Unannounced Medicines Management Inspection Report
1 November 2018

Larne Care Centre

Type of Service: Nursing Home
Address: 46-48 Coastguard Road, Larne, BT40 1AU
Tel No: 02828277979
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 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 homewith 87 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0. This number includes three persons who are receiving residential care.

3.0 Service details

Organisation/Registered Provider: Larne Care Centre **Responsible Individuals:** Mr Colin Nimmon and Mr Frederick Michael Stewart	**Registered Manager:** Mr Leslie Stephens
Person in charge at the time of inspection: Mr Leslie Stephens	**Date manager registered:** 3 October2014
Categories of care: Nursing Home(NH): 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 DE – dementia LD – learning disability LD(E) – learning disability – over 65 years	**Number of registered places:** 87 This number includes: • a maximum of 31 patients accommodated within category NH-DE, • a maximum of 25 patients accommodated within category NH-LD/LD(E), and • a maximum of three residential places in categories RC-I, RC-PH and RC-PH(E)

4.0 Inspection summary

An unannounced inspection (of the Carnlough and Glenarm units) took place on 1 November 2018 from 10.15 to 16.30.

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 and medicine records.

Three areas for improvement were identified in relation to the non-administration of one medicine, the management of distressed reactions and the management of medicine refrigerator temperatures.

The term ‘patient’ is used to describe those living in Larne Care Centre, which provides both nursing and residential 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/enforcement taken 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 15 May 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 two relatives, two care assistants, five registered nurses, the registered manager and the regional manager.

We provided the registered manager and one of the registered nurses witha total of 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 registered manager 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
- medicine audits
- care plans
- training records

- medicines disposed of or transferred
- controlled drug record book
- 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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 May 2018

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

6.2 Review of areas for improvement from the last medicines management inspection dated 18 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**
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person shall review the management of hyoscine patches to ensure administration according to the prescriber's instructions.	**Met**
	Action taken as confirmed during the inspection: We reviewed the management of hyoscine patches for several patients. They had been administered at the recommended dosage intervals.	

<table>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 29

Stated: First time</td><td>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.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
We reviewed the current medication administration records in the Carnlough and Glenarm units. Handwritten additions to printed medication administration records were verified and signed by a second trained member of staff to ensure accuracy in transcription.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 30

Stated: First time</td><td>The registered person shall ensure that the date of opening is recorded on insulin pen devices to prevent their use after expiry.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
We reviewed the management of insulin for three patients. The date of opening had been recorded on all pens and they were within their expiry date.</td></tr>
</table>

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.

The registered manager advised that medicines management training was provided for all registered nurses at least annually. Competency assessments were also completed annually or more frequently if a need was identified. Records were available for inspection. Update training on the management of enteral feeding and epilepsy awareness was planned. Care assistants had received training and been deemed competent to administer thickening agents and emollient preparations. Training in relation to safeguarding had been provided by the regional manager in October 2018.

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. Personal medication records and hand-written entries on the medication administration records were verified and signed by two registered nurses. This safe practice was acknowledged.

There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.There were systems in place to ensure that patients had a continuous supply of their prescribed medicines. However, one medicine had been out of stock for four nights and was unavailable on the day of the inspection. During the inspection it could not be ascertained how this had occurred and if it was being followed up. The registered manager was requested to investigate this incident, refer to the prescriber and report to the next of kin, care manager and RQIA. An area for improvement was identified.

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

The management of medicines to be administered via the enteral route was examined. A record of the daily regimen including the required water flushes was held on the medicines file. Daily fluid intake charts were maintained.

Detailed epilepsy management plans were in place when necessary.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. The registered manager and registered nurses were reminded that balances in the controlled drug record book should be brought to zero when controlled drugs were disposed of or transferred out of the home.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

The majority of 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. Registered nurses were reminded that spacer devices should be cleaned regularly and labelled to denote ownership. Medicine refrigerators and oxygen equipment were checked at regular intervals. The maximum temperature of the medicine refrigerator in the Glenarm unit was consistently above 12°C and corrective action had not been taken. An area for improvement was identified.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission/re-admission to the home.

