

Unannounced Medicines Management Inspection Report 15 April 2016



Dunlady House

18 Dunlady Road, Dundonald, Belfast, BT16 1TT

Tel No: 028 9048 1002

Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Dunlady House took place on 15 April 2016 from 09.35 to 13.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern. A Quality Improvement Plan has not been included within this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been made.

This inspection was underpinned by 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Femina Marmeto, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent inspection on 8 September 2015.

2.0 Service details

Registered organisation/registered person: Dunlady House Ltd Mr William Hugh Wilson	Registered manager: Mrs Femina Marmeto
Person in charge of the home at the time of inspection: Mrs Femina Marmeto	Date manager registered: 17 February 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 68

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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

We met with three patients, four registered nurses and one nursing student.

The following records were 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 September 2015

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 18 October 2013

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must closely monitor the administration of inhaled medicines and medicines prescribed as multiple doses. Any further discrepancies must be investigated and reported to RQIA.</p> <p>Action taken as confirmed during the inspection: A robust audit system is in place which includes inhaled medicines and those prescribed as multiple doses.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must review the management of external preparations to ensure records are fully and accurately maintained on every occasion.</p> <p>Action taken as confirmed during the inspection: Records of administration of external preparations are maintained by the care assistants. A sample was provided for inspection and found to be satisfactory.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must put robust arrangements in place for the management of the cold storage of medicines.</p> <p>Action taken as confirmed during the inspection: The registered manager has recently replaced the medicines refrigerators. The temperatures immediately after replacement were outside of the acceptable range, however this had been identified and further training on reading and resetting the thermometer had been provided. Since this training, the readings have been within the acceptable range. The registered manager stated that this was being monitored.</p>	Met

<p>Requirement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that oxygen cylinders are chained to the wall.</p> <hr/> <p>Action taken as confirmed during the inspection: Oxygen cylinders were observed to be safely and securely stored in a fixed oxygen stand in the treatment room.</p>	<p>Met</p>
<p>Last medicines management inspection recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should review the receipt of medicines process to ensure that all incoming medicines are labelled appropriately.</p> <hr/> <p>Action taken as confirmed during the inspection: All medicines that were examined had been appropriately labelled.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The care plan for one patient should be updated to include the arrangements that are in place to administer the patient's inhaler.</p> <hr/> <p>Action taken as confirmed during the inspection: It was confirmed that this had been completed following the last inspection. The registered manager advised that patients requiring inhaled medicines had an appropriate care plan in place.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should develop written standard operating procedures for controlled drugs which cover the areas detailed in the report.</p> <hr/> <p>Action taken as confirmed during the inspection: Standard operating procedures were in place.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should review the auditing process for medicines management to ensure that all aspects of medicines management are included.</p> <hr/> <p>Action taken as confirmed during the inspection: A robust auditing system was in place. A sample of audits was provided for inspection.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered manager should ensure that two nurses are involved in the disposal of all medicines and both nurses should sign the record of disposal.</p> <hr/> <p>Action taken as confirmed during the inspection: The disposal record had been fully completed and signed by two nurses.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered manager should ensure that stocks of the Schedule 3 controlled drug temazepam are reconciled at each time the responsibility for the controlled drug key is transferred.</p> <hr/> <p>Action taken as confirmed during the inspection: Temazepam tablets are reconciled at each shift change.</p>	<p>Met</p>

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. A new monitored dosage system has been commenced in the last few months. Training in the new system was provided prior to the implementation and nurses meetings were held regularly after implementation to resolve any issues that occurred.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

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. Staff were reminded that handwritten entries on the MARs sheets should be signed and verified by two nurses.

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.

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

Appropriate arrangements were in place for administering medicines that needed to be crushed to aid administration.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. 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 weekly, monthly or three monthly medicines were due.

The record for one patient who was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions was examined. The dosage instruction recorded on the personal medication record did not match that recorded on the MARs sheets and it was unclear what dosage the patient should receive. This was discussed with the registered manager who agreed to clarify the correct dosage immediately after the inspection and amend the records accordingly. The reason for and the outcome of most administrations of this medicine were recorded. A care plan was maintained.

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. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

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. Areas of good practice were acknowledged. They included extra records for recording the administration and positioning of transdermal patches and running stock balances for food supplements.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines, nutritional supplements. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted when appropriate to meet the patient's needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in the dining room with their breakfast. The nurses administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of their medicines.

Medicines management was discussed with a small number of patients. All responses were positive regarding the administration of medicines. Patients stated that they were given medicines promptly when they requested them outside of the regular medicine rounds.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Management advised that a review of the policies was planned. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed.

A review of the internal 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 manager and registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

Please provide any additional comments or observations you may wish to make below:

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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