



Unannounced Follow Up Medicines Management Inspection Report 22 May 2019



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 provider 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 nursing care for 36 patients.

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: Ms Dulce Yanga-Ali (Deputy Manager)	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category	Number of registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 22 May 2019 from 10.50 to 13.40.

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 inspection sought to assess progress with the area for improvement identified at the last medicines management inspection on 11 September 2018 and two areas for improvement regarding medicines management identified at the care inspection on 24 April 2019:

- procedures to ensure all patients have a continuous supply of their prescribed medicines
- the secure storage of medicines
- the management of thickening agents

Evidence of improved practice was found in relation to these areas. This must be sustained in order to ensure that safe and effective care is delivered.

No areas for improvement were identified during this inspection.

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

*The total number of areas for improvement includes one (identified at the care inspection on 24 April 2019) which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Dulce Yanga-Ali, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of the care 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 undertaken on 24 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 incidents: it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with one registered nurse and the deputy manager.

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:

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|------------------------------------|----------------------------------|
| • medicines requested and received | • medicine audits |
| • personal medication records | • medicines storage temperatures |
| • medicine administration records | • controlled drug record book |

Areas for improvements identified at the last medicines management inspection were reviewed and 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 24 April 2019

The most recent inspection of the home was an unannounced care inspection. Two areas for improvement had been identified relating to medicines management and requiring immediate action. These were examined during this inspection (see Section 6.2).

6.2 Review of areas for improvement from the last medicines management inspection dated 11 September 2018

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: First time	The registered person shall review procedures to ensure that patients have a continuous supply of their prescribed medicines.	Met
	Action taken as confirmed during the inspection: Medication administration records for February to May 2019 were examined. All prescribed medicines were in stock at the time of the inspection and significant improvement was evidenced. The deputy manager advised of the revised systems in place. Medicines not received as ordered are escalated to management for immediate attention. Three medicines had been unavailable for administration in this period for more than one dose. Two of these had been prescribed for use on a 'when required' basis only. The deputy manager was able to provide evidence and advise of the action taken on these occasions and the ongoing efforts to sustain this improvement. Due to the improvements observed and the assurances received this area for improvement was assessed as met.	

Review of areas for improvement from the last care inspection dated 24 April 2019		
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The door to the treatment room was observed to be locked when not in use. Medication cupboards and the medicines refrigerator were locked and new locks had been fitted to those cupboards used for the storage of thickening agents. Three communal bathrooms were examined on the ground floor and no topical medicines were being stored in these areas. Staff advised that the storage of these medicines had been reviewed and topical medicines and thickening agents were stored safely and securely and not in communal areas.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)(b)(c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure thickening agents are administered as prescribed to the patient for whom it is prescribed. A written record for the administration of thickening agents and medicines for topical administration must be accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The deputy manager advised that systems had been revised and patients were administered thickening agents from their own prescribed supply and a supply for each relevant patient was in place. Administration was not observed during the inspection. An updated record for recording the administration of thickening agents had been implemented.</p> <p>Three records of administration of topical medicines were examined. These were for topical medicines prescribed for use on a 'when required' basis only and records had been completed in a largely satisfactory manner. Nursing staff stated that these records are reviewed on a weekly basis. The deputy manager advised that training for relevant staff on topical medicines and thickening agents and the completion of the</p>	<p>Carried forward to the next care inspection</p>

	<p>associated administration records was planned in the coming weeks.</p> <p>Significant progress had been made under this area for improvement which will be carried forward to the next care inspection to ensure that the necessary training is completed and the area for improvement is met.</p>	
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6.3 Inspection findings

See Section 6.2

Additional areas examined

The storage of medicines which require cold storage

Appropriate stock was stored in the medicines refrigerator. Largely satisfactory medicines refrigerator temperatures were recorded and the temperature was satisfactory at the time of the inspection. A small number of readings had been below the minimum acceptable range of 2-8°C. Staff were reminded to ensure that the thermometer is reset daily after recording temperatures.

The management of controlled drugs

The controlled drug record book and stock reconciliation record book were examined. Each entry was signed by two trained members of staff in accordance with expected practice.

Audit and governance

A monthly audit of the management of medicines was completed by management and these were examined from January to April 2019. The action necessary to address any issues was recorded. This was not always recorded as being taken promptly and a small number of issues were repeated in consecutive months. It was discussed and agreed that any issues identified would be addressed promptly and the date recorded.

Completion of medication administration records

These were examined to ensure that handwritten entries were signed by two members of staff. This was observed in most of the examples observed.

A small number of signatures were missing from medication administration records. This had been identified during audit and discussed with the relevant staff. The deputy manager agreed to remind staff of their responsibilities regarding the maintenance of these records.

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 quality improvement plan (QIP). Details of the QIP were discussed with Ms Dulce Yanga-Ali, Deputy 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure thickening agents are administered as prescribed to the patient for whom it is prescribed. A written record for the administration of thickening agents and medicines for topical administration must be accurately maintained.</p> <p>Ref: 6.2</p>
	<p>Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection to allow for the necessary training to take place and new procedures to be embedded.</p> <p>Ref: 6.2</p>



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