Unannounced Follow Up Medicines Management Inspection Report 15 May 2019

Antrim Care Home

Type of Service: Nursing Home
Address: 88 Milltown Road, Antrim, BT41 2JJ
Tel No: 028 9442 8717
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 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 that provides care for up to 51 patients living with healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd **Responsible Individual:** Ms Janet Montgomery	**Registered Manager:** Mrs Sharon Smyth
Person in charge at the time of inspection: Mrs Sharon Smyth	**Date manager registered:** 13 March 2018
Categories of care: Nursing Home (NH): I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill	**Number of registered places:** 51

4.0 Inspection summary

An unannounced inspection took place on 15 May 2019 from 10.20 to 13.20.

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 issues raised 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.

The following areas were examined during the inspection:

- the management of controlled drugs
- the management of distressed reactions
- the completion of medicine records and care plans
- the management of sharps containers

It was evidenced that four of the five areas identified for improvement had been addressed effectively. However, one area for improvement in relation to care planning has been stated for a second time. In addition, two further areas for improvement were identified in relation to the stock control of medicines.

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	*2

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Sharon Smyth, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 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 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 the registered nurses on duty, the regional manager and the registered manager.

A sample of the following records was examined during the inspection:

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicine audits
- medicine related care plans
- medicines storage temperatures
- controlled drugs records

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 January 2019

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 31 October 2018

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td><td>Validation of compliance</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13(4)

Stated: First time</td><td>The registered person shall develop robust systems for the management of controlled drugs.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A review of the management of controlled drugs indicated that the necessary improvement had been made. Records were audited on a regular basis.</td></tr>
<tr><td colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</td><td>Validation of compliance</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 18

Stated: Second time</td><td>The registered person shall review the management of distressed reactions to ensure that a detailed care plan is in place for each patient and the outcome of administration is recorded.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
We reviewed the management of medicines prescribed for distressed reactions. Details of the reason for and outcome of any administration were recorded. Care plans were maintained.</td></tr>
</table>

Area for improvement 2 **Ref**: Standard 29 **Stated:** First time	The registered person shall implement the use of insulin administration charts.	**Met**
	Action taken as confirmed during the inspection: There was evidence that insulin administration charts had been developed and implemented.	
Area for improvement 3 **Ref**: Standard 46 **Stated:** First time	The registered person shall closely monitor the management of sharps containers in relation to infection control.	**Met**
	Action taken as confirmed during the inspection: A system was in place to ensure that full sharps containers were uplifted in a timely manner. Most of the containers were marked with the date of opening and the aperture was closed. Two containers did not state the date of opening. Following discussion, the registered manager gave assurances that this would be addressed. Given these assurances this area for improvement was assessed as met.	
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time	The registered person shall develop a system which ensures that detailed care plans are developed in a timely manner.	**Not met**
	Action taken as confirmed during the inspection: A system had been developed to audit new care plans; however, there was limited evidence to indicate that care plans were developed within five days of admission as is the expected practice. This area for improvement has been stated for a second time.	
Area for improvement 5 **Ref**: Standard 29 **Stated:** First time	The registered person shall review and monitor the recording procedures for thickened fluids administered by care staff.	**Met**
	Action taken as confirmed during the inspection: The management of thickening agents was monitored on a weekly basis. A new recording system had been developed.	

6.3 Inspection findings

The management of controlled drugs

Staff advised of the changes implemented since the last medicines management inspection, regarding controlled drugs. We evidenced that controlled drug records were well maintained and entries were signed by two registered nurses. Stock balances were brought to zero when the complete supply of a controlled drug was discontinued and two staff were involved in the disposal. In relation to disposal, we were able to correlate entries regarding the controlled drug record book and the records of disposal.

The management of distressed reactions

Staff were aware of the need to consider if medicines were required to manage distressed reactions. A review of seven patient's records indicated that these medicines were infrequently used. A separate administration record was in place for each patient prescribed these medicines; this detailed the reason for and outcome of each administration and also a running stock balance of the medicine. Details of administration were also recorded in the daily notes. Care plans were in place.

The completion of medicine records and care plans

As part of the inspection we reviewed the standard of record keeping regarding the prescribing and administration of medicines. These were well maintained and indicated that patients were being administered their medicines as prescribed.

The management of insulin was examined. Doses were clearly recorded on the personal medication records and supplies were stored at the correct temperature. A care plan was in place and a specific chart to record administration was implemented. This chart included the site of administration of the insulin and signatures of two registered nurses.

In relation to the administration of thickening agents, administration was completed by registered nurses and care staff. Management and staff confirmed that training in the new descriptors for thickened fluids had been completed and the new descriptors had been incorporated into the records. This was evidenced for three patients on their personal medication records, care plans and also separate folders used by care staff. Care staff had recorded the fluids administered each day. It was suggested that the individual pages should be marked with the prescribed consistency level and it was agreed that this would be commenced with immediate effect.

RQIA raised areas of concern regarding the timely completion of care plans in both the medicines management inspection in October 2018 and in the care inspection in January 2019, where it was raised for a second time. During this inspection we reviewed a sample of new patients' care records and found that this area for improvement had not been met. Whilst it was acknowledged that the registered manager had recently identified further shortfalls in care planning within their auditing process, this indicates that the necessary improvement had not been embedded into routine practice. Advice was given. The area for improvement made at the last medicines management inspection has been stated for a second time. This issue has also been shared with the aligned care inspector for the home.

The management of sharps containers

We checked the sharps containers in the three treatment rooms and noted the improvements made. Those that were no longer in use had been uplifted after last medicines management inspection. Management advised of the action taken regarding close monitoring at that time and discussions which had taken place with staff. See also Section 6.2.

Other areas examined

During the course of the inspection we identified two instances where patients had missed doses of pain relieving medicines as there was no supply of the medicine. This had been recorded for one patient on three occasions between 11 May 2019 and 13 May 2019 and for another patient four doses had been missed on 14 May 2019. This was discussed with staff who advised that these patients could express pain and had not complained of pain during these dates; staff assured that it was unusual to have no stock of patients' medicines.

The registered manager was not aware of these issues and this was further discussed in relation to stock control, staff recognising and reporting these to management and that ongoing missed doses are notifiable events to RQIA. Two areas for improvement were made.

Areas of good practice

There was evidence of good practice in relation to the standard of record keeping, including controlled drugs, the filing of obsolete medicines records and storage of medicines.

Areas for improvement

One area regarding care planning has been stated for a second time.

The necessary arrangements must be made to ensure that patients have a continuous supply of their medicines.

The management of incidents should be reviewed to ensure that staff are aware of the information which is reportable to management and notified to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	1

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 Sharon Smyth, 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 QIP via 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:** 15 June 2019	The registered person shall ensure that patients have a continuous supply of their medicines. Ref: 6.3
	Response by registered person detailing the actions taken: Staff and pharmacy are working together with GP's to ensure that scripts are issued in time to ensure there is a continuous supply of medication for intermediate care residents
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 4 **Stated:** Second time To be completed by: 15 June 2019	The registered person shall develop a system which ensures that detailed care plans are developed in a timely manner. Ref: 6.2 & 6.3
	Response by registered person detailing the actions taken: The Nurse Manager will carry out audits of care plans on Day 4 post admission to ensure the appropriate care plans are completed by Day 5
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time To be completed by: 15 June 2019	The registered person shall review the management of incidents to ensure that all notifiable medicine related incidents are reported to management and RQIA. Ref: 6.3
	Response by registered person detailing the actions taken: All staff have been reminded of what needs to be reported and an internal reporting form implemented to help report details correctly

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

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