

# Unannounced Medicines Management Inspection Report 6 June 2017



## Deanfield

**Type of Service: Nursing Home**

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**Inspector: Rachel Lloyd**

[www.rqia.org.uk](http://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 28 beds that provides care for patients within the category of old age.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Loughview Homes Ltd  <b>Responsible Individuals:</b> Mr Michael Curran & Mr Paul Steele	<b>Registered Manager:</b> Mrs Joy McLaughlin
<b>Person in charge at the time of inspection:</b> Mrs Joy McLaughlin	<b>Date manager registered:</b> 13 December 2007
<b>Categories of care:</b> Nursing care (NH): I - old age not falling within any other category	<b>Number of registered places:</b> 28

### 4.0 Inspection summary

An unannounced inspection took place on 6 June 2017 from 10.30 to 14.55.

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.

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 the medication records, medicine storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to the governance and auditing procedures in place for medicines management and the management of bisphosphonate medicines.

Patients' comments indicated that they were satisfied with the management of medicines in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and the patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	1

\*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 Joy McLaughlin, 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 5 December 2016. 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 incidents - it was ascertained that no incidents involving medicines had been 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, two registered nurses and the registered manager.

A sample of the following records was examined during the inspection:

- |  |                                  |
|--|----------------------------------|
| • medicines requested and received     | • medicine audits                |
| • personal medication records          | • policies and procedures        |
| • medicine administration records      | • care plans                     |
| • medicines disposed of or transferred | • training records               |
| • controlled drug record book          | • medicines storage temperatures |

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

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 5 December 2016

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 their next inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 18 July 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered provider must review and revise the procedures in place for the safe administration of medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was in relation to the inappropriate pre-dispensing (“tubbing”) of medicines, as evidenced at the last inspection. There was evidence that procedures had been reviewed following the last medicines management inspection. This was confirmed with registered nurses. No pre-dispensing of medicines was observed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time	The registered provider must ensure that there is a competent and capable nurse in charge of the home at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was addressed following the last medicines management inspection. The registered manager and staff confirmed that a competent nurse in charge was on duty at all times and that the necessary competency assessments had been completed. These were available for examination. The registered manager stated that these are reviewed annually and when necessary.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that adequate supplies of prescribed medicines are available for administration.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> All prescribed medicines selected for examination were available for administration.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that weekly bisphosphonate medicines are administered as prescribed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Five patients' bisphosphonate medicines were examined. Only one of these patients had been administered these on a weekly basis as prescribed in the period from April to June 2017. It was found that at least one dose for the other patients had been missed during this time. This was despite procedures being reviewed following the last inspection and a separate administration sheet being introduced.</p> <p><b>This area for improvement was stated for the second time.</b></p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure personal medication records are adequately maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The personal medication records selected for examination had been maintained in a satisfactory manner.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> Second time	It is recommended that the registered person should ensure a representative sample of medicines in the home, including liquids, inhalers, nebulas, topical medicines etc. is included in the home's monthly auditing procedures on a regular basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An increase in audit and monitoring covering a wider range of the various aspects of medicines management, had taken place since the last medicines management inspection; although the audit records examined continued to be based on tablets/capsules. However, these audits and those undertaken during the inspection showed satisfactory outcomes. The registered manager agreed to ensure all aspects of the management of medicines were audited. Given this assurance this area for improvement was assessed as met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered provider should ensure that limited life medicines are dated once opened and not used beyond their expiry date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The majority of medicines examined were marked with the date of opening and were suitable for use. One sachet of Lidocaine patches was not sealed or marked with the date of opening, this was addressed immediately and the registered manager agreed to discuss this with registered nurses.  Given this assurance this area for improvement was assessed as met.	

## 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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments had been completed for registered nurses since the last inspection. Refresher training in medicines management was provided in October 2016. 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. 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 and discharge from the home.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Antibiotics and newly prescribed medicines were received into the home without delay. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses.