Areas for improvement

The registered person shall investigate the non-administration of one medicine for four nights. The outcome of the investigation including the action taken to prevent a recurrence shall be forwarded to RQIA.

The registered person shall ensure that refrigerator temperatures are maintained between 2°C and 8°C. Corrective action should be taken if temperatures outside this range are observed.

	Regulations	Standards
Total number of areas for improvement	1	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. A small number of discrepancies were discussed with the registered nurses and registered manager. It was agreed that the administration of these medicines would be monitored through the weekly audits. 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 72hourly, weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Care plans were in place. The reason for and the outcome of administration were not recorded on all occasions. Registered nurses and care assistants advised that they knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain or infection. Some patients were being administered "when required" medicines regularly and this had not been referred to the prescriber for review. The management of medicines which are prescribed to be administered "when required" should be reviewed and revised to ensure that regular use is referred to the prescriber and the reason for and outcome of administration are recorded on all occasions. An area for improvement was identified.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that pain assessment tools were used as needed.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, care plans and speech and language assessment reports were in place. Records of prescribing and administrationwere maintained.

Registered nurses advised that compliance with prescribed medicine regimes was monitored and any 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. Areas of good practice were acknowledged, these included the prompts in place for transdermal patches. Registered nurses in the Glenarm unit were reminded that obsolete personal medication records should be cancelled and archived.

Practices for the management of medicines were audited throughout the month by the registered nurses. This included running stock balances for several solid dosage medicines, nutritional supplements and inhaled medicines. An audit was completed each week by a registered nurse in each unit. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the staff, 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 the majority of medicines.

Areas for improvement

The management of medicines which are prescribed to be administered "when required" for distressed reactions should be reviewed and revised as detailed above.

	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. Discussion with the registered nurses indicated that they were aware of how each patient 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. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes. Patients were observed to be relaxed and comfortable.

We spoke with two relatives who were complimentary regarding the care provided and staff in the home. Comments included:
" The staff are very good. I have no complaints."

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. One was returned by a relative who was satisfied with the care provided.

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 and to respond promptly to their 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 within Larne Care Centre.

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

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by both staff and the community pharmacist. These were reviewed by the registered manager and areas identified for improvement were detailed in an action plan which was shared with staff to address. There were systems in place to monitor improvement.

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. Registered nurses advised that they knew how to identify and report incidents and that they were aware that medicine incidents may need to be reported to the safeguarding team.

Following discussion with the registered nurses and care assistants, 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 management team.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated that they felt well supported in their work.

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 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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13 (4)

Stated: First time

To be completed by:
1 December 2018</td><td>The registered person shall investigate the non-administration of one medicine for four nights. The outcome of the investigation including the action taken to prevent a recurrence shall be forwarded to RQIA.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Investigation carried out and furnished to inspector on 23.11.18. Blame could not be apportioned to any individual nurse. However, it is all nurses responsibility to ensure medications are suffice to meet the needs of all clients. Staff meeting took place on 08.11.18, all issues discussed. Nurses now audit medication on a daily basis and put in the diary to ensure any gaps identified are dealt with as required.</td></tr>
<tr><td colspan="2">Action required to ensure compliance withthe Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 30

Stated: Firsttime

To be completed by:
1 December 2018</td><td>The registered person shall ensure that medicine refrigerator temperatures are maintained between 2°C and 8°C. Corrective action should be taken if temperatures outside this range are observed.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Weekly audit completed by management, pharmacy demonstrated how to reset the fridge temperatures on a daily basis. Correct procedures for this were also discussed at the nurses staff meeting.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 18

Stated: First time

To be completed by:
1 December 2018</td><td>The registered person shall review and revise the management of medicines which are prescribed to be administered “when required” for the management of distressed reactions.

Ref: 6.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Nurses again all spoken to at staff meeting re stress reaction meds. Nurses to look holistically at each individual and what meds being administered i.e. pain relief rather than sedative medication.Nurses instructed must record rationale for same on back of marrs sheet and in daily notes.</td></tr>
</table>

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

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