Unannounced Medicines Management Inspection Report
3 October 2018

Loughview

Type of Service: Nursing Home
Address: 68 Fortwilliam Park, Belfast, BT15 4AS
Tel No: 028 9077 1930
Inspector: Paul Nixon

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 31 beds that provides care for patients with a variety of care needs, as detailed in section 3.0

3.0 Service details

Organisation/Registered Provider: Loughview Homes Ltd **Responsible Individuals:** Mr Michael Curran & Mr Paul Steele	**Registered Manager:** Ms Margaret Lakehal
Person in charge at the time of inspection: Ms Margaret Lakehal	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes (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	**Number of registered places:** 31

4.0 Inspection summary

An unannounced inspection took place on 3 October 2018 from 10.00 to 13.50.

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 medicine administration and medicines storage.

Areas for improvement were identified in relation to the management of controlled drugs, the management of injections prescribed to be administered at atypical intervals and governance arrangements.

The patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients spoken to were positive about the care provided in the home. They were complimentary about the staff and management.

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	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Lakehal, Registered Manager, 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 25 April 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 service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- 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 patients, two staff and the registered manager.

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We left 'Have we missed you' cards in the foyer of the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of service provision. Flyers which gave information on raising a concern 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
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

The area for improvement identified at the last medicines management inspection was 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 25 April 2018

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 23 January 2018

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**
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time	The registered person shall ensure that the administration of inhaled medicines is monitored within governance and audit arrangements and any discrepancies investigated.	**Met**
	Action taken as confirmed during the inspection: One patient was administered an inhaled medicine on a regular basis; the audit performed on this medicine produced a satisfactory outcome.	

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.

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 had been received into the home without delay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged.

In relation to safeguarding, staff 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.

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; however, a discrepancy was observed in one controlled drug liquid; an area for improvement was identified. One controlled drug dose that had not yet been administered had been recorded and signed as having been administered in the controlled drug record book by two nurses; an area for improvement was identified. Additional checks were 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.

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. The medicine refrigerator and oxygen equipment were checked at regular intervals.

Areas of good practice

There were examples of good practice in relation to the management of medicines on admission and the storage of medicines.

Areas for improvement

The administrations of controlled drug liquids must be closely monitored.

The controlled drug record book must only be completed to indicate the administration of a controlled drug following the administration of the dose to the patient.

	Regulations	Standards
Total number of areas for improvement	2	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 generally been administered in accordance with the prescriber's instructions. A couple of audit discrepancies were drawn to the attention of the registered manager, who gave an assurance that the medicines would be closely monitored. There was evidence that time critical medicines had been administered at the correct time.

Robust arrangements were not in place to alert staff of when doses of an injectable medicine, prescribed to be administered every three months, were due. For two patients who had the injection administered on 11 August 2018, the diary stated that the next dose was to be administered on 4 December 2018. An area for improvement was identified.

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. Staff 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. A care plan was maintained. For two patients, a pattern of regular administration had developed; the registered manager agreed to refer this to the prescriber for review of the dosage directions.

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. A pain assessment tool was used as needed. A care plan was maintained.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administrations were recorded and care plans and speech and language assessment reports were in place. For one patient, the fluid consistency was not recorded on their care plan; the registered manager gave an assurance that this matter would be immediately rectified.

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 mostly well maintained and facilitated the audit process. For one patient, the rate of flow of their nutritional feed was not recorded on the personal medication record; the registered manager gave an assurance that this matter would be immediately rectified.

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. 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 care planning and the administration of medicines.

Areas for improvement

A robust recording system must be in place for injectable medicines prescribed to be administered at atypical intervals.

	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 not observed during this inspection; however, the nursing staff were knowledgeable about the patients' medicines and medical requirements.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their patient's needs, wishes and preferences. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

The patients we spoke with advised that they were satisfied with the care provided in the home, including the management of their medicines. They were complimentary regarding staff and management. Comments made included:

- "Care is great. The staff look after me well. I am very well fed. I get my medicines."
- "I really like it here. The staff look after me well. The food is good. I get my medicines."

Of the questionnaires that were issued, seven were returned from patients or their representatives. The responses indicated that they were very satisfied/satisfied with all aspects of the care. Comments included:

- ""Everything is great. Mum is very happy with the care and the staff."

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
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.

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 Loughview.

Written policies and procedures for the management of medicines were in place; these were not examined. Following discussion with staff, it was evident that they were knowledgeable with the policies and procedures and that any updates were highlighted to them.

The arrangements for auditing practices for the management of medicines were limited. The evidence indicated that they consisted of weekly audits on a small sample of medicines by a registered nurse and a quarterly audit completed by the community pharmacist. There was no evidence of comprehensive medication audits having been recently performed by management. An area for improvement was identified.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. They provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence. These usually included reflective practice and supervision. 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.

Following discussion with the staff, it was evident that they 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 the registered manager; and any resultant action was discussed at team meetings and/or supervision. They spoke positively about their work and advised that there were good working relationships in the home with staff, management and with other healthcare professionals. They stated they felt well supported in their work.

No members of staff shared their views by completing an online questionnaire.

Areas of good practice

There were examples of good practice in relation to the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

There should be robust arrangements in place to audit all aspects of the management of medicines.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Margaret Lakehal, 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.

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:** 2 November 2018	The registered person shall ensure that the administrations of controlled drug liquids are closely monitored. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person is monitoring the controlled drug liquids ans staff have been made aware to report any discrepancy immediately. Bungs with syringes are in use to ensure correct dosing.
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 2 November 2018	The registered person shall ensure that the controlled drug record book is only completed to indicate the administration of a controlled drug following the administration of the dose to the patient. Ref: 6.4
	Response by registered person detailing the actions taken: Implemented and all staff made aware of regulations and policiies on the administration of controlled drugs.
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 2 November 2018	The registered person shall ensure that a robust recording system is in place for injectable medicines prescribed to be administered at atypical intervals. Ref: 6.5
	Response by registered person detailing the actions taken: A format for administration has bee introduced to record the administration and carry it forward 3 monthly.
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:** 2 November 2018	The registered person shall ensure that robust arrangements are in place to audit all aspects of the management of medicines. Ref: 6.7
	Response by registered person detailing the actions taken: A medicine management check covering all aspects has been commenced by the registered personon a monthly basis.

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

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