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. Additional checks were also performed on other controlled drugs.

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 largely stored safely and securely and in accordance with the manufacturer's instructions. Staff were reminded not to discard the original labelled packaging for inhaler preparations. Medicine storage areas were clean, tidy and organised. There were mostly satisfactory systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened (see section 6.2). Medicine refrigerators and oxygen equipment were checked at regular intervals.



**Areas of good practice**

There were examples of good practice found in relation to staff training and competency assessment, the management of medicines on admission, the storage of medicines and the management of controlled drugs.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The audits completed at this inspection indicated that most medicines had been administered as prescribed. However, the administration of bisphosphonates was not always in accordance with the prescribers instructions (see section 6.2). An area for improvement was stated for the second time.

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 records. Care plans were in place. 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. It was acknowledged that the reason for and outcome of the administration of these medicines was recorded on most occasions; staff were reminded that these details should be recorded on every occasion. For one patient the medicine was being administered each morning; staff advised that the prescriber was aware and that this was under review.

The management of pain was reviewed for two patients. Care plans were in place. The 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 patients were comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed.

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.

Following discussion with the registered nurses, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

### Areas of good practice

There were examples of good practice found in relation to the standard of record keeping and care planning.

### Areas for improvement

One area for improvement was identified for the second time. The management of bisphosphonate medicines must be reviewed to ensure that they are administered as prescribed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Staff were noted to be friendly and courteous; they treated the patients with dignity.

The patients spoken to had no concerns regarding the management of their medicines and advised that staff responded in a timely manner to any requests for pain relief. They were mostly complimentary about the staff and the care provided in the home. With consent from one patient, specific feedback was discussed with the registered manager.

Fifteen questionnaires were left in the home to facilitate feedback from patients, staff and relatives. Questionnaires were returned by two service users, three relatives and five members of staff, all indicating satisfaction with the management of medicines in the home.

### Areas of good practice

There were examples of good practice found in relation to staff listening to patients and taking account of their views.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 in detail. 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 arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report any incidents. In relation to the regional safeguarding procedures, staff were advised that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

The systems in place to audit the management of medicines were reviewed. Although there was evidence of auditing, there was limited evidence that the system of audit was effective. Additional administration sheets were maintained separately for some medicines; however these were not routinely reviewed. The systems in place had not identified the discrepancies in the administration of bisphosphonate medicines. A robust system of governance and audit is necessary. An area for improvement was identified regarding management oversight of audits and records.

Following discussion with the registered manager and the 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. They advised that any resultant action was communicated with the staff concerned.

One of the areas for improvement identified at the last medicines management inspection had not been satisfactorily addressed (see section 6.2). To ensure that issues are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

### Areas of good practice

There were examples of good practice found in relation to maintaining good working relationships and the sharing of information with staff regarding the management of medicines.

### Areas for improvement

A review of the governance and audit arrangements for medicines is necessary to ensure that all aspects of medicines management are included.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Joy McLaughlin, 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 QIP to [Pharmacists@rqia.org.uk](mailto:Pharmacists@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 6 July 2017	The registered person shall ensure that the management of bisphosphonate medicines is reviewed to ensure that they are administered as prescribed.  <b>Ref: 6.2 &amp; 6.5</b>
	<b>Response by registered person detailing the actions taken:</b> All registered nurses made aware of the importance and the NMC guidelines with regards to the administration of medication
<b>Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 6 July 2017	The registered person shall ensure that the governance and audit arrangements for medicines are reviewed to ensure that all aspects of medicines management are included, that management review outcomes and that action is taken as necessary.  <b>Ref: 6.7</b>
	<b>Response by registered person detailing the actions taken:</b> The manager has put weekly audits in place at present to monitor bisphosphonate medicines. All other medication are monitored monthly. Manager to check audits monthly

*\*Please ensure this document is completed in full and returned to [Pharmacists@rqia.org.uk](mailto:Pharmacists@rqia.org.uk) from the authorised email address\**



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