

Unannounced Follow Up Medicines Management Inspection Report 14 August 2017



Ringdufferin Nursing Home

Type of Service: Nursing Home
Address: 36 Ringdufferin Road, Killyleagh, BT30 9PH
Tel no: 028 4482 1333
Inspector: Helen Daly

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 provider 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 64 beds which provides care for patients with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: M Care (NI) Ltd Responsible Individual: Mrs Brenda Frances McKay (Acting)	Registered Manager: Ms Kathleen Patricia (Kate) Lee
Person in charge at the time of inspection: Ms Kate Lee	Date manager registered: 5 December 2011
Categories of care: Nursing Home (NH) DE – dementia 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 Residential Care (RC) DE – dementia	Number of registered places: 64 comprising: A maximum of 32 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH(E) & NH-TI), a maximum of 30 patients in category NH-DE and 2 named residents in category RC-DE accommodated in the Strangford Suite.

4.0 Inspection summary

An unannounced inspection took place on 14 August 2017 from 10.50 to 15.55.

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.

Following an unannounced medicines management inspection on 25 May 2017 RQIA was concerned regarding the overall governance arrangements for medicines management within the home.

These issues were discussed with the acting responsible individual and the registered manager at a serious concerns meeting in RQIA offices on 2 June 2017. Following the assurances provided at that meeting, RQIA decided to allow the home a period of time to demonstrate improvement.

This inspection was to assess progress with the issues raised.

The following areas were examined during the inspection:

- previous inspection outcomes
- audit and governance systems
- the management of thickening agents
- the systems in place to ensure that medicines are not out of date

The outcome of this inspection showed that all of these concerns had been satisfactorily addressed and the management of the home were commended for their efforts. The need to maintain these standards was discussed. One area for improvement was identified as a result of this inspection.

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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Kate Lee, 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 medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 May 2017.

Other than those actions detailed in the QIP and discussed at the serious concerns meeting no further actions were required to be taken.

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; 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 one care assistant, four registered nurses and the registered manager.

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

Areas for improvements identified at the last medicines management inspection were reviewed and 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 last medicines management inspection dated 25 May 2017

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: Third and final time	The registered manager must closely monitor the administrations of liquid-formulation medicines in order to ensure compliance with the prescribers' instructions.	Met
	Action taken as confirmed during the inspection: Running stock balances were maintained for liquid medicines. Those examined had been accurately maintained. In addition the registered manager completed regular audits on liquid medicines. The audits which were completed at this inspection produced satisfactory outcomes.	

Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered provider must implement a robust audit tool. Any discrepancies must be investigated and reported to the appropriate authorities for guidance. Action plans must be developed and implemented.	Met
	Action taken as confirmed during the inspection: The registered manager had developed and implemented a revised audit tool. This audit was completed each month and covered all areas identified for improvement at the previous medicines management inspections. There was evidence that findings were discussed with registered nurses for continuing improvement.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered provider must review and revise the management of thickening agents.	Met
	Action taken as confirmed during the inspection: The management of thickening agents had been reviewed and revised. Care plans and speech and language assessments were up to date. Records of prescribing and administration were maintained; these records detailed the required consistency levels.	
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 provider should ensure that medicines are removed from use when their expiry date is reached.	Met
	Action taken as confirmed during the inspection: Out of date medicines were not observed at this inspection. Limited shelf-life medicines including antibiotics and eye preparations were date checked each Sunday.	

6.2 Inspection findings

Previous inspection outcomes

This inspection found that all of the areas for improvement that were identified at the last medicines management inspection had been addressed. The registered manager has invested significant time to ensure that the systems in place within the home have been reviewed (see section 6.1).

Audit and governance systems

The auditing system within the home has been comprehensively revised to ensure that all aspects of the management of medicines are included. This audit is completed monthly by the registered manager and any discrepancies are discussed with staff. In addition stock count sheets were in place for all medicines which are not supplied in the monitored dosage system, including liquids and inhalers, A revised date checking system has also been introduced.

Management of thickening agents

The care plans and speech and language assessments which were reviewed were up to date. Records of prescribing and administration were being maintained. The required consistency levels were recorded on these records. The management of thickening agents was included in the monthly audit tool.

The systems in place to ensure that medicines are not out of date

A number of prophylactic liquid antibiotics and eye preparations were observed to be out of date at the last medicines management inspection. Liquid antibiotics were not currently prescribed. Eye preparations were observed to be in date. They were replaced each month and dates were checked prior to each administration and every Sunday.

Areas of good practice

Areas of good practice were identified throughout the inspection in relation of the management of medicines, medicine records and the administration of medicines.

Areas for improvement

The registered person should closely monitor the temperature of the treatment room on the ground floor to ensure that it is maintained at or below 25°C. Corrective action must be taken if satisfactory temperatures are not maintained.

	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 quality improvement plan (QIP). Details of the QIP were discussed with Ms Kate Lee, 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 via Web Portal 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 or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2017</p>	<p>The registered person shall ensure that the temperature of the treatment room on the ground floor is maintained at or below 25°C.</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person has sourced a portable air conditioning unit for the treatment room and will monitor the room temperature.</p>

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



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