Unannounced Medicines Management Inspection Report
2 July 2018

Rockfield Care Home

Type of Service: Nursing Home
Address: Windmill Road, Newry, BT34 2QW
Tel No: 028 3026 9546
Inspector: Helen Daly

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 with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd **Responsible Individual:** Mrs Briege Agnes Kelly	**Registered Manager:** See below
Person in charge at the time of inspection: Mrs Loida Nepomuceno, Manager	**Date manager registered:** Mrs Loida Nepomuceno - Acting - No Application required
Categories of care: Nursing Homes (NH): I – old age not falling within any other category MP – mental disorder excluding learning disability or dementia PH – physical disability other than sensory impairment	**Number of registered places:** 34 including: a maximum of two persons in category NH-MP and a maximum of eight persons in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 2 July 2018 from 10.45 to 15.55.

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 administration of the majority of medicines, medicine records, medicine storage and the management of controlled drugs.

Two areas for improvement were identified in relation to discrepancies in the administration of two medicines and the management of thickening agents. One area for improvement in relation to the auditing process was identified for the second time.

Patients said that “the staff could not do enough for you”.

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	*2	1

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Loida Nepomuceno, Manager, and Mrs Briege Kelly, Registered Person, 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 16 May 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 and returned QIPs
- recent correspondence with the home
- the management of medicine related 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 four patients, two care assistants, the activity therapist, two registered nurses and the manager.

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
- medicine audits
- care plans
- medicines storage temperatures
- controlled drug record book

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 May 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 12 March 2018

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**
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that personal medication records are up to date.	**Met**
	Action taken as confirmed during the inspection: The personal medication records which were reviewed at the inspection were up to date.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medication administration records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A review of the medication administration records indicated that they had been accurately maintained.	

Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medicines are available to be administered as prescribed on all occasions. **Action taken as confirmed during the inspection**: A review of the medication administration records indicated that medicines were available for administration as prescribed.	**Met**
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall develop and implement a robust audit tool to identify and address any shortfalls in the management and administration of medicines. **Action taken as confirmed during the inspection**: The auditing system did not cover all areas for the management and administration of medicines. Registered nurses were maintaining running balances for some medicines which were not contained in the blister pack system and management audits were limited to a small number of audit trails monthly. Further discrepancies in the administration of medicines were noted during this inspection which had not been identified by the systems within the home. See Section 6.5. **This area for improvement was stated for a second time.**	**Not Met**

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.

Medicines were managed by staff who have been trained and deemed competent to do so. Registered nurses completed training on the management of medicines provided by the community pharmacist annually or more frequently if a need was identified. The manager had completed competency assessments with registered nurses in May 2018. The manager advised that care staff who were responsible for the administration of thickening agents and emollient preparations had been provided with training as part of their induction. The impact of training was monitored through the audit process.

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

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. 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.

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.

The management of warfarin was reviewed. Dosage directions were received via facsimile and running stock balances were maintained. Obsolete dosage directions had not been cancelled and archived. It was agreed that the obsolete records would be archived from the day of the inspection onwards and that this would be included in the audit process. Due to the assurance provided an area for improvement was not specified at this time.

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. Dates of opening had been recorded on medicine containers to facilitate the audit process and 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. It was noted that the room temperature had been above 25^{o}C in recent days. The manager advised that this had been reported to the area manager and was being addressed. The manager and registered nurses were reminded that labels containing patient details should be removed from glass bottles before recycling.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The majority of medicines examined had been administered in accordance with the prescriber's instructions. However, for one patient, discrepancies in the administration of two medicines were observed. The incorrect dose of one of the medicines had been administered for seven days and the second medicine had been omitted for three days as registered nurses had thought it was out of stock. The medicine was available on the trolley. The manager was requested to investigate these discrepancies, contact the prescriber for guidance and report to the safeguarding team. An incident report detailing how the incident occurred and the action taken to prevent a recurrence should be forwarded to RQIA. An area for improvement was identified.

