Unannounced Medicines Management Inspection Report
26 October 2017

Ashwood House

Type of Service: Nursing Home
Address: 2-10 Ashgrove Road, Glengormley, BT36 6LJ
Tel No: 028 9083 7270
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 registered nursing home which is registered to provide care for up to 36 persons, as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Ashwood Prop. Investment Ltd **Responsible Individual:** Mr William Trevor Gage	**Registered Manager:** Mrs Anne Marie Morris
Person in charge at the time of inspection: Mrs Anne Marie Morris	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes (NH) I – Old age not falling within any other category Residential Care Homes (RC) I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years	**Number of registered places:** 36 comprising: NH - 32 RC - 4

4.0 Inspection summary

An unannounced inspection took place on 26 October 2017 from 10.25 to 15.30.

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 Ashwood House which at this time 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 the governance arrangements for medicines, the administration of medicines, the standard of maintenance of most medicine records and the management of controlled drugs.

An area requiring improvement was identified in relation to the management of distressed reactions.

Patients were complimentary regarding the management of their medicines and the care provided in the home.

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	*1

* The total number includes one area for improvement which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Anne Marie Morris, 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 May 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 incidents register – it was ascertained that no medicine related incidents 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 three patients, one relative, two registered nurses 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 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
- policies and procedures
- 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 May 2017

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 19 October 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The registered manager must ensure that robust arrangements are in place for the cold storage of medicines.	**Met**
	Action taken as confirmed during the inspection: A new medicines refrigerator had been obtained in November 2016. There was no evidence of any ice formation at this inspection. Records indicated that daily maximum, minimum and also current temperatures were recorded. The current temperatures were within the accepted range; however, it was noted that in the last three months there had been some temperatures recorded slightly outside of the accepted range	

	of 2-8^{o}C. A separate thermometer was placed in the refrigerator during the inspection and a satisfactory temperature of 4^{o}C was shown. It was concluded staff may need training in the use of the thermometer and ensuring that this is reset each day. The registered manager advised that the format of the recording chart would be adapted to highlight the accepted temperature range and the use of the thermometer would be addressed with staff with immediate effect. She also stated that this would be included in the training that was planned in the next week. Given these assurances this requirement was assessed as met.	
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 28 **Stated:** First time	The registered provider should review the stock control of medicines to ensure that all medicines are available for administration as prescribed.	**Met**
	Action taken as confirmed during the inspection: There was no evidence that medicines had been out of stock.	
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time	The registered provider should ensure that the time of administration is recorded on the administration records.	**Met**
	Action taken as confirmed during the inspection: The times of administration were recorded on the medication administration records.	
Area for improvement 3 **Ref**: Standard 18 **Stated:** First time	The registered provider should review the management of distressed reactions to ensure that a care plan is maintained; the reason and outcome of administration are recorded and any regular administration is reported to the prescriber.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that when patients are prescribed medicines for distressed reactions, a care plan was maintained and evaluated on	

	a regular basis. However, when the medicine was administered a record of the reason for and the outcome of the administration was not recorded. The need for this was discussed and advice given. **This area for improvement has been stated for a second time.**	
Area for improvement 4 **Ref**: Standard 29 **Stated:** First time	The registered provider should make the necessary arrangements to ensure that the dosage directions on the personal medication record, printed medication administration record and medicine label correspond.	**Met**
	Action taken as confirmed during the inspection: Following the last medicines management inspection, a daily audit of a sample of patients' records and medicines had been implemented. Records indicated that satisfactory outcomes had been achieved and this correlated with the inspection findings.	

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. A sample of records was provided at the inspection. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in enteral feeding, medicines management and anaphylaxis was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. 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 and to manage changes to prescribed medicines.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed in September 2017.

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.

Largely satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. A care plan was maintained. Staff were reminded that only the current warfarin dosage regime should be kept in the warfarin folder and obsolete records should be securely archived.

