Unannounced Medicines Management Inspection Report
13 September 2018

Glenkeen House

Type of Service: Nursing Home
Address: 100 Glenkeen Church Road,
Randalstown, BT41 3JX
Tel No: 028 9447 9794
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 registered to provide care for up to 40 patients as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd **Responsible Individual:** Ms Naomi Carey Mrs Janet Montgomery	**Registered Manager:** Mrs Jacqueline Elizabeth McShane
Person in charge at the time of inspection: Mrs Jacqueline (Jackie) McShane	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category PH – Physical disability other than sensory impairment	**Number of registered places:** 40 - including a maximum of one named resident receiving residential care in category RC-I The home is approved to provide care on a day basis to five persons

4.0 Inspection summary

An unannounced inspection took place on 13 September 2018 from 09.55 to 14.50.

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 stated for a second time, in relation to ensuring that all medicines are available for administration as prescribed. This was discussed with the registered manager and one of the registered persons, who agreed that actions must be taken to address this and prevent any recurrence.

The patients and relative 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

*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 Mrs Jackie McShane, Registered Manager, and with Mrs Janet Montgomery, Registered Person, by telephone on 2 October 2018, 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 1 May 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 - prior to the inspection, 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 four patients, one relative, one registered nurse and the registered manager.

We provided the registered manager with ten 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 registered 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 1 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and 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 12 October 2017

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 all medicines are available for administration as prescribed. **Action taken as confirmed during the inspection**: Following a review of the current and previous month's medicines administration record sheets (MARs), it was observed that the administration of some medicines to patients had been omitted due to being out of stock. These ranged from one to eighteen doses being missed. It was acknowledged that all medicines were available for administration at the time of the inspection. The registered manager had discussed these issues at the start of the inspection, detailing the action taken and ongoing communication with those concerned including the practice manager and pharmacist in an attempt to resolve this issue. However, the evidence seen during the inspection highlights that the problem is ongoing and needs to be addressed so that patients are administered their medicines as prescribed. The registered manager agreed to report any further incidences of prescribed medicines being missed due to being out of stock to RQIA and to the patient and their care manager. **This area for improvement was stated for a second time.**	**Not 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 person shall review the management of personal medication records to ensure that all records and any new entries are checked and signed by two competent members of staff to ensure accuracy in transcription.	**Met**
	Action taken as confirmed during the inspection: This was evidenced during the inspection on the records examined. Staff confirmed that this was routine practice.	
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	The registered person shall ensure that the storage temperature for medicines is monitored on a daily basis to ensure it does not exceed the maximum storage temperature of 25°C.	**Met**
	Action taken as confirmed during the inspection: The temperature of the treatment room was monitored and recorded on a daily basis and the temperature was satisfactory in the records examined (May to September 2018) and at the time of the inspection.	
Area for improvement 3 **Ref**: Standard 30 **Stated:** First time	The registered person shall review the cold storage of medicines to ensure that the refrigerator thermometer is reset daily when temperatures are recorded.	**Met**
	Action taken as confirmed during the inspection: The temperature of the medicines refrigerator was monitored and recorded on a daily basis and the temperature was mostly satisfactory in the records examined (June to September 2018) and at the time of the inspection. There was evidence that the thermometer was usually reset after recording temperatures and staff stated that 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. 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. The impact of training was monitored through team meetings, supervision and annual appraisal.

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 (See Section 6.2). This was discussed with the registered nurse and registered manager. Staff were advised that this should be reported to the patient and their care manager and may need to be reported to safeguarding. One area for improvement under regulations was stated for a second time.

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. Additional checks were also performed on other controlled drugs which is good practice.

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

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.

Areas of good practice

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

Areas for improvement

No new areas for improvement were identified. One area for improvement was stated for a second time, in relation to ensuring that all medicines are available for administration as prescribed.

	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.

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions (see Section 6.2). 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. In addition, audits were completed by the community pharmacist.

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.

We spoke with four patients and one relative who were complimentary regarding the care provided and the staff in the home.

As part of the inspection process, ten questionnaires were issued for completion by patients and their representatives, none 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.

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. However, in relation to the regional safeguarding procedures, staff were reminded that medicine incidents, included the omission of prescribed doses of medicines, 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. It was advised that any issues regarding medicines being out of stock should continue to be escalated to the registered manager for attention and 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 Mrs Jackie McShane, Registered Manager, and with Mrs Janet Montgomery, Registered Person, by telephone on 2 October 2018, 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:** Second time **To be completed by:** 13 October 2018	The registered person shall review procedures to ensure that all medicines are available for administration as prescribed. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: The above was discussed with the inspector at the commencement of the inspection and our concerns of the period of time that the home has to wait from when the home orders medication until it has been received, thus causing a period of time that the resident may have to wait until the home receives the medication. Our concerns have been discussed previously with the practice manager in the health centre and have brought it to the attention of the RQIA Inspector Measures in place to ensure that the home is not out of medication stock for any period of time. Continue to liaise with the pharmacist and practice manager and informed of the concerns raised by RQIA in relation to this. A record is kept of the date and time that the home orders the medication and the period of time that lapses until we receive the medication. The monthly drug order is completed and left down to the health centre a week early to avoid delay in receiving the medication on time. If the home's stock indicates that there is not enough medication to last until the start of the next month order, communication is ongoing with the practice manager to issue a prescription for the required amount, this has been agreed. Communication with the pharmacy is ongoing and our concerns, unfortunately no medication can be dispensed until a prescription has been received from the practice manager. The home is changing over to a new system, pill pack plus and the pharmacy is working on this at the moment. All measures have been put in place to avoid any of the residents having to miss any of their prescribed medication. If it is found that ongoing communication with the practice manager fails to resolve this the home will report and incidences to the RQIA, patient and care manager.

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

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