff have also been informed that when recording the distress reaction, if any medication was administered this has also to be recorded in care plan and also in the residents notes along with the outcome.

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

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