Unannounced Medicines Management Inspection Report
18 January 2018

Larne Care Centre

Type of Service: Nursing Home
Address: 46-48 Coastguard Road, Larne, BT40 1AU
Tel No: 028 2827 7979
Inspector: Rachel Lloyd

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 servicefrom 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 homeregistered to provide care for up to 87 persons living with a range of healthcare needs, including up to three persons receiving residential care, as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Larne Care Centre **Responsible Individuals:** Mr Colin Nimmon& Mr Frederick Michael Stewart	**Registered Manager:** Mr Leslie Stephens
Person in charge at the time of inspection: Mr Leslie Stephens	**Date manager registered:** 3 October 2014
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category (E) – Service users who are over 65 years of age but do not fall within the category of old age DE – Dementia LD – Learning disability LD(E) – Learning disability – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill Residential Care (RC): 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	**Number of registered places:** 87 comprising: A maximum of 31 patients accommodated within category NH-DE and a maximum of 25 patients accommodated within category NH-LD/LD(E). A maximum of three residential places in categories RC-I, RC-PH and RC-PH(E).

4.0 Inspection summary

An unannounced inspection took place on 18 January 2018 from 09.55 to 15.10.

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 term ‘patients’ is used to describe those living in Larne Care Centre, which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identifiedduring 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 majority of medicine records, the management of controlled drugs, care planning, communication with various healthcare professionals, working relationships within the home and the management of the ordering and supply of medicines.

Areas for improvement were identified in relation to the administration of hyoscine patches, the management of insulin pen devices and the management of handwritten additions to medication administration records.

The patients and relative spoken to advised that they had no concerns in relation to the management of their/their relative's medicines and they spoke positively about their care.

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.

4.1Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Leslie Stephens, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

4.2Action/enforcementtaken following the most recent care inspection

Other than those actions detailed in the QIPno further actions were required to be taken following the most recent inspection on 22 and 23 June 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 - prior to the inspection, 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, one relative, three registered nurses and the registered 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
- controlled drug record book
- medicine audits
- policies and procedures
- 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 theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 and 23 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was 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 5 October 2016

Areas for improvement from the last medicines managementinspection		
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 18 **Stated:** Second time	It is recommended that the management of medicines prescribed for use "when required" for distressed reactions is reviewed to ensure that a care plan is in place and that the reason for and outcome of administration is recorded on every occasion.	**Met**
	Action taken as confirmed during the inspection: This had been reviewed since the last inspection. Care plans were in place and the reason for and outcome of administration were recorded in the patient's notes or on a separate chart.	
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time	The management of warfarin should be reviewed and revised to ensure that dosage directions are received in writing and that any transcribing is verified and signed by two members of staff.	**Met**
	Action taken as confirmed during the inspection: This had been reviewed since the last inspection and those records examined had been appropriately maintained.	

Area for improvement 3 **Ref:** Standard 30 **Stated:** First time	Registered nurses should receive training and competency assessment on the use of the refrigerator thermometer and the management of refrigerator temperatures.	**Met**
	Action taken as confirmed during the inspection: The registered manager and nursing staff on duty confirmed that this had taken place during medicines management training provided by the community pharmacist. Temperature monitoring was satisfactory in the Ballygally and Glenarm units. Staff in the Carnlough unit were reminded that the reset button on the refrigerator thermometer should be held for several seconds to ensure a reset takes place.	

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

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 procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

There were largely satisfactory arrangements in place to manage changes to prescribed medicines. Updates to personal medication records were usually verified by two registered nurses. However, a number of handwritten additions to printed medication administration records had not been verified and signed by a second trained member of staff. This is necessary to ensure accuracy in transcription. 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.

Arrangements were examined for the management of high risk medicines e.g. insulin and warfarin. The use of separate administration charts was acknowledged. However, the date of opening was not recorded on insulin pen devices in use. This is necessary to prevent their use after expiry, since they have a limited shelf life once opened. An area for improvement was identified.

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 organised. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, the management of medicines on admission, the management of controlled drugs and obtaining acute and new medicines promptly.

Areas for improvement

Handwritten additions to printed medication administration records should be verified and signed by a second trained member of staff to ensure accuracy in transcription.

The date of opening should be recorded on insulin pen devices in use to prevent their use after expiry.

	Regulations	Standards
Total number of areas for improvement	0	2

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 mostly been administered in accordance with the prescriber's instructions. Some minor discrepancies were highlighted to staff for attention. In the Carnlough unit several patients were prescribed hyoscine patches for administration every 72 hours, however these were being administered every 96 hours. These must be administered according to the prescriber's instructions. An area for improvement was identified.

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

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. Computer generated personal medication records were in the process of being introduced. Staff were reminded that these should include the route of administration of each medicine and that the times of administration and those on medication administration records should match and accurately reflect administration times. The majority of medicines were marked with the date of opening.

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

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 found throughout the inspection in relation to record keeping, care planning, audit procedures and communication between patients, staff and other healthcare professionals.

Areas for improvement

The administration of hyoscine patches must be reviewed to ensure administration in accordance with the prescriber's instructions.

	Regulations	Standards
Total number of areas for improvement	1	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 to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous.

The patients and relative spoken to at the inspection advised that they had no concerns in relation to the management of their/their relative's medicines and that requests for medicines prescribed on a 'when required'basis were responded to promptly. They spoke positively about the care provided.

Patients' comments included:

- "I'm very content," and"I'm happy with how my medicines are looked after."

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

There was evidence that stafflistened to patients and took account of their views. Good relationships were observed between staff and patients.

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 familiar with the policies and procedures and that any updates were highlighted to them.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report 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 nurses, it was evident that staff 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 management. They stated that there were good working relationships and that management were approachable and willing to listen.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships. 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 theQIP were discussed with Mr Leslie Stephens, 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 standardsthis 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 improvementidentified 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 providershould confirm that these actions have been completed and return the completed via theWeb 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:** First time **To be completed by:** 18 February 2018	The registered person shall review the management of hyoscine patches to ensure administration according to the prescriber's instructions. Ref: 6.5
	Response by registered persondetailing the actions taken: Marrs sheets audited twice weekly by management to ensure systems 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 28 **Stated:** First time **To be completed by:** 18 February 2018	The registered person shall ensure that handwritten additions to printed medication administration records are verified and signed by a second trained member of staff to ensure accuracy in transcription. Ref: 6.4
	Response by registered persondetailing the actions taken: Marrs sheets audited twice weekly by management to ensure systems in place.
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 18 February 2018	The registered person shall ensure that the date of opening is recorded on insulin pen devices to prevent their use after expiry. Ref: 6.4
	Response by registered persondetailing the actions taken: Insulin pen devices audited twice weekly to ensure systems in place. All nurse have attended pharmacy training and included all the above.

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

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