

# Unannounced Medicines Management Inspection Report 29 January 2018



## Kingsland Care Centre

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

[www.rqia.org.uk](http://www.rqia.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 43 beds that provides care for patients with a variety of care needs as detailed 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 29 January 2018 from 10.30 to 14.20.

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 staff training, the management of controlled drugs and the storage of medicines.

Areas requiring improvement were identified in relation to care planning, the administration of medicines, timely administration of prescribed antibiotics and the management of dosage changes in medicines.

As a result of this inspection, RQIA was concerned that the issues noted during the inspection had the potential to affect the health and well-being of patients. A decision was taken to hold a serious concerns meeting to discuss the findings. The meeting was held at RQIA Belfast office on 2 February 2018 (see Section 4.1).

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>	4	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Sue Curry, Registered Manager, as part of the inspection process and with Mr Chris Walsh, Registered Person by telephone on 30 January 2018. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The responsible individual and registered manager were invited to attend a serious concerns meeting in RQIA on 2 February 2018 to discuss the inspection findings and their plans to address the issues identified at the inspection. During the meeting, the responsible individual provided a comprehensive action plan to address the concerns raised during the inspection. Assurance was given by the managing director of Larchwood Care Homes (NI) Ltd that the concerns were being taken very seriously by the organisation. Following the meeting RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that the concerns had been effectively addressed.

RQIA informed the responsible individual that further enforcement action may be considered if the issues were not addressed and sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 4.2 Action/enforcement taken following the most recent care inspection

A concerns meeting was held following the most recent care inspection on 2 November 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; 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 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
- 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 2 November 2017

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 28 November 2016

Areas for improvement from the last medicines management inspection		
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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> Second time	It is recommended that if medication is prescribed on a “when required” basis for the management of distressed reactions, the care plan should identify the parameters for its administration and the reason for and outcome of administration should be routinely recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans were in place for the management of distressed reactions. The reason and outcome of the administration were recorded on most occasions that these medicines were administered.	

## 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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management, syringe drivers, Motor Neurone Disease and Parkinson’s was provided in the last year.

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.

The systems in place to obtain medicines in a timely manner must be reviewed. One patient had been prescribed an antibiotic and this was not obtained and commenced until six days later. This delay is unacceptable and had the potential to seriously affect the health and well-being of the patient. It was acknowledged that the request for the antibiotic was reflected in the care notes and the notes did not identify any deterioration in the patient’s health over this time.

However, there was no evidence that the patient's health was being actively monitored by nurses and that the delay in receiving the antibiotic was recognised. An area for improvement was identified.

The arrangements in place to manage changes to prescribed medicines were examined. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. However, when the dose of one medicine changed, the record of administration and the audit of this medicine indicated that the incorrect dosage had been administered for several days. An area for improvement was identified.

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

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. However, examination of the care files showed that care plans had not been completed for two recently admitted patients. Care plans should be completed within five days of admission. These patients had complex medical needs and there were insufficient care plans to direct the nursing care required. An area for improvement was identified.

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. Staff were reminded that obsolete dosage regimens should be removed from the file and archived.

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. 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, and controlled drugs.

### **Areas for improvement**

Areas for improvement were identified in relation to obtaining antibiotics in a timely manner, the management of dosage changes and care planning on admission.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	0

**6.5 Is care effective?**

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

Most of the medicines in the home are supplied in a monitored dosage system. Audits were completed on a random selection of medicines that were not contained in the monitored dosage system. Some of these audits produced unsatisfactory outcomes. There were discrepancies in the audits of inhaled medicines, patches used in the treatment of dementia, and medicine to treat urinary retention, which were completed during the inspection. The audit outcomes were thoroughly investigated by the registered person following the inspection and discussed at the serious concerns meeting. These medicines must be closely audited to ensure that they are administered as prescribed. An area for improvement was identified.

The management of distressed reactions, swallowing difficulty and pain were reviewed. The relevant information was recorded on the patient’s care plan, personal medication record and records of administration.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included extra records for the administration of transdermal patches.

Following observation, discussion with the staff and examination of records, 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 management of distressed reactions and pain.

**Areas for improvement**

An area for improvement was identified in relation to ensuring all medicines are administered as prescribed.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

The administration of medicines to patients was not observed during this inspection; however, staff were knowledgeable regarding patients’ medicines, and their needs and wishes.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. Staff were observed assisting patients with lunch.



Patients spoken to at the inspection advised that they liked the home and staff. One patient said “I am very happy here. The staff are fabulous and the food is excellent”.

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 left in the home to facilitate feedback from patients and relatives were returned prior to the issue of this report.

### 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.**

Written policies and procedures for the management of medicines were in place. They were not examined during this inspection.

The registered manager advised that audits on the management of medicines were completed at quarterly intervals and a template for the audit and an audit completed by the community pharmacist in June 2017 was provided for inspection. However, the most recently completed medicines audits could not be provided for inspection. The registered manager advised that auditing had been delegated to the clinical lead in the home who had been absent for several weeks.

No medicine related incidents had been reported since the last medicines management inspection. Due to the lack of oversight of medicines management in the home it could be concluded that medicines incidents may not be identified by staff in the home and appropriately managed. A robust system for auditing the management of medicines must be implemented and completed regularly in order to give assurance that safe systems are in place. An area for improvement was identified.

Following discussion with the registered manager and registered nurses, it was evident that staff were not clear on their roles and responsibilities in relation to medicines management. There was a lack of ownership by the registered nurses in following up medicines that had been prescribed by the general practitioner and completing care plans for newly admitted patients. The registered person should ensure that all registered nurses are reminded of and adhere to the NMC Code of Professional Conduct.

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

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

### Areas of good practice

Regular monthly audits had been completed by the registered person.

### Areas for improvement

An area for improvement was identified in relation to the auditing and governance arrangements within the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Ms Sue Curry, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2018</p>	<p>The registered person shall ensure that patient care plans are completed within five days of the date of admission.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A new Admission Process Check List has been implemented into practice. The Manager is prompted to check progress with the Named Nurse at Day 3 and Day 5. The Admission Process Form will provide audit information to monitor compliance with Standards.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2018</p>	<p>The registered person shall ensure that prescribed medicines are commenced without undue delay.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A new communication protocol has been implemented to ensure that acute medicines are prescribed and administered on the same day. Any variances are recorded on a daily Safety Briefing Sheet and escalated to the Manager or nominated deputy the same day.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2018</p>	<p>The registered person shall ensure that robust systems are in place to manage dosage changes of prescribed medicines.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All dosage changes must be verified by the GP and the medication rewritten on the MARS to clearly reflect the change in dosage. Pharmacy monitoring audits will be completed monthly as well as weekly spot checks by Manager or nominated deputy to monitor compliance with standards.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2018</p>	<p>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.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nurses have received training in systems, administration and auditing. Weekly spot checks and monthly Pharmacy Monitoring audits have been introduced from February 2018. MEDICARE are undertaking external audit activity on a bi-monthly basis. SMART action plans have been implemented to meet compliance with standards. Audits will be promoted as an opportunity for learning and development and for identifying training needs.</p>
<p><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></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2018</p>	<p>The registered person shall ensure that those medicines highlighted during the inspection are closely monitored to ensure that they are being administered as prescribed.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Pharmacy monitoring audits will be completed monthly as well as weekly spot checks by Manager or nominated deputy to monitor compliance with prescribed administration.</p>

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



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