Unannounced Medicines Management Inspection Report
5 January 2018

Kintullagh Care Home

Type of Service: Nursing Home
Address: 36 Westbourne Avenue, Carniny Road, Ballymena, BT43 5LW
Tel no: 028 2565 4444
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 nursing home with 61 beds that provides care for patients and residents with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd **Responsible Individual:** Mr Gavin O'Hare-Connolly	**Registered Manager:** Ms Jill O'Neill
Person in charge at the time of inspection: Ms Lily Bacalu (Staff Nurse)	**Date manager registered:** 14 April 2016
Categories of care: Nursing Homes (NH) I – Old age not falling within any other category LD – Learning disability PH – Physical disability other than sensory impairment Residential Care Homes (RC) I – Old age not falling within any other category	**Number of registered places:** 61 • there shall be a maximum of 1 named patient in Category NH-LD • there shall be a maximum of 3 named residents receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 5 January 2018 from 10.00 to 16.15.

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 Kintullagh Care Home 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.

There was evidence of some good practice in relation to the induction process, administration of most medicines and care planning.

Areas requiring improvement were identified in relation to the governance arrangements for medicines management, record keeping, administration records and delegated tasks.

Most of the patients spoke positively about the management of their medicines and the care provided in the home. One patient raised some concerns. See Section 6.6.

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	3	6

Details of the Quality Improvement Plan (QIP) were discussed with Ms Lily Bacalu, Nurse in Charge at the inspection, Ms Julie-Ann Jamieson, Deputy Manager and Ms Rosemary Dilworth, Regional Manager, by telephone on 8 January 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. However, the outcomes of the inspection were discussed with the senior pharmacist inspector in RQIA, as there was a lack of assurance that robust arrangements were in place for medicines management. It was agreed that the regional manager would be contacted and advised of the concerns raised. It was decided that the issues would be addressed through the Quality Improvement Plan and monitored through the inspection process.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 19 August 2017.

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

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

During the inspection we met with three patients, three registered nurses, five care staff, one visiting professional and the nurse in charge.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views 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
- policies and procedures
- care plans
- training records
- medicine 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 19 August 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 12 January 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 28 **Stated:** First time	The registered provider should further develop the systems in place to ensure that medicines prescribed on weekly/three weekly basis are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: A new system had been developed to remind staff when these medicines were due for administration. Staff also maintained a separate administration record for injectable medicines and this detailed the next due date and stock balance.	

Area for improvement 2 **Ref**: Standard 37 **Stated:** First time	The registered provider should review the arrangements for the filing of all medicine records.	**Met**
	Action taken as confirmed during the inspection: The filing of medicine records had been revised. Obsolete records had been discontinued and archived. The medicine administration records and care plans requested for examination were made available.	

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.

We were informed that staff had completed a period of induction, registered nurses received medicines management training on an annual basis and care staff had received some training in delegated tasks, i.e. the administration of external preparations and thickening agents. Some staff advised that there was a process to assess competency through supervision and appraisal; however, other staff stated that this rarely occurred. We were unable to review records of training, competency or supervision/appraisal, as these were not accessible by the nurse in charge. It was reiterated that these records should be readily available for inspection. Following discussion with management on 8 January 2018, they confirmed that staff had received medicines management training in the last year. We were advised that deficits in the completion of supervision and appraisal had already been identified and were currently being addressed.

The ordering and stock control systems for medicines were reviewed. Although staff advised of the procedures to identify and report any potential shortfalls in medicines, we noted that one medicine had been out of stock for five doses during two separate weeks, therefore 10 doses in total, and one other medicine had been out of stock for four doses. These had not been raised with management and had not been reported to RQIA. An area for improvement was identified.

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 robust procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home. Written confirmation of medicine regimes was obtained for the sample of new patients' records examined.

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

There were satisfactory arrangements in place to manage changes to prescribed medicines. A copy of the prescription was kept in the home. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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 and 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. Care plans were in place.

Discontinued or expired non-controlled drug medicines were disposed of appropriately. Some but not all controlled drugs were denatured and rendered irretrievable prior to disposal. We found that a number of Schedule 4 (Part 1) controlled drugs had been disposed, but had not been denatured prior to disposal. An area for improvement was identified.

Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. It was noted that the storage of one patient's medicines required review to ensure that only current medicines were stored on the medicine trolley and additional supplies of the same medicine should be removed to prevent any misadministration. The registered nurse agreed to address this after the inspection.

Medicine storage areas were clean; however, in one treatment room, this was not tidy and organised and required decluttering. Staff advised of the limited space and the plans to tidy this room at the earliest opportunity.

