Unannounced Medicines Management Inspection Report
12 March 2018

Apple Blossom Lodge

Type of Service: Nursing Home
Address: 62 Drumilly Road, Armagh, BT61 8RH
Tel No: 028 3889 1202
Inspector: Paul Nixon

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 37 beds that provides care for patients with a variety of healthcare needs, as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd **Responsible Individual:** Mr Christopher Walsh	**Registered Manager:** Miss Heather Joan Maxwell
Person in charge at the time of inspection: Miss Heather Joan Maxwell	**Date manager registered:** 29 January 2015
Categories of care: Nursing Homes (NH): DE – Dementia MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years	**Number of registered places:** 37

4.0 Inspection summary

An unannounced inspection took place on 12 March 2018 from 09.45 to 14.15.

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.

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

An area requiring improvement was identified in relation to the recording of thickening agents.

The patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 Miss Heather Joan Maxwell, 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 finance inspection

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 7 December 2017. 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 manager and three registered nurses.

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
- 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 7 December 2017

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

This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 5 May 2016

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:** Second time	The registered person must ensure robust systems are in place to monitor the role of care staff when delegated tasks by registered nurses.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the registered nurses monitor the role of care staff in the application of topical medicines and the use of thickening agents.	
Area for improvement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that safe arrangements for the disposal of sharps are in place.	**Met**
	Action taken as confirmed during the inspection: Safe arrangements were in place for the disposal of sharps.	

Area for improvement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that a robust audit system is in place which identifies any shortfalls in the management of medicines and ensures that appropriate action is taken to address the issues and prevent recurrence.	**Met**
	Action taken as confirmed during the inspection: The registered manager had performed a monthly medication audit. Any issues arising had been detailed in an action plan and had been followed up with the registered nurses as well as during the next audit.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time	A daily running stock balance should be maintained for clozapine tablets to ensure that they are being administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: A daily running stock balance had been maintained for clozapine tablets. Audits performed indicated that they had been administered as prescribed.	
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time	To facilitate the audit process, the date of opening should be recorded on all medicines that are not contained within the blister pack system.	**Met**
	Action taken as confirmed during the inspection: With the exception of insulin, the date of opening had been recorded on the medicines checked at the inspection. It was acknowledged that the insulin would require to be replaced before its expiry date was reached. The registered manager gave an assurance that this matter would be discussed at the next staff meeting and that it would be included in the monthly medication audits. Because this assurance was given, the area for improvement is not stated for a second time.	

Area for improvement 3 **Ref**: Standard 18 **Stated:** First time	The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure all necessary records are completed.	**Met**
	Action taken as confirmed during the inspection: For three patients whose records were examined, a care plan was in place and the reason for and the outcome of administration of the medicine were usually recorded.	
Area for improvement 4 **Ref**: Standard 31 **Stated:** First time	Standard Operating Procedures (SOPs) for the management of controlled drugs should be drafted, implemented and shared with staff.	**Met**
	Action taken as confirmed during the inspection: SOPs for the management of controlled drugs were in place. These were included in registered nurses induction and training updates.	

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. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. 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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration records were updated by two registered nurses. This safe practice was acknowledged.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

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 sample of medicines examined had been administered in accordance with the prescriber's instructions. 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, fortnightly or monthly medicines were due.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was not maintained for one patient; the registered manager gave an assurance that this matter would be addressed without delay.

The management of swallowing difficulty was examined. We reviewed three patients' medicine records and care plans. The thickening agent was recorded on their personal medication record but did not always include details of the fluid consistency. Administrations were recorded. The prescribed consistency recorded in one care plan and one administration record did not match the most recent speech and language assessment report. The need for up to date patient records was highlighted. An area for improvement was identified. Following discussion with staff it was concluded that the correct consistency was being administered to the patients and that they aware of recent changes.

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

Medicine records were mostly well maintained and facilitated the audit process. The use of separate administration charts e.g. for insulin and transdermal opioid patches was acknowledged.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of patients. 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 the standard of record keeping and the administration of medicines. Staff were knowledgeable regarding the patients' medicines.

Areas for improvement

Records should accurately state the consistency level of thickening agent.

	Regulations	Standards
Total number of areas for improvement	0	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.

It was not possible to directly observe the medicine round during this inspection.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

As part of the inspection process, ten questionnaires were left in the home to facilitate feedback from patients and their representatives. None were returned within the specified timeframe.

Areas of good practice

Staff listened to patients 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.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were knowledgeable with the policies and procedures and were familiar with their roles and responsibilities in relation to medicines management.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

Practices for the management of medicines were audited throughout the month by the management and staff. This included running stock balances for several solid dosage medicines. In addition, a periodic audit was completed by the community pharmacist. A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that staff were open and approachable and willing to listen.

No member of staff completed the online questionnaire.

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Miss Heather Joan Maxwell, 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 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	
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person shall make the necessary arrangements to review the care plans and records regarding swallowing difficulty to ensure that they reflect the current needs of the patients. Ref: 6.5
To be completed by: 11 April 2018	**Response by registered person detailing the actions taken:** Care PLans and records have been reviewed and reflect the current needs of patients.

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

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