At the last medicines management inspection discrepancies in the administration of inhaled medicines were noted. With the exception of two Symbicort Turbohalers improvements in the management of inhaled medicines were observed. Running balances were maintained for inhaled medicines. It was agreed that inhaled medicines would continue to be closely monitored.

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, monthly or three monthly medicines were due.

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. Care plans were in place and 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 recorded on most occasions.

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. Registered nurses advised that pain assessment tools were used with patients who could not verbalise their pain.

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. Administration was recorded either on the medication administration records or the care assistant recording sheets. Care plans and speech and language assessments were not in place for some patients. Up to date care plans for the management of thickening agents should be in place. An area for improvement was identified.

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

Improvements in the standard of maintenance of the personal medication records and medication administration records were observed. Some minor necessary improvements in the personal medication records were discussed with the registered nurses and manager.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and the administration of most medicines.

Areas for improvement

The registered person should investigate the discrepancies observed in the administration of two medicines, contact the prescriber for guidance and report to the safeguarding team. An incident report detailing how the incident occurred and the action taken to prevent a recurrence should be forwarded to RQIA.

Up to date care plans for the management of thickening agents should be in place.

	Regulations	Standards
Total number of areas for improvement	1	1

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 at the inspection. Registered nurses were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

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.

Patients were involved in activities during the morning and were relaxing in the garden and television room during the afternoon. The patients spoken to at the inspection, advised that they were very happy in the home. Comments included:

"The staff are great. They couldn't do enough for us. I miss the van though, it was lovely getting out and about."
"The staff are nice and the food is good."
"It is lovely sitting out here in the sun-house."

As part of the inspection process, we issued 10 questionnaires to patients and their representatives, none were returned to RQIA within the specified timeframe. Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the manager for information and action as required.

Areas of good practice

Discussion with the care assistants, activity therapist and registered nurses indicated that they listened to patients and relatives and took account of their views.

Areas for improvement

No areas for improvement were identified during the 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.

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 Rockfield.

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

The governance arrangements for medicines management were examined. The manager advised that monthly audits were completed by the deputy manager. A review of these audits indicated that the audits included only a small number of medicines and did not include all aspects of the management of medicines. The outcome of this inspection indicated that this system is not effective in highlighting discrepancies. A robust auditing system should be developed and implemented. The audits should include all areas for the management of medicines. An area for improvement was stated for the second time.

Registered nurses advised that they knew how to identify and report incidents and that they were aware that medicine incidents may need to be reported to the safeguarding team. No medication incidents had been reported since the last medicines inspection, however discrepancies were noted during this inspection. As the auditing system was not robust there is a possibility that medication incidents may not be identified and effectively managed. This was discussed with the manager.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with the management team and any resultant action was discussed with the relevant staff.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the management team. The activity therapist and care assistant advised that they felt well supported in their work.

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

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

No new areas for improvement were identified, however, one area for improvement in relation to the home's auditing system was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	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 Loida Nepomuceno, Manager, and Mrs Briege Kelly, Registered Person, 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:** Second time **To be completed by:** 2 August 2018	The registered person shall develop and implement a robust audit tool to identify and address any shortfalls in the management and administration of medicines. Ref: 6.2 and 6.7
	Response by registered person detailing the actions taken: A revised audit tool is in place to identify and address any shortfall in the management and administration of medications.
Area for improvement 2 **Ref**: Regulation 13 (4) **Stated:** First time **To be completed by:** 2 August 2018	The registered person shall investigate the discrepancies observed in the administration of two medicines, contact the prescriber for guidance and report to the safeguarding team. An incident report detailing how the incident occurred and the action taken to prevent a recurrence should be forwarded to RQIA. Ref: 6.5
	Response by registered person detailing the actions taken: Investigations were carried out in regards of didcrepencies of administrations of 2 medications. All appropriate bodies were informed and action plan in place.
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:** First time **To be completed by:** 2 August 2018	The registered person shall ensure that detailed care plans are in place for the management of dysphagia. Ref: 6.5
	Response by registered person detailing the actions taken: A revised careplan is inplace for residents with dysphagia. All staff are reminded of the importance and to strictly adhere with the dysphagia management.

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

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
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care