

Unannounced Medicines Management Inspection Report 20 February 2018



Copperfields

Type of Service: Nursing Home
Address: 1-3 Moore Street, Aughnacloy, BT69 6AX
Tel No: 028 8555 7922
Inspector: Helen Daly

www.rgia.org.uk

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 32 beds that provides care for patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Edward Enterprises NI Ltd Responsible Individual: Mr. William (Henry) Hume Edwards	Registered Manager: Mrs. Cherith McKeown
Person in charge at the time of inspection: Mrs Elizabeth Curley	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) DE - dementia LD – learning disability LD(E) – learning disability over 65 years I – old age not falling within any other category	Number of registered places: 32 There shall be a maximum of eight patients accommodated within category NH-DE and a maximum of two patients accommodated within category NH-LD/ LD (E). The home is approved to provide care on a day basis for one person. There shall be a maximum of six named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 20 February 2018 from 09.55 to 13.15.

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.

This inspection was undertaken in response to information received by RQIA from the registered manager on 25 January 2018. The registered manager had shared the information with the Southern Health and Social Care Trust in keeping with regional protocols. An unannounced care inspection was carried out by RQIA on 25 January 2018 to review the admission process. Following discussion with RQIA senior managers this unannounced inspection was undertaken to examine the procedures in place for the administration of “when required” medicines for the management of distressed reactions.

The term ‘patients’ is used to describe those living in Copperfields which provides both nursing and residential care.

Evidence of good practice was found in relation to the standard of maintenance of the personal medication records and medication administration records.

One area for improvement was identified in relation to the details recorded in care plans and daily progress notes with regards to distressed reactions.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Henry Edwards, Responsible Individual, 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

No further actions were required to be taken following the most recent inspection on 25 January 2018.

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 two registered nurses and the responsible individual.

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.

The following records were examined during the inspection:

- shift reconciliation counts for ten supplies of controlled drugs
- care plans for five patients
- six personal medication records
- the medication administration records and daily progress notes for four patients

The findings of the inspection were provided to the responsible individual and two registered nurses at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2018

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 19 December 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

6.3 Inspection findings

We reviewed the administration of “when required” medicines for the management of distressed reactions for six patients. Prescribed medication had been administered “when required” to four of these patients.

We found that when a patient was prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, the dosage instructions were clearly recorded on the personal medication record and records of administration had been recorded on the medication administration records. Care plans for the management of distressed reactions were in place but they did not always include details of the prescribed medication. The reason for administration was sometimes recorded in the daily progress notes but the outcome of the administration was not routinely being recorded. An area for improvement was identified.

Discussion with the registered nurses indicated that they 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/infection.

As part of the inspection process, we issued ten questionnaires to patients and their representatives. One patient’s relative completed and returned the questionnaire within the specified timeframe. Comments received were positive; with responses recorded as ‘very satisfied’ with the care provided in the home.

Areas of good practice

There were examples of good practice in relation to the standard of maintenance of the personal medication records and the medication administration records.

Areas for improvement

Care plans for the management of distressed reactions should include details of any prescribed medicines. The reason for and outcome of administration should be recorded every time the “when required” medicine is administered.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Henry Edwards, Responsible Individual, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2018</p>	<p>The responsible individual shall review and revise the management of distressed reactions as detailed in the report.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This is now being addressed within the Care Plan.</p>
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Please ensure this document is completed in full and returned via the Web Portal



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