Unannounced Medicines Management Inspection Report
17 January 2019

Greenvale House Nursing Home

Type of Service: Nursing Home
Address: 82-84 Mill Hill, Castlewellan, BT31 9NB
Tel No: 028 4377 8280
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 32 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: Greenvale House **Responsible Individuals:** Mrs Margaret Foster Mr Norman Foster Mrs Barbara Frances Foster	**Registered Manager:** Mrs Donna Elizabeth Fitzpatrick
Person in charge at the time of inspection: Mrs Claire Rodgers (10.40 – 13.30) Mrs Donna Fitzpatrick (13.30 – 15.40)	**Date manager registered:** 20 February 2018
Categories of care: Nursing Homes (NH): DE – dementia I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years LD(E) – learning disability – over 65 years	**Number of registered places:** 32 This includes one named person in category NH-LD(E). The home is also approved to provide care on a day basis to one person.

4.0 Inspection summary

An unannounced inspection took place on 17 January 2019 from 10.40 to 15.40.

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

Two areas for improvement were identified in relation to limited shelf medicines and inhaled medicines.

We spoke with one patient who was complimentary regarding the staff and care in the home.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Donna Fitzpatrick, Registered Manager, and Mrs Barbara Foster, 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 12 September 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 home 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

During the inspection we met with one patient, one care assistant, two registered nurses, the registered manager and one of the registered persons.

We provided the person in charge with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the person in charge 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
- 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 12 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was approved by the care inspector. This will be validated at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 11 December 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**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that there are robust systems in place for the management of medicines on admission/re-admission to the home.	**Met**
	Response by registered person detailing the actions taken: Robust systems were in place for the management of medicines on admission/re-admission. Written confirmation of medicine regimens had been received. Personal medication records were written/updated on the day of the admission/re-admission and correlated with the hospital discharge letters. The management of admissions/readmissions was included in the management audits.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that personal medication records are up to date and contain all the necessary detail.	**Met**
	Response by registered person detailing the actions taken: An improvement in the standard of maintenance of the personal medication records was observed. A small number of discrepancies were highlighted to the registered manager for follow up and ongoing monitoring.	

	Due to the improvements made and the assurances that the standard of maintenance of the personal medication records would continue to be closely monitored this area for improvement was assessed as met.	
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 29 **Stated:** Second time	The registered provider should ensure that hand-written updates/entries on the medication administration records (MARs) are verified and signed by two registered nurses.	**Met**
	Response by registered person detailing the actions taken: The majority of the medication administration records were printed. A small number of hand-written updates had not been verified and signed by a second registered nurse. This was addressed immediately following the inspection as confirmed via email from the registered manager.	

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 registered nurses who have been trained and deemed competent to do so. Training was provided by the community pharmacist in October 2018. Competency assessments were completed following induction and reviewed annually. All registered nurses had six monthly supervisions and annual appraisals. Care assistants had received training and been deemed competent to administer thickening agents. Dysphagia awareness training was provided on 26 November 2018.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training was provided annually.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and to manage medication changes. The majority of the personal medication records and hand-written entries on the medication administration records were verified and signed by two registered nurses. The registered manager advised that she would continue to reinforce and monitor this safe practice. See also Section 6.2.

There were systems in place to ensure that patients had a continuous supply of their prescribed medicines. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

Robust arrangements were observed for the management of high risk medicines e.g. insulin and warfarin. The use of separate administration charts was acknowledged.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balance checks were performed on controlled drugs which require safe custody, at the end of each shift.

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. However, dates of opening had not been recorded on some insulin pens and eye preparations. The date of opening should be recorded on all medicines to facilitate audit and disposal at expiry. An area for improvement was identified.

The medicine refrigerator and oxygen equipment were checked at regular intervals. Satisfactory recordings were observed for the refrigerator temperatures. The registered manager advised that the treatment room temperature was monitored daily but that records had not been maintained. It was agreed that a record would be maintained from the date of the inspection.

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

The date of opening should be recorded on all medicines to facilitate audit and disposal at expiry.

	Regulations	Standards
Total number of areas for improvement	0	1

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, discrepancies in the administration of two inhaled medicines were observed. The registered manager should closely monitor the administration of inhaled medicines. An area for improvement was identified.

There were arrangements in place to alert staff of when doses of 72 hourly, weekly, monthly and three monthly medicines were due.

The systems in place for the management of distressed reactions, pain and thickening agents were reviewed and found to be satisfactory. Up to date care plans and records of prescribing and administration were maintained.

Registered nurses advised 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.

The majority of medicine records were well maintained and facilitated the audit process. A small number of discrepancies were highlighted to the registered manager for follow up and ongoing monitoring.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines which were not packed in the monitored solid dosage system.

Following discussion with the registered manager and registered nurses, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. 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, care planning and the administration of medicines.

Areas for improvement

The registered person should closely monitor the administration of inhaled medicines to ensure that they are administered as prescribed.

	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.

We did not observe the administration of medicines during the inspection. It was clear from discussion with the registered nurses that they were familiar with the patients' healthcare needs and were aware of how they liked to take their medicines.

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. Patients were observed to be relaxed and comfortable.

We spoke with one patient who was complimentary regarding the care provided and staff in the home. The patient was having her hair done by a care assistant.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives, none were returned within the specified time frame.

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

Areas of good practice

Staff were observed to listen to patients, engage in conversation and respond promptly to requests.

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.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection.

Medicine related incidents reported since the last medicines management inspection were discussed and there was evidence of the action taken and learning implemented following these incidents. In relation to the regional safeguarding procedures, the registered manager advised that staff were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by both staff and management. Areas identified for improvement were detailed in an action plan which was shared with staff to address and there were systems in place to monitor improvement.

Following discussion with the staff, 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.

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

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 Mrs Donna Fitzpatrick, Registered Manager, and Mrs Barbara Foster, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 17 January 2019	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit and disposal at expiry. Ref: 6.4
	Response by registered person detailing the actions taken: This was discussed with staff and further auditing evidenced that this standard has improved.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 17 January 2019	The registered person shall closely monitor the administration of inhaled medicines to ensure that they are administered as prescribed. Ref: 6.5
	Response by registered person detailing the actions taken: The management of inhaled medicines has been discussed with all staff and auditing has evidenced that this standard has improved.

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
Web www.rqia.org.uk
@RQIANews