



# Unannounced Medicines Management Inspection Report 14 May 2018



## Kingsland Care Centre

**Type of Service: Nursing Home**  
**Address: 252 Seacliff Road, Bangor, BT20 5HT**  
**Tel No: 028 9127 3867**  
**Inspector: Catherine Glover**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Ltd  <b>Responsible Individual:</b> Mr Christopher Walsh	<b>Registered Manager:</b> Ms Susannah Virginia Curry
<b>Person in charge at the time of inspection:</b> Ms Susannah (Sue) Curry	<b>Date manager registered:</b> 29 December 2014
<b>Categories of care:</b> Nursing Homes 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. TI – Terminally ill.	<b>Number of registered places:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 14 May 2018 from 10.30 to 13.45.

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.

A serious concerns meeting had been held following the most recent medicines management inspection on 29 January 2018. The registered person and registered manager were in attendance. A full account was provided of the actions taken to address the concerns that were raised. RQIA decided to allow a period of time to demonstrate that the improvements had been made.

This inspection assessed progress with the 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.

This inspection evidenced that the areas of concern had been addressed. The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

Evidence of good practice was found in relation to medicines administration, records, management of controlled drugs and the storage of medicines.

No areas for improvement were identified.

Patients were relaxed and comfortable in the home. There was a warm and welcoming atmosphere. Good relationships were evident between patients and 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Sue Curry, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent medicines management inspection

A serious concerns meeting was held following the most recent medicines management inspection on 29 January 2018. The registered person and registered manager were in attendance. A full account was provided of the actions taken to address the concerns that were raised. RQIA decided to allow a period of time to demonstrate that the improvements had been made.

#### 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; prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection we met with two patients, the registered manager and two 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 29 January 2018

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

### 6.2 Review of areas for improvement from the last medicines management inspection dated 29 January 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time	The registered person shall ensure that patient care plans are completed within five days of the date of admission.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The care plans for the two most recently admitted patients had been completed within the required timeframe.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1)  <b>Stated:</b> First time	The registered person shall ensure that prescribed medicines are commenced without undue delay	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The evidence seen at this inspection indicated that medicines were commenced in a timely manner.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that robust systems are in place to manage dosage changes of prescribed medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The systems in place for managing medicine changes were robust.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that a robust system for auditing the management of medicines is implemented and completed regularly in order to give assurance that safe systems are in place	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A comprehensive auditing system has been implemented and completed at regular intervals.	
<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> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that those medicines highlighted during the inspection are closely monitored to ensure that they are being administered as prescribed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These medicines had been regularly audited to ensure that they were being administered as prescribed.	

### 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. The impact of training was monitored through monthly team meetings, monthly supervision sessions with the registered nurses and annual appraisal. Competency assessments had been completed. 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 medication administration records were updated by two registered nurses. This safe practice 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. 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.

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

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

### 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
<b>Total number of areas for improvement</b>	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 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 maintained. Staff also advised that a pain assessment is completed as part of the admission process.

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 well maintained and facilitated the audit process. Personal medication records and medicine administration records were fully and accurately completed.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, an audit was regularly completed by the community pharmacist.

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.

### 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

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 was not observed at the time of this inspection. Staff were familiar with the medication prescribed for patients and knowledgeable about their healthcare needs.

Throughout the inspection, it was found that there were good relationships between the staff and patients. Visitors were warmly welcomed. Staff were noted to be friendly and courteous. It was clear, from discussion and observation of staff, that they were familiar with the patients' likes and dislikes.

We met with two patients, who expressed their satisfaction with the care and the staff in the home.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report (two weeks).

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



### Areas of good practice

Staff 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
<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.**

The inspector 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 are place to implement the collection of equality data within Kingsland.

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 that had occurred 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.

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.

Following discussion with the registered manager and registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

### 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
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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