



# Unannounced Medicines Management Inspection Report 24 July 2018



## Ashgrove

**Type of Service: Nursing Home**  
**Address: 55 Belfast Road, Newry, BT34 1QA**  
**Tel no: 028 3026 9110**  
**Inspector: Helen Daly**

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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 52 beds that provides care for patients who are living with dementia.

### 3.0 Service details

<b>Registered organization:</b> Four Seasons Health Care  <b>Registered Person:</b> Dr Maureen Claire Royston	<b>Registered manager:</b> See below
<b>Person in charge of the home at the time of inspection:</b> Mr John Coyle, Support Manager	<b>Date manager registered:</b> Ms Alison Dunlop – registration pending
<b>Categories of care:</b> Nursing care (NH): NH-DE - dementia	<b>Number of registered places:</b> 52

### 4.0 Inspection summary

An unannounced inspection took place on 24 July 2018 from 10.40 to 15.45.

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 the completion of the majority of medicine records, care planning and the management of controlled drugs.

Two areas for improvement were identified in relation to the management of warfarin and the governance systems.

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>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr John Coyle, Support 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 April 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
- 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 two patients, three care assistants, four registered nurses and the support manager.

We provided the support manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We also left 'Have we missed you' cards in the foyer of the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the care provided in the home. Flyers which gave information on raising a concern were also left in the home.

We asked the support 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 24 April 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 22 May 2017

Areas for improvement from the last medicines management inspection		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement</b>	The registered person must ensure that medicines are available for administration as prescribed.	<b>Met</b>
<b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> We reviewed the current and previous month's medication administration records which evidenced that medicines were available for administration as prescribed.	
<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>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>	Registered nurses should be made aware of their accountability to ensure that any supply issues are managed appropriately.	<b>Met</b>
<b>Ref:</b> Standard 28 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Discussion with the support manager and registered nurses evidenced that registered nurses were aware of the need to follow up any potential stock supply issues.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person should closely monitor the administration of liquid medicines.</p> <p><b>Action taken as confirmed during the inspection:</b> The administration of liquid medicines was included in the home's audit process. The majority of the audits that were completed at the inspection were correct.</p> <p>The support manager advised that liquid medicines would continue to be closely monitored as part of an increased level of auditing activity which was planned as a result of the findings of this inspection.</p> <p>Due to the assurances provided this area for improvement was assessed as met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that records of administration of thickening agents are maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> Records of administration of thickening agents were being maintained in the Carlingford suite. These records were not in place in the Clanrye suite.</p> <p>The support manager addressed this issue during the inspection and advised that all care assistants would be made aware and that the standard of maintenance of these records would be monitored as part of the planned increased level of audit activity.</p> <p>Due to the assurances provided this area for improvement was assessed as met.</p>	<p><b>Met</b></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 should review and revise the management of medication refusals.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the medication administration records indicated that medicines were not being omitted regularly due to refusals.</p> <p>Registered nurses advised that any ongoing refusal would be reported to the prescriber for guidance.</p>	<p><b>Met</b></p>



## 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.**

The support manager advised that medicines were managed by registered nurses who have been trained and deemed competent to do so. Training was completed via e-learning every two years. Records were provided for inspection. Competency assessments were completed annually. The support manager advised that agency nurses received a comprehensive induction and orientation. Training on the use of thickening agents had been provided for registered nurses and care assistants in June 2018. The support manager advised that supervision on the recording systems for thickening agents would be provided for all staff following this inspection.

In relation to safeguarding, the support manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

There had been no recent admissions to the home. There were mostly satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and hand-written entries on the medication administration records were verified and signed by two staff. However, one recently prescribed medicine had not been recorded on a personal medication record and a recently prescribed antibiotic had been recorded on an obsolete personal medication record. Registered nurses cancelled and archived obsolete personal medication records during the inspection.

The support manager and registered nurses advised that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. There was evidence that antibiotics were received into the home without delay.

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.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged. However, as was identified at the last medicines management inspection obsolete dosage directions for warfarin had not been cancelled and archived. An area for improvement was identified. Registered nurses were reminded that the date of opening should be recorded on insulin pens to facilitate audit and disposal at expiry.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. With the exception of one insulin pen, there were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Two new refrigerators had been obtained; registered nurses were

reminded that temperatures must be maintained between 2°C and 8 °C, a small number of temperatures outside this range had been recorded. The temperature of the treatment room in the Clanrye suite had been 26°C in recent weeks. Registered nurses had brought this to the attention of the support manager who advised that an air conditioning unit was being considered.

