



Unannounced Medicines Management Inspection Report 11 September 2018



Ashwood House

Type of Service: Nursing Home
Address: 2-10 Ashgrove Road, Glengormley, BT36 6LJ
Tel No: 028 9083 7270
Inspector: Rachel Lloyd

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care for up to 36 patients as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Ashwood Pro. Investment Ltd Responsible Individual: Mr William Trevor Gage	Registered Manager: Mrs Anne Marie Morris
Person in charge at the time of inspection: Ms Dulce Yanga-Ali (Deputy Manager)	Date manager registered: 1 April 2005
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category	Number of registered places: 36 Including a maximum of four named residents receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 11 September 2018 from 09.55 to 14.30.

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 inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, medicine records, care planning and staff listening to and taking into account the views of patients and relatives.

One area for improvement was identified in relation to ensuring that patients have a continuous supply of all of their prescribed medicines.

The patient and relatives spoken to advised that they were satisfied with the management of 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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Dulce Yanga-Ali (Deputy Manager) and Mr Trevor Gage (Responsible Individual) 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 finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 August 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 any medicine related incidents - it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

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

During the inspection we met with one patient, two relatives, two registered nurses including the deputy manager, a visiting community pharmacist and the registered person.

We provided the deputy manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home.

We asked the deputy 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 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 30 August 2018

The most recent inspection of the home was an unannounced finance inspection. The report has been issued. The QIP will be returned and assessed by the finance inspector.

6.2 Review of areas for improvement from the last medicines management inspection dated 26 October 2017

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 18 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: For those patients prescribed medicines on a “when required” basis to manage distressed reactions, a care plan was in place and the reason for and outcome of each administration were recorded in the sample of records examined. Examples of regular administration being reported to the prescriber for review were observed. The deputy manager advised this was routine practice.	

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. Training had most recently been provided by the community pharmacist in July 2018.

Competency assessments had been completed and records were available for inspection. Care assistants had received training and been deemed competent to administer thickening agents and emollient preparations.

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

The systems in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage were reviewed. Antibiotics and newly prescribed medicines had been received into the home without delay. However, several examples of prescribed medicines being omitted due to being out of stock were observed in the medicine administration records examined for August and September 2018. These related to medicines not dispensed in the monitored dosage system such as liquids, patches and nutritional supplements. The deputy manager was aware of some of these and there was evidence that some action had been taken to address these. However, these had not been recognised by staff as medicine incidents. The potential impact on patients was discussed with the registered nurses and responsible person. Staff were advised that this may need to be reported to safeguarding. An area for improvement under regulations was identified.

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.

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. Some entries in the controlled drug record book were not signed by a second member of staff as is the expected practice. This had been recently identified and addressed, the deputy manager had advised staff that a trained and competent care assistant may witness the administration and sign the entry when necessary. Due to the assurances received an area for improvement was not stated.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Appropriate arrangements were in place for administering medicines in disguised form.

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

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. Some minor deviations outside of the required temperature range had been recorded for the medicines refrigerator. Staff were reminded that the temperature must be maintained in the required range of 2-8°C and that any deviations must be reported to management for immediate action. Due to the assurances received an area for improvement was not stated.

Areas of good practice

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

Areas for improvement

Adequate supplies of prescribed medicines must be available so that medicines are not omitted due to being out of stock in the home.

	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 (see Section 6.4). 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, pain and dysphagia was reviewed and found to be satisfactory.

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 discussed with the patient and reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the maintenance of additional records for patches, antibiotics, and the topical preparations and thickening agents administered by care staff.

Practices for the management of medicines were audited regularly. This included running stock balances for some medicines which were not contained within the monitored dosage system. In addition, audits were completed by the community pharmacist who visited for this purpose during the inspection and gave positive feedback about the management of medicines by staff in the home.

Following discussion with the nurses on duty and a review of the care plans, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

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

No areas for improvement were identified during the inspection.

	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.

We observed the administration of medicines to a small number of patients in the morning and at lunchtime. The registered nurse engaged the patients in conversation and explained that they were having their medicines.

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 observation of staff, that the staff were familiar with the patients' likes and dislikes. Patients were observed to be relaxed and comfortable.

Staff and patients were preparing for a tea dance with entertainment due to take place on the afternoon of the inspection. Staff were observed encouraging patients to attend.

We spoke with one patient and two relatives who were complimentary regarding the care provided and the staff in the home. Comments included:

"I am happy here. The staff are very good. I like the food."

Relatives were complimentary regarding the activities therapist and the activities provided.

As part of the inspection process, 10 questionnaires were issued for completion by patients and their representatives, none of these were returned within the specified time frame.

Any comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

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.

We discussed 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. Arrangements were in place to implement the collection of equality data within Ashwood House.

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

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team. They were reminded that missed doses due to medicines being out of stock may need to be reported.

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. Registered nurses were advised that any further incidents regarding medicines being out of stock should be escalated to the registered manager immediately for attention. They were advised that RQIA should be notified of any further missed doses due to medicines being out of stock.

Following discussion with the nurses on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date.

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 most of the governance arrangements 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 Ms Dulce Yanga-Ali (Deputy Manager) and Mr Trevor Gage (Responsible Individual), 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall review procedures to ensure that patients have a continuous supply of their prescribed medicines.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All nursing staff have been made aware to indicate on boxed / bottled items that it is the last in stock.</p>

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



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