# Unannounced Medicines Management Inspection Report
# 26 September 2017

# Broadways Private Nursing Home

**Type of Service: Nursing Home**
**Address: Broadway, Main Street, Larne, BT40 1LT**
**Tel No: 028 2827 3464**
**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 33 beds that provides care for patients living with a range of healthcare needs as detailed in section 3.0.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Mrs Barbara Sloan | **Registered Manager:**<br>Mrs Jacqueline Davey |
| **Person in charge at the time of inspection:**<br>Mrs Jacqueline Davey | **Date manager registered:**<br>7 March 2012 |
| **Categories of care:**<br>Nursing Homes (NH):<br>I – Old age not falling within any other category<br>PH – Physical disability other than sensory impairment | **Number of registered places:**<br>33 including:<br><br>A maximum of 2 patients in category NH-PH. |

## 4.0 Inspection summary

An unannounced inspection took place on 26 September 2017 from 10.20 to 14.10.

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 the storage of medicines, care planning, communication with various healthcare professionals, working relationships within the home and the management of the ordering and supply of medicines.

Areas requiring improvement were identified in relation to the maintenance of medication administration and disposal records, the disposal of some controlled dugs, the management of warfarin and audit procedures.

The patients and a relative spoken to were positive regarding the staff and management, and the care provided.

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 | *5 |

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jacqueline Davey, 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 4 September 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 reported to RQIA since the last medicines management inspection.

We met with three patients, one relative, the two registered nurses on duty one of whom was the deputy manager, and the registered manager.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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 4 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP will be returned and 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 6 December 2016

<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<br><br>Ref: Regulation 13(4)<br><br>Stated: First time</td><td>The registered provider must ensure that personal medication records are accurately maintained at all times.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>Personal medication records had been rewritten since the last medicines inspection and were kept alongside printed medicine administration records sheets (MARs). The majority of entries examined were up to date and included recently prescribed medicines e.g. antibiotics. Staff and management stated that these records are used alongside printed MARs during the administration process. The allergy status of the patient was missing from many of these records and the registered manager agreed to address this immediately.<br><br>For this reason this area for improvement was assessed as met.</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**<br><br>**Ref**: Standard 30<br><br>**Stated:** Second time | It is recommended that the date of opening is recorded on insulin pen devices to facilitate audit and prevent their use after expiry. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>This had been addressed. A reminder notice was additionally observed on the refrigerator. | |
| **Area for improvement 2**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time | The registered provider should ensure that handwritten entries on printed medicine administration records are signed and are verified by a second competent member of staff to ensure accuracy in transcription. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>None of the handwritten entries examined were verified by a second member of staff.<br><br>This area for improvement was stated for a second time. | |
| **Area for improvement 3**<br><br>**Ref**: Standard 29<br><br>**Stated:** First time | The registered provider should ensure that a second competent member of staff is involved in receiving telephoned warfarin dosage instructions and signs the record of transcribed dosages to verify their accuracy. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>No telephoned records were in place. Since the last medicines management inspection, staff stated that procedures have been amended and warfarin dosage instructions are obtained in writing. Registered nurses stated that if necessary, a second member of staff would be involved in transcribing instructions. | |

| | | |
|---|---|---|
| **Area for improvement 4**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time | The registered provider should ensure that procedures for the disposal of controlled drugs are reviewed to ensure that controlled drugs in Schedule 4 (Part1) are denatured and rendered irretrievable prior to disposal. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>Although registered nurses on duty and management stated that this had been reviewed and addressed we were able to access and retrieve medicines in the disposal bin which included controlled drugs in Schedule 4 (Part1). Records of the disposal of medicines included other examples with no reference to denaturing prior to disposal or a second staff signature to verify that this had taken place.<br><br>This area for improvement was stated for a second time. | |
| **Area for improvement 5**<br><br>**Ref**: Standard 29<br><br>**Stated:** First time | The registered provider should ensure that a second competent member of staff verifies and signs the record of the disposal of medicines. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>This was not evidenced in the examples examined. One member of staff had signed the record.<br><br>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 and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed

annually. 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.

The arrangements in place to manage additions and changes to prescribed medicines need to be reviewed. Personal medication records and medication administration records should be updated by two trained members of staff to ensure accuracy in transcription. One area for improvement identified during the last medicines management inspection was stated for a second time (see section 6.2).

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

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.

The arrangements for the management of high risk medicines e.g. warfarin and insulin were examined. The use of separate administration charts for warfarin was acknowledged. Running stock balances were maintained for warfarin tablets which is good practice, however, for one patient the stock balances were incorrect and this discrepancy had not been identified by staff over a period of four days. The registered manager should investigate this discrepancy and ensure that the procedures in place are adhered to by registered nurses at all times. It was suggested that a check by a second trained member of staff should be considered. One area for improvement was identified.