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

Medicines were stored safely and securely and storage areas were clean, tidy and organised. There were largely satisfactory systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Staff were reminded that in use insulin pen devices should be marked with the date of opening; it was acknowledged that the current dosage prescribed would require replacement of the insulin pen device before the expiry date was reached. Systems were in place to monitor medicine equipment including oxygen at regular intervals. In relation to the cold storage of medicines, see Section 6.2.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

With the exception of a few medicines, the sample of medicines examined had been administered in accordance with the prescriber's instructions. Whilst it was acknowledged that a running stock balance was maintained for some anxiolytic medicines, two discrepancies in stock balances were observed and highlighted at the inspection. Advice was given. It was agreed that the registered manager would closely monitor these within the audit process and this would commence from the day of the inspection onwards. The registered manager also provided assurances that this would be included in the upcoming medicines management training.

Some medicines were required to be crushed prior to administration. Written consent had been obtained and this detailed the method of preparation and administration for each medicine.

There were robust arrangements in place to alert staff of when time critical medicines must be administered, including early morning medicines, medicines prescribed for Parkinson's and also medicines which were prescribed at weekly, monthly or three monthly intervals.

When a patient was prescribed a medicine for administration on a 'when required' basis for the management of distressed reactions, a care plan was maintained. However, when these medicines were administered, the reason for and outcome of the administration were not documented. An area for improvement has been stated for a second time. See Section 6.2. Staff confirmed that they 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.

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. Staff also advised that a pain assessment was completed as part of the admission process and reviewed on a monthly basis or more frequently as needed.

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. Each 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. They confirmed that most patients were generally compliant with their medicine regimes. They provided details of the action taken regarding the ongoing refusal of medicines by one patient and the change to a more suitable medicines formulation for the patient.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the maintenance of separate administration records for transdermal patches, injectable medicines and high risk medicines; and double signatures for the writing and updating of personal medication records and medication administration records.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and 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 found throughout the inspection in relation to the administration of medicines, the completion of records and care planning. Staff were knowledgeable regarding the patients' medicines.

Areas for improvement

No new areas for improvement were identified during the inspection.

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

	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 completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and the observation of staff, that the staff were familiar with the patients' likes and dislikes.

The patients spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines, they preferred the registered nurses to administer their medicines and their requests for medicines prescribed on a 'when required' basis were adhered to e.g. pain relief. They spoke positively about their care. Comments included:

"I am happy here."
"I prefer to be here, rather than home."
"The staff are really good, nothing is a bother."
"The food is lovely."

The relative we spoke with was very complimentary regarding the care provided by the staff. No concerns were raised.

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.

Of the questionnaires which were left in the home to facilitate feedback from patients, staff and relatives, five were received from patients, two from patients' representatives and four from staff. The responses indicated that they were very satisfied/satisfied with all aspects of the care in relation to the management of medicines. A few comments were made regarding medicines administration and these were shared with management; they were also shared with the care inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and taking account of the views of patients.

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 in detail. Staff advised that they were familiar with them and were kept up to date with any changes.

The management of incidents was examined. Management confirmed that no medicine related incidents had occurred since the last medicines management inspection and advised of the processes for incident management. Staff confirmed that they knew how to identify and report incidents and advised of how incidents were shared with them to inform learning and change of practice, if necessary. In relation to the regional safeguarding procedures, staff also confirmed that they were aware that medicine related incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Staff advised of the procedures in place to manage any areas identified for improvement and provided details of where practice had changed.

One of the areas for improvement made at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Following discussion with the registered manager and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen. They also stated that there were good working relationships within the home and with healthcare professionals involved in patient care.

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 Anne Marie Morris, 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 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:** 26 November 2017	The registered provider should review the management of distressed reactions to ensure that a care plan is maintained; the reason and outcome of administration are recorded and any regular administration is reported to the prescriber. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: The Registered Provider has reviewed how distressed reactions are managed and updating of the care plan accordingly. In addition the reason and outcome are recorded and where medication is regularly administered this is reported to the GP for review.

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

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