

# Unannounced Follow Up Medicines Management Inspection Report 7 December 2017



## Ballyclare Nursing Home

Type of Service: Nursing Home  
Address: 107a Doagh Road, Ballyclare, BT39 9ES  
Tel No: 028 9334 0310  
Inspector: Judith Taylor

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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 with 34 beds that provides care for patients and residents living with a range of healthcare needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individual:</b> Mrs Janet Montgomery	<b>Registered manager:</b> Mrs Harriet Dunsmore
<b>Person in charge at the time of inspection:</b> Mrs Harriet Dunsmore	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category  Residential Home (RC) I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 34 including a maximum of eight residential beds

### 4.0 Inspection summary

An unannounced inspection took place on 7 December 2017 from 09.35 to 13.00.

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 Ballyclare Nursing Home which at this time provides both nursing and residential care.

The findings of the last medicines management inspection on 16 October 2017 indicated that robust arrangements were not in place for the management of medicines. A serious concerns meeting was held in RQIA on 20 October 2017, with the responsible individual and management from Hutchinson Homes Ltd. A full account of the actions to be taken to drive and sustain improvement was provided and it was agreed to allow a period of time for them to demonstrate that the necessary improvements had been made.

This inspection sought to assess progress with the issues raised during the last medicines management inspection and to determine if the service was now delivering safe, effective and compassionate care and if the service was well led.

It was evidenced that the most areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed the systems in place. Staff had received further training on the management of medicines, roles and responsibilities and accountability. The evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led.

The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care. However, some further improvement is necessary to ensure that robust systems are in place for completion of fluid intake charts pertaining to enteral feeding.

The following areas were examined during the inspection:

- governance
- administration of medicines and medicine records
- storage

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
<b>Total number of areas for improvement</b>	0	*1

\* This total includes an area for improvement which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Harriet Dunsmore, 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 medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 October 2017. At that inspection it was identified that improvements were required in relation to governance and the administration of medicines. The responsible individual was invited to a serious concerns meeting on 20 October 2017 to discuss the inspection findings and their action plan to address the issues identified. A full account was provided and RQIA were satisfied with these assurances.

## 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 incident register – the management of 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 two registered nurses, one care staff and the registered manager.

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
- 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 16 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

## 6.2 Review of areas for improvement from the last medicines management inspection dated 16 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Third and final time	The registered manager must ensure that records of the administration of external preparations are fully and accurately maintained on every occasion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that a new system to manage external preparations had been developed and implemented. Records were now available for care staff to document the administration of external preparations and these were checked by the registered nurses and monitored with the new audit process.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time (carried forward)	The registered provider must put robust systems in place for the safe management of warfarin.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Warfarin was not prescribed for any patients accommodated at the time of the inspection. We were provided assurances that robust systems were now in place to manage warfarin and there was evidence that the new audit process included a section to monitor warfarin when prescribed. Given these assurances this area for improvement was assessed as met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider must review the governance arrangements for medicines management to ensure robust systems are in place.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Significant improvement in the governance arrangements for medicines management was evidenced at the inspection. A comprehensive auditing process had been developed and implemented. Systems were in place to report the audit outcomes and share with staff/management in a timely manner, to ensure that any identified areas for improvement were addressed.</p>		
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider should review the procedures in place to ensure that medical equipment is checked at regular intervals and records are maintained.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Robust arrangements were now in place to monitor medical equipment. Oxygen equipment and the suction machine were being checked on a regular basis and records were maintained.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider should review the management of pain to ensure that a care plan is maintained, pain assessment tools are in use as applicable and a pain assessment is completed as part of the admission process.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>We were advised that all patients had had their care plans updated in relation to pain management and that pain assessments were completed. This was verified following a review of six patients' records.</p>		

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider should review the disposal of medicines to ensure that the records are fully and accurately completed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of medicines disposal had been undertaken. New systems had been developed to ensure that any unwanted/ discontinued medicines were disposed of in a timely manner. Records of disposal were accurately maintained and indicated that controlled drugs had been denatured prior to disposal.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management of fluid intake charts pertaining to enteral feeding, to ensure these are fully and accurately maintained.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Although the completed QIP returned by the responsible individual indicated that these records were being accurately maintained, this was not evidenced at the inspection. It was found that a number of fluid intake charts did not contain a record of all fluids administered and the total 24 hour intake was not always recorded; when it was recorded, it did not correlate with the target volume of fluid intake prescribed.</p> <p><b>This area for improvement has been stated for a second time.</b></p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall develop a system to monitor the completion of personal medication records, to ensure these are up to date at all times.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>As part of the new auditing processes, personal medication records are now checked for accuracy at the beginning of each medicine cycle and are spot checked throughout the month. An improvement in the completion of these records was observed.</p>		



## 6.3 Inspection findings

### Governance

Following the previous medicines management inspection, management held a meeting with staff on 19 October 2017 to discuss the inspection findings, the procedures which were to be implemented to drive improvement and to ensure that all staff were aware of their roles and responsibilities. A copy of the inspection report was provided to all staff.

Staff had received training on care planning on 26 October 2017. Staff competency had been reassessed and supervision sessions completed.

A new auditing system had been developed and protected time was allocated to ensure the completion of audits. A specific audit booklet was now in use and this was formatted to include medicine records, eye drops, controlled drugs, warfarin, insulin management, sedative medicines/anxiolytics, nutritional supplements, external preparations and bisphosphonates.

Weekly audits were completed by the deputy manager and/or registered manager. The community pharmacist had also completed audits. There was evidence that as areas for improvement were identified, these were highlighted to staff to ensure learning and to address as necessary e.g. a memo was displayed in the treatment room and nurses' office. The progress made was acknowledged.

We were informed that as part of the organisation's monthly monitoring visits, medicines management would be routinely included in this process.

We audited a number of medicines at the inspection. The date of opening was routinely recorded to facilitate the audit, including medicines which were prescribed on a "when required" basis. Satisfactory outcomes were achieved.

As part of the ongoing improvements, the registered manager advised of the changes regarding the procedures for shift handovers, to ensure that robust communication processes were in place.

### Administration of medicines and medicines records

Several medicine records were selected for examination. They were well maintained and readily facilitated the audit process. Personal medication records were easily read and included the necessary detail. There was evidence that each had been written and verified by two staff and that additional information was initialled by two staff. The date of discontinuation of medicines was clearly recorded. A number of medicines were highlighted to remind staff of specific doses.

The management of external preparations was reviewed. A separate personal medication record for external preparations had been developed for patients prescribed these medicines. New records to enable care staff to document administration had been developed and implemented. These records were written by registered nurses to ensure accuracy of transcribing and then completed by care staff. They were monitored on a regular basis. There was evidence that the use of the new system was being gradually embedded into routine practice. A significant improvement in the management of these medicines was evidenced.

New records had been developed to document the administration of any medicines prescribed on a “when required” basis for distressed reactions or pain management, including the reason for and outcome of the administration and a running stock balance. This good practice was acknowledged.

The management of enteral feeding and medicines via the enteral route was reviewed. The details of the patients’ feeding regimes were in place and were included in the patients’ care plans. In relation to the fluid intake charts, these had not been accurately completed, as not all administered fluids had been recorded. There was no evidence that the staff were monitoring fluid intake to ensure that the prescribed target volume was achieved. This was discussed with the registered manager and staff at the inspection. Advice was given. They provided assurances that the fluids were being administered as prescribed. This issue had been raised at the previous inspection and has been stated for a second time (see Section 6.2).

In relation to pain management, care plans were maintained and there was evidence that these were evaluated on a monthly basis. Pain assessments had been completed using a pain assessment tool. These had also been completed following the admission of a new patient.

There was evidence that records pertaining to other areas of medicines management had also been reviewed i.e. care plans in relation to epilepsy, separate records for insulin administration.

## **Storage**

There were robust systems in place to ensure that medicines with a limited shelf-life once opened were marked with the date of opening. All of the eye preparations and insulin pens were in date. No expired medicines were noted at this inspection.

Medicines were being stored at the correct temperature as specified by the manufacturer.

A new monitoring and recording system had been developed for oxygen and the suction machine. Weekly monitoring checks had commenced from 20 October 2017.

In relation to the disposal of medicines, an improvement was evidenced. The large supply of unwanted and discontinued medicines had been disposed of. As part of the improvements, the new procedures state that staff must ensure that any medicines are disposed of at weekly intervals. The use of the correct disposal book (for controlled drug and non-controlled drugs) had been reiterated with staff and there was evidence that these had been accurately completed.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the overall governance arrangements for medicines management, the management of external preparations, storage, medicines prescribed on a “when required” basis, record keeping and the disposal of medicines.

## Areas for improvement

No new areas for improvement were identified during the inspection.

One area for improvement against the standards in relation to fluid intake charts has been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Harriet Dunsmore, 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 via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 January 2018</p>	<p>The registered person shall review the management of fluid intake charts pertaining to enteral feeding, to ensure these are fully and accurately maintained.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> This area has been reviewed and all staff have been reminded of the importance of maintaining these records and these charts will be audited regularly</p>

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



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