The arrangements for the disposal of discontinued or expired medicines need to be reviewed. Discontinued controlled drugs were mostly denatured and rendered irretrievable prior to disposal, however some Schedule 4 (Part 1) controlled drugs were retrievable from the disposal bin. The disposal of medicines should involve two trained members of staff and both should sign the record. Two areas for improvement identified at the last medicines management inspection were stated for a second time (see section 6.2). The registered manager agreed to review the security of the disposal bin immediately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. 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. Medicine refrigerators and oxygen equipment were checked at regular intervals. Appropriate signage relating to the use of oxygen therapy was in place.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of medicines on admission/discharge, the ordering and acquisition of medicines and the storage of prescriptions and medicines.

**Areas for improvement**

Areas for improvement were identified in relation to the management of changes to prescribed medicines, the disposal of medicines including some controlled drugs, and the management of warfarin. Three of these were stated for a second time.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 4 |

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. Some minor discrepancies were discussed with staff. 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, swallowing difficulty and pain were reviewed. The relevant information was usually recorded in the patient's care plan, personal medication record and records of administration. The registered manager agreed to add details of the management of distressed reactions to the care plan for two identified patients.

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 medicine records were satisfactorily maintained and facilitated the audit process. However, a few signatures were missing from medicine administration records and no administration had been recorded at all for any patient on the final day of the previous 28 day cycle of the monitored dosage system. It was acknowledged that these medicines had been administered; however medicine administration records must be accurately maintained at all times. One area for improvement was identified. Staff were reminded that the date and staff initials should be recorded on every occasion when entries are discontinued on personal medication records.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, a quarterly audit was completed by the community pharmacist. However, the areas for improvement identified during this inspection had not been identified through audit (see section 6.7).

Following discussion with the registered manager and staff, 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 care planning, communication with various healthcare professionals and the management of compliance, pain and swallowing difficulty.

**Areas for improvement**

One area for improvement was identified in relation to the maintenance of medicine administration records.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 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 briefly observed. It was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

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. Staff demonstrated a good knowledge of patients' wishes and preferences.

Patients and one relative spoken to advised that they were generally content with the management of their medicines and their care in the home. Feedback from one patient regarding activity and outings was discussed with the registered manager for attention.

At the time of issuing this report, five questionnaires had been returned from patients, one from a relative and two from members of staff. All indicated they were satisfied/very satisfied with all aspects of care in relation to the management of medicines.

**Areas of good practice**

There was evidence that 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.**

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 medicine related incidents. Staff confirmed that they knew how to identify and report incidents. One medicine related incident reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following this incident. 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. However, not all of the areas for improvement identified at the last medicines management inspection had been addressed effectively or reviewed during audit procedures. To ensure that these are fully addressed and the improvement sustained, these areas should be examined within audit procedures and the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management.

**Areas of good practice**

There were examples of good practice in relation to the management of medicine incidents and maintaining good working relationships.

**Areas for improvement**

One area for improvement was identified in relation to audit procedures.

| | 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 Jacqueline Davey, 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 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**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 October 2017 | The registered person shall ensure that medicine administration records are accurately maintained at all times.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>All staff have been reminded that all medications must be signed at time of administration and any changes to kardex must be signed by two staff. Regular audits will ensure this is enforced. |
| **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**<br><br>**Ref**: Standard 30<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>26 October 2017 | The registered provider should ensure that handwritten entries on printed medicine administration records are signed and are verified by a second competent member of staff to ensure accuracy in transcription.<br><br>Ref: 6.2 & 6.4 |
| | **Response by registered person detailing the actions taken:**<br>When only one registered nurse on duty a second signature must be obtained from a competent care assistant. Nurses have received a memo stating this must be adhered to. |
| **Area for improvement 2**<br><br>**Ref**: Standard 28<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>26 October 2017 | The registered provider should review procedures for the disposal of controlled drugs to ensure that controlled drugs in Schedule 4 (Part1) are denatured and rendered irretrievable prior to disposal.<br><br>Ref: 6.2 & 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The Manager has spoken to nursing staff and re-iterated what druges must denatured. Any nurse found responsible for not adhering to legislation will face disciplinary action. |
| **Area for improvement 3**<br><br>**Ref**: Standard 29<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>26 October 2017 | The registered provider should ensure that a second competent member of staff verifies and signs the record of the disposal of medicines.<br><br>Ref: 6.2 & 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Nurses have been reminded two signatures must be on disposable drug records. |

| | |
|---|---|
| **Area for improvement 4**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 October 2017 | The registered person shall review the management of warfarin to ensure that administration records and stock balance records are accurately maintained.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Stock balancing records are being audited on a more frequent basis to ensure this is adhered to. |
| **Area for improvement 5**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>26 October 2017 | The registered person shall review audit procedures to ensure that areas for improvement identified are examined, and that the QIP is regularly reviewed as part of the quality improvement process to ensure immediate and ongoing compliance.<br><br>Ref: 6.7 |
| | **Response by registered person detailing the actions taken:**<br>The Q.I.P. has been added to the regular audit process. |

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

The Regulation and Quality Improvement Authority

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