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 the induction process, the management of medicines on admission and high risk medicines.

Areas for improvement

The stock control of medicines should be reviewed to ensure that all medicines are available for administration and shortfalls are readily identified and reported to the management.

The disposal of Schedule 4 (Part 1) controlled drugs should be reviewed.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Whilst most of the sample of medicines examined had been administered in accordance with the prescriber's instructions, some discrepancies were noted in medicines and shared with staff for close monitoring. This included liquid medicines. Some audit trails could not be completed as the date of opening was not recorded. In relation to one injectable medicine it was noted that this had been administered after the recent expiry date had been reached. Two areas for improvement were identified.

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 or three monthly medicines were due.

Some of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate administration records for transdermal patches, high risk medicines, inhaled medicines and analgesics. An area for improvement in relation to the management of external preparations was identified. We found that the medicine records were not fully completed; some care staff were not sure when to apply the external preparations or what they were prescribed for and there was no evidence of any oversight of this delegated task. This is disappointing, as we had commended the good practice regarding external preparations at the last medicines management inspection.

In relation to handwritten entries in the care plans, there were occasions when we could not read the information as the writing was illegible and other staff observed the same. There were some amended entries. Records must be legible to ensure that staff understand the prescribed care. An area for improvement was identified.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff 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 reason for and the outcome of administration were usually recorded. A care plan was maintained.

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 some of the patients could tell staff if they were in pain, and a pain assessment tool was used as needed. A care plan was maintained.

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. Care plans and speech and language assessment reports were in place. Although care staff usually recorded the use of a thickening agent, they did not indicate the consistency of fluid administered. Following discussion with staff it was evident that they relied on each other's knowledge regarding the prescribed consistency. There was no up to date list of information or readily available point of reference for care staff. An area for improvement was identified.

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 advised that most patients took their medicines as prescribed and provided examples of where the prescriber had been contacted to change the formulation and/or time of administration of medicines, to assist with the patient's compliance.

A system was in place to facilitate any patient who wished to self-administer their medicines. However, this should be reviewed to ensure that a detailed care plan is maintained and there is evidence of regular monitoring regarding the patient's ability to do so. An area for improvement was identified.

Practices for the management of medicines were audited throughout the month by the staff. Running stock balances were maintained for 'when required' analgesics, benzodiazepines, inhaled medicines and nutritional supplements. In addition, an audit was completed by the community pharmacist.

Following discussion with the staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to issues or concerns regarding medicines management.

Areas of good practice

Overall, there were examples of good practice found throughout the inspection in relation to the administration of most medicines, management of 'when required' medicines and care planning.

Areas for improvement

The administration of liquid medicines should be closely monitored.

The administration of one identified injectable medicine should be investigated and a report of the findings and action taken should be forwarded to RQIA.

The management of external preparations should be reviewed to ensure that these are administered as prescribed, records are accurately completed and staff have up to date knowledge of the administration of these medicines.

Records should be reviewed to ensure that entries are legible.

The management of swallowing difficulty should be reviewed to ensure that robust arrangements are in place in relation to record keeping and information for care staff.

The management of self-administered medicines should be reviewed.

	Regulations	Standards
Total number of areas for improvement	1	5

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 a small number of patients was observed at the inspection. It was found that the medicines were administered in a caring manner and as discreetly as possible. The patients were given time to take their medicines.

Following discussion with staff they provided examples of when medicines were administered at a later or earlier time to facilitate the patients' preferences/needs; and confirmed that they were aware of and adhered to the prescribed time intervals between 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.

Most of the patients spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines, and their request for medicines prescribed on a 'when required' basis was adhered to. They were complimentary about the care provided in the home and comments included:
"I can't complain and get on well."
"Staff are good to me."
"I never have pain."
"The food is really lovely."
"They do the best they can."
"I am doing not too bad."
"I get good food."

However, some comments regarding food choices and responses to call bells were raised and with the patient's consent these were discussed with the nurse in charge and the deputy manager. They were also shared with the care inspector.

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 and their representatives, none were returned within the specified timescale (two weeks).

Areas of good practice

Staff listened to patients and relatives and took account of their views.

Areas for improvement

No areas for improvement were identified at this 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 had been updated in October 2017 and there was evidence that staff had signed these to indicate that they had read and understood them.

There were largely satisfactory arrangements in place for the management of medicine related incidents. Whilst staff confirmed that they knew how to identify and report incidents, the out of stock situations identified at this inspection had not been reported to management or to RQIA. The deputy manager advised that this was the expected practice and would be raised with staff at the upcoming staff meeting on 8 January 2018. An area for improvement was made in Section 6.4. 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.

