Unannounced Medicines Management Inspection Report
29 November 2016

Ringdufferin Nursing Home

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

1.0 Summary

An unannounced inspection of Ringdufferin Nursing Home took place on 29 November 2016 from 10.40 to 16.05.

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.

Is care safe?

There was evidence that some areas for the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines had received training and been deemed competent. There were some systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. Two areas for improvement, in relation to the management of medicines when patients were admitted to the home and blood glucometers, were identified. A requirement and recommendation were made. The recommendation was stated for the second time.

Is care effective?

Improvements within this domain were necessary. A number of investigations were requested to determine if medicines had been administered as prescribed. Liquid form medicines must be closely monitored. The management of distressed reactions should be reviewed and revised. One requirement and one recommendation were made. The requirement was stated for the second time.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. There were no areas of improvement identified

Is the service well led?

Improvements within this domain were necessary. Written policies and procedures for the management of medicines were in place which supported the delivery of care. A robust audit tool must be implemented to ensure that medicines are being administered as prescribed. Any discrepancies must be investigated and reported to the prescribers, family, care managers and RQIA. One requirement was 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 DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 4.2 and 5.0 of this report.

For the purposes of this report, the term 'patients' will be used to described those living in Ringdufferin Nursing Home which provides both nursing and residential care. Only the Dunmore Suite was visited during this inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	2

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 September 2016.

2.0 Service details

Registered organisation/registered person: Mrs Brenda Frances McKay	**Registered manager:** Ms Kathleen Patricia (Kate) Lee
Person in charge of the home at the time of inspection: Ms Kate Lee	**Date manager registered:** 5 December 2011
Categories of care: RC-DE, NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 64

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 two patients, two care staff, two registered nurses and the registered manager.

Twenty five questionnaires were issued to patients, relatives/patients' representatives and staff, with a request that they were returned within one week from the date of the inspection; none were returned within the specified timescale.

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 September 2016

The most recent inspection of the home was an unannounced care inspection. The draft report and QIP has been issued. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection 10 and 11 June 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must review the arrangements for the recording of the use of food thickeners to patients within Dunmore Suite in order to ensure compliance with legislative requirements.	**Met**
	Action taken as confirmed during the inspection: This had been reviewed. Records of prescribing and administration were maintained. Registered nurses recorded administration on the medication administration records (MARs) and care staff recorded administration on the daily food/fluid intake charts. The required consistency level was recorded on these charts.	

Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must closely monitor the administrations of liquid-formulation medicines in order to ensure compliance with the prescribers' instructions.	**Not Met**
	Action taken as confirmed during the inspection: Whilst it was acknowledged that audits were completed quarterly by the community pharmacist and monthly audits had been completed by registered nurses until May 2016 there was no evidence that liquid form medicines were included in these audits. The requirement has not been met and is stated for a second time.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time	The policy and procedure detailing the arrangements for the disposal of medicines should be expanded in order to fully reflect the new arrangements for the disposal of medicines.	**Met**
	Action taken as confirmed during the inspection: The policy and procedures had been updated. There was evidence that controlled drugs were denatured prior to their disposal. Two registered nurses were involved in the disposal of medicines and medicines were collected by a waste disposal company.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that there is a written policy and procedure detailing the arrangements for the management of thickening agents.	**Met**
	Action taken as confirmed during the inspection: A policy and procedure was in place for the management of thickening agents.	

Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The frequency that quality control checks are performed on the blood glucometers in Dunmore Suite should be in accordance with the home's policy.	**Not Met**
	Action taken as confirmed during the inspection: The registered nurse advised that following the last medicines management inspection control checks had been completed at weekly intervals. However, a review of the records indicated that this frequency had not been maintained. This recommendation has not been met and is therefore stated for a second time.	

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 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. The registered manager advised that refresher training in the management of medicines is provided regularly by a representative of the community pharmacist.

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. One medicine was observed to have been out of stock from 19 November 2016 until 23 November 2016 resulting in five omitted doses. The registered manager was requested to investigate this finding. A copy of the investigation including the action taken to prevent a recurrence was received by RQIA on 13 December 2016.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

The management of medicines for two recently admitted patients was examined and found to be unsatisfactory. For one patient dosage directions for one medicine had not been received in writing from the prescriber. For the second patient several doses of seven medicines had not been administered. The registered manager was requested to investigate these discrepancies and inform the prescribers, relatives and care managers. A copy of the investigation including the action taken to prevent a recurrence was received by RQIA on 13 December 2016. The management of medicines for newly admitted patients must be reviewed and revised to ensure that medicines are administered in accordance with the prescribers' instructions. A requirement was made.

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 insulin and medicines via the enteral route. The use of separate administration charts and fluid intake charts was acknowledged.

The management of warfarin was reviewed. The expected practice within the home was for dosage directions to be received in writing and daily running balances to be maintained; this was observed to be in place on the day of the inspection. However, an audit of one patient's warfarin indