

Unannounced Medicines Management Inspection Report 9 January 2018



Castlehill

Type of Service: Nursing Home
Address: 14 Bellshill Road, Castledawson, BT45 8HG
Tel No: 028 7946 8730
Inspector: Rachel Lloyd

www.rgia.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 registered to provide nursing care for up to 34 patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: Safecare Chrysalis Ltd Responsible Individuals: Mr Brian McAteer & Mr Cathal McAteer	Registered Manager: Ms Bernadette O'Neill
Person in charge at the time of inspection: Ms Bernadette O'Neill	Date manager registered: 27 January 2011
Categories of care: Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 34

4.0 Inspection summary

An unannounced inspection took place on 9 January 2018 from 09.45 to 14.05.

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 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 administration of medicines, the storage of medicines, the management of controlled drugs, the majority of medicine records, care planning, working relationships within the home and the management of medicines on admission.

Areas requiring improvement were identified in relation to the management of the ordering and supply of prescriptions and medicines, and the verification of personal medication records.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Bernadette O'Neill, 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 19 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 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 one patient, one relative, two registered nurses, a senior nursing assistant and the registered manager. We also met briefly with one of the responsible individuals, Mr Cathal McAteer.

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

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 19 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 20 September 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

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. Refresher training had been provided on the management of medicines, diabetes and epilepsy in 2015 and was planned again for January/February 2018. Training in dysphagia had been provided in January 2017 for nursing staff and nursing assistants. Training in the use of buccal midazolam had been provided for the senior nursing assistant in September 2017. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

Systems to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage were reviewed. A few examples of medicines being omitted due to being out of stock were observed. Staff and management were aware of this and had made efforts to address this issue. However, all prescribed medicines must be available for administration as prescribed, therefore the procedures in place for ordering and obtaining prescriptions and medicines must be reviewed. An area for improvement under regulations was identified.

Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

The arrangements in place to manage changes to prescribed medicines were examined. Personal medication records which had been rewritten and new entries were not always verified by two trained members of staff. This is necessary to ensure accuracy in transcription. An area for improvement under standards 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.

Appropriate arrangements were in place for administering medicines in disguised form.

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. There were satisfactory systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Areas of good practice

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

Areas for improvement

The management of the ordering of prescriptions and medicines must be reviewed, to ensure that all prescribed medicines are available for administration as prescribed.

The accuracy of personal medication records and any additions to these records should be verified by two trained members of staff, to ensure accuracy in transcription.

	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 the sample of medicines examined had been administered in accordance with the prescriber's instructions (see section 6.4). There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff as to when doses of weekly, monthly or three monthly medicines were due.

The management of medicines administered via an enteral feeding tube, distressed reactions, swallowing difficulty and pain were reviewed and discussed. The relevant information was recorded where appropriate in the patient's care plan, personal medication records 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. The majority of medicines were marked with the date of opening.

Practices for the management of medicines were audited by the staff and management. In addition, audits were completed by the community pharmacist. Staff were reminded to ensure that auditing systems are robust and include a variety of medicines and records.

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, the administration of medicines, audit procedures and communication staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 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; they treated the patients with dignity.

One relative spoken to at the inspection advised that they had no concerns in relation to the management of 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.

Their comments included:

"I'm delighted with the care, staff ... everything. I'm amazed at the results that have been achieved. I visit the home at various times and the same high standards are always in place."

It was not possible to ascertain the views and opinions of patients spoken to regarding the management of their medicines; however they were happy to chat generally. Those 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.

A celebration was taking place for a patient’s birthday and patients and staff were involved. Patients were assisting staff in taking down the Christmas tree and decorations. The home was clean, warm and fresh smelling.

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 staff listened to and valued patients and took account of their views. Good relationships were observed between staff and patients and visitors.

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; these were not examined on this occasion. 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 satisfactory 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 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 management. They stated that there were good working relationships and that management were open and approachable and willing to listen.

The online questionnaire was not completed by any member of staff 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, the management of medicine incidents 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 the QIP were discussed with Ms Bernadette O'Neill, 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: 9 February 2018	The registered person shall review procedures for ordering and obtaining prescriptions and medicines to ensure that all prescribed medicines are available for administration. Ref: 6.4 Response by registered person detailing the actions taken: A meeting was held on the 09-02-18 with GP Practice Manager and Pharmacy personell to review existing procedures for ordering and receiving medicines.
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 29 Stated: First time To be completed by: 9 February 2018	The registered person shall ensure that rewritten personal medication records and any new entries are verified and signed by two trained members of staff. Ref: 6.4 Response by registered person detailing the actions taken: All Registered Nurses made aware of this area of improvement verbally and written.

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



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