Staff advised of the auditing procedures in place. A sample of the audit records completed by registered nurses was examined. These indicated that largely satisfactory outcomes had been achieved. Management audit records were not available. As there were areas for improvement identified in the domains of safe and effective care, the governance arrangements for medicines management should be reviewed. An area for improvement was identified. The benefit of using the QIP as part of the ongoing monitoring processes was highlighted.

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

During the inspection, a number of staff raised concerns regarding the leadership and management in the home. Whilst they reiterated that they felt supported by their peers and most of the registered nurses, some stated they did not have good relationships with management.

Four staff completed questionnaires and returned them within the specified timescale. Most of the staff responses indicated that they were unsatisfied regarding the four domains of safe, effective, compassionate care and the service being well led. These issues were shared with the regional manager who provided assurances that this was being addressed. This information was also shared with the care inspector.

Areas of good practice

There were examples of good practice in relation to policies and procedures and overall management of most incidents. There were clearly defined roles and responsibilities for staff.

Areas for improvement

The governance arrangements for medicines management should be reviewed to ensure that they are robust.

	Regulations	Standards
Total number of areas for improvement	1	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 Lily Bacalu, Nurse in Charge at the inspection and also with Ms Julie-Ann Jamieson, Deputy Manager and Ms Rosemary Dilworth, Regional 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 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:** First time **To be completed by:** 5 February 2018	The registered person shall review the stock control of medicines to ensure that all medicines are available for administration and any shortfalls are readily identified and reported to management. Ref: 6.4 **Response by registered person detailing the actions taken:** Effective protocol in place to request medications outside of usual monthly cycle. Supervision held with trained staff on use of same. Protocol to include example in each unit for reference. Home manager to continue monitoring effectiveness and use of same.
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 5 February 2018	The registered person shall investigate the observations made in the administration of one identified injection; a written report of the findings and action taken should be forwarded to RQIA. Ref: 6.5 **Response by registered person detailing the actions taken:** Investigation of observations completed and to follow with report. Supervision and competencies of trained staff completed followig incident. Reflective account also completed in line with revalidation with NMC.
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 5 February 2018	The registered person shall review the governance arrangements for medicines management to ensure that these are robust. Ref: 6.7 **Response by registered person detailing the actions taken:** New system to be implemented by next cycle. Will be implemented into one unit only and evaluated by homemanager and pharmacist prior to implementing elsewhere with oversight from NI Head of Quality. Training provided by pharmacist to implement sytem. Archiving system put in place in each unit to improve storage of records.
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 28 **Stated:** First time	The registered person shall ensure that all Schedule 4 (Part 1) controlled drugs are denatured prior to disposal. Ref: 6.4

To be completed by: 5 February 2018	**Response by registered person detailing the actions taken:** A list of schedule 3 and 4 drugs issued to trained staff to identify drugs that must be denatured. Each drug has been denatured appropriately following inspection.

Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 5 February 2018	The registered manager shall closely monitor the administration of liquid medicines to ensure that these are administered as prescribed. Ref: 6.4
	Response by registered person detailing the actions taken: 3 drugs are audited in each unit daily. All staff aware to include non tablet forms of medications and same being carried out. Last audit completed by pharmacist 02.02.18
Area for improvement 3 **Ref**: Standard 28 Stated: First time To be completed by: 5 February 2018	The registered person shall develop systems to ensure that the management of external preparations is robust. Ref: 6.5
	Response by registered person detailing the actions taken: On induction, staff complete competency for application of topical treatment. Creams records fully updated to reflect current prescription. Pharmcist to complete topical application training in March. Competencies in place on induction. To be reviewed following training.
Area for improvement 4 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 5 February 2018	The registered person shall ensure that all handwritten information in the care plans is legible. Ref: 6.5
	Response by registered person detailing the actions taken: Staff urged to complete records in legable writing as per NMC code of conduct.
Area for improvement 5 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 5 February 2018	The registered person shall review the management of thickening agents to ensure that records clearly indicate the prescribed consistency and that care staff have information readily available at administration. Ref: 6.5
	Response by registered person detailing the actions taken: Documentation clearly identifies prescribed stage as per SALT and also medicines kardex. Training arranged re stages of prescribed thickener.

Area for improvement 6 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 5 February 2018	The registered person shall review the management of self-administered medicines to ensure that a care plan is maintained. Ref: 6.5
	Response by registered person detailing the actions taken: Care plan in place to highlight need of individual residents were appropriate.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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