

Unannounced Medicines Management Inspection Report 14 February 2018



Clareview House

Type of Service: Nursing Home
Address: 105 Doagh Road, Ballyclare, BT39 9ES
Tel No: 028 9334 9694
Inspector: Rachel Lloyd

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 35 beds that provides care for patients and residents living with a range of healthcare needs as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Ms Naomi Carey	Registered Manager: Mrs Sharon Bell
Person in charge at the time of inspection: Mrs Sharon Bell	Date manager registered: 8 November 2010
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category PH(E) - Physical disability other than sensory impairment – over 65 years Residential Homes (RC): I – Old age not falling within any other category PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 35 including: A maximum of 4 named residents receiving residential care in category RC-I and a maximum of 2 named residents receiving residential care in category RC-PH(E).

4.0 Inspection summary

An unannounced inspection took place on 14 February 2018 from 09.45 to 14.15.

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 Clareview House which provides both nursing and residential care.

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 records, care planning, communication with various healthcare professionals and working relationships within the home.

Areas for improvement were identified in relation to the disposal of Schedule 4 (Part1) controlled drugs, regular competency assessment of staff responsible for the administration of medicines, and ensuring that eye preparations are stored appropriately and are not used after expiry.

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	2*

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Sharon Bell, 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 20 April 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 two patients, one relative, two registered nurses, the activity therapist, the visiting community pharmacist and the registered manager. We also met briefly with the independent assessor undertaking the Regulation 29 monthly monitoring visit to the home, Mrs Daphne Stephenson.

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 the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 April 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 May 2016

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: Second time	The registered manager must ensure that the administration of external preparations by designated care staff is accurately recorded.	Met
	Action taken as confirmed during the inspection: Procedures had been reviewed since the last medicines management inspection. A separate personal medication record for topical preparations was in place for each patient. Care staff sign the medication administration record when administering topical preparations and this is overseen by nursing staff. The registered manager stated that that this would be reviewed within audit procedures to ensure that these records are accurately maintained on an ongoing basis.	

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 record keeping in relation to the disposal of medicines should be reviewed to ensure that two trained staff are involved in the disposal of all medicines and that both sign the record of disposal.	Met
	Action taken as confirmed during the inspection: This was evidenced in records of the disposal of medicines.	
Area for improvement 2 Ref: Standard 28 Stated: First time	A robust system should be in place to ensure that Schedule 4 (Part 1) controlled drugs are denatured prior to disposal and that this is reflected in the record of disposal.	Not met
	Action taken as confirmed during the inspection: This was not evidenced in a number of examples examined. A separate disposal book was in place for controlled drugs, however this did not include the disposal of Schedule 4 (Part 1) controlled drugs. These were usually recorded in the disposal record for medicines that are not controlled drugs, indicating that they were not denatured prior to disposal. Additionally, the policy and procedure document for the home did not indicate that these medicines must be denatured prior to disposal. The registered manager agreed to update this document and share this with relevant staff following the inspection. This area for improvement was stated for a second time.	
Area for improvement 3 Ref: Standard 18 Stated: First time	Care plans for the administration of prescribed medicines for the management of distressed reactions should be expanded, to detail the management of distressed reactions for the individual patient. They should be reviewed regularly.	Met
	Action taken as confirmed during the inspection: One example was examined and the records in place were satisfactory.	

Area for improvement 4 Ref: Standard 28 Stated: First time	Audit procedures should be reviewed to ensure that outcomes are reviewed and action plans developed and implemented as necessary.	Met
	Action taken as confirmed during the inspection: Evidence that completed audits were reviewed by the registered manager and any areas for improvement actioned was observed.	

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 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 had not been completed since 2014 for the registered nurses on duty. These should be completed on a regular basis for staff responsible for the management of medicines. An area for improvement was identified. 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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were usually updated by two registered nurses. Staff were reminded that this should take place on every occasion, including new entries to the separate personal medication records maintained for antibiotics and topical preparations.

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.

Satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs in Schedule 2 and 3 were denatured and rendered irretrievable prior to disposal. A robust system should be in place to ensure that Schedule 4 (Part 1) controlled drugs are also denatured prior to disposal and that this is reflected in the record of disposal. An area for improvement identified at the last medicines management inspection was stated for a second time (see also section 6.2).

Medicines were mostly stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised. The medicine refrigerator and oxygen equipment were checked at regular intervals. Staff were reminded to ensure that the refrigerator thermometer is reset on every occasion, after recording temperatures, since although the current temperatures were satisfactory, the minimum and maximum temperatures recorded had often exceeded the acceptable limits of 2-8°C in recent months.

The systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened, were examined. Although marked with the date of opening, one eye preparation was being administered two weeks after expiry and additionally was stored on the trolley when it requires refrigeration. Registered nurses stated that this medicine was no longer required by the patient and was removed from use immediately. An area for improvement was identified.

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 and the management of most controlled drugs.

Areas for improvement

Systems should be reviewed to ensure that competency assessments are completed on a regular basis for staff responsible for the management of medicines.

One area for improvement in relation to the disposal of Schedule 4 (Part 1) controlled drugs was stated for a second time (see section 6.2).

Procedures must be reviewed to ensure that eye preparations are stored according to the manufacturer’s instructions and are not administered after their expiry date.

	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 sample of medicines examined had mostly been administered in accordance with the prescriber’s instructions. Some minor discrepancies were highlighted to staff for attention. There was evidence that time critical medicines had been administered at the correct time.

There were robust arrangements in place to alert staff as to when doses of weekly, monthly or three monthly medicines were due.

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.

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 usually reported to the prescriber. This was evidenced for one patient who regularly refuses medicines. However, for one patient who regularly refuses an inhaled medicine prescribed for regular use, this was often recorded as not required. This is not an appropriate reason for the omission of this medicine. Staff were reminded to record the reason for any omission accurately and report any regular refusal to the prescriber.

Medicine records were well maintained and facilitated the audit process.

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 the majority of the record keeping, care planning, audit procedures and communication between staff and other healthcare professionals.

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.

The management of medicines and care was not discussed with the patients spoken to at the inspection; however they and other 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. One relative was complimentary about the care of their relative in the home.

Ten questionnaires were left in the home to facilitate feedback from patients and relatives. Two were returned indicating that the respondents were very satisfied with all aspects of the care in relation to the management of medicines.

The home was observed to be clean and warm. A large number of the patients participated in a church service including singing during the inspection, and were preparing for a Valentine's Day themed tea party with the activity therapist and care staff.

Areas of good practice

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. The registered manager agreed to make one amendment as detailed in section 6.4.

There were arrangements in place for the management of 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 and visitors to the home, 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 open and approachable and willing to listen.

One area for improvement identified at the last medicines management inspection had not been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

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 medicine governance arrangements 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 Mrs Sharon Bell, 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: 16 March 2018	<p>The registered person shall review procedures to ensure that eye preparations are stored according to the manufacturer's instructions and are not administered after their expiry date.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Memo to all staff to ensure that they pay the same attention to the storage and expiry dates on the eye drops of community discharge patients.</p>
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: Second time To be completed by: 16 March 2018	<p>A robust system should be in place to ensure that Schedule 4 (Part 1) controlled drugs are denatured prior to disposal and that this is reflected in the record of disposal.</p> <p>Ref: 6.2 & 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The disposal book for controlled drugs now includes the disposal of Schedule 4 (Part 1) controlled drugs, since the date of the inspection. The drugs will now be denatured prior to disposal and recorded as such and the relevant policies and procedures that are held in the home have been adjusted to reflect this practice. A copy of this policy and procedure has been given to staff nurses to read and sign as understood. Notices regarding this also in place to remind staff.</p>
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 16 March 2018	<p>The registered person shall review the systems in place to ensure that competency assessments are completed on a regular basis for staff responsible for the management of medicines.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All competency and capability assessments are up to date and rescheduled for update in 2019.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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