### Areas of good practice

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

### Areas for improvement

Obsolete dosage directions for warfarin should be cancelled and archived.

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

### 6.5 Is care effective?

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

The home had recently changed the medicine system. Several minor discrepancies in the administration of medicines were observed. We also noted that signatures for the administration of medicines at night were sometimes omitted and the audits evidenced that the medicines had not been administered. A robust audit system should be implemented. An area for improvement was specified under Section 6.7.

There were arrangements in place to alert staff of when doses of weekly medicines were due. However, it was noted that one weekly medicine which was due the day before the inspection had not been administered. This was discussed with the support manager who advised registered nurses to consult the prescriber for guidance. The management of weekly medicines should be closely monitored as part of a robust audit system, see Section 6.7.

We reviewed the management of medicines prescribed to be administered “when required” for the management of distressed reactions. Care plans directing the use of these medicines were in place. 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. The reason for and outcome of administration were recorded.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Pain assessment tools were used with patients who could not verbalise their pain.

Staff advised that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on a patient’s health were reported to the prescriber.

The majority of the medicine records were well maintained and facilitated the audit process. Registered nurses cancelled and archived obsolete personal medication records at the inspection. See also Section 6.4.



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 care planning and the standard of most records.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The administration of medicines to patients was not observed during the inspection. It was noted that the morning medicines round had not been completed until after 12.00 in the Clanrye suite. The support manager advised that this had occurred because a new registered nurse was receiving her induction. Assurances were provided that analgesia had not been delayed and that appropriate dosage intervals would be observed.

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.

The patients spoken to at the inspection appeared to be content. Several were outside enjoying the good weather. The management of their medicines was not discussed.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. None were returned within the specified time frame (two weeks).

Any comments from patients and their representatives in questionnaires received after the return date will be shared with the registered manager for information and action as required.

### Areas of good practice

Staff were observed to engage with patients and take account of their views.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 within Ashgrove.

Written policies and procedures for the management of medicines were in place. These were not examined.

The governance arrangements for medicines management were examined. Daily running stock balances were maintained for all medicines. The support manager advised of the additional daily, weekly and monthly management audits. Action plans to address shortfalls had been implemented. However, as detailed in Section 6.5 several minor discrepancies in the administration of medicines and evidence that a small number of medicines were omitted at night (in the Clanrye suite) were not followed up appropriately. Registered nurses should inform management if a discrepancy in the running balances is found. The reason for any surplus medicines at the end of the 28 day cycle should be investigated. A robust audit tool should be implemented to ensure that medicines are being administered as prescribed on all occasions. The audit tool should cover all aspects of the management of medicine including the management of thickening agents and archiving obsolete records. An area for improvement was identified.

There were arrangements in place for the management of medicine related incidents. The support manager and registered nurses advised that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, the support manager advised that staff were aware that medicine incidents may need to be reported to the safeguarding team. Medication related incidents reported since the last medicines management inspection were discussed.

Following discussion with the registered nurses and care assistants, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns in relation to medicines management were raised with the registered manager and any resultant action was discussed at handovers.

The staff we met with spoke positively about their work. However, both registered nurses and care assistants advised that they sometimes felt under pressure due to staffing levels. The support manager advised that this was being addressed as vacancies were being filled by permanent staff. A newly recruited registered nurse had commenced employment on the day before the inspection.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. The shift handovers were verbal and a written handover sheet was in place, this included reference to medicines management, diabetes and nutrition.

No online questionnaires were completed by staff with the specified time frame (two weeks).

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of medicine incidents.

### Areas for improvement

The registered person should implement a robust audit tool to monitor the management and administration of medicines.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Mr John Coyle, Support 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2018	<p>The registered person should implement a robust audit tool to monitor the management and administration of medicines.</p> <p>Ref: 6.5 and 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            We have implemented a comprehensive auditing system within the Home for the monitoring of medication administration. All nursing staff are expected to document on the 24 hour shift report at the end of each medication round that they have checked all medications for any missing doses or signatures. There will also be a signature check completed by the HM or NIC carried out once over the 24 hr period. Also as part of the check the NIC or HM will audit 5 residents and 5 medication totals for any extra or missing medications</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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2018	<p>The registered person shall ensure that obsolete dosage directions for warfarin are cancelled and archived.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All nursing staff have been informed to remove old warfarin prescriptions from the drug charts and only have the most recent and up to date warfarin doses.            This will be monitored as part of the daily medication audit on Quality Of Life system</p>

*\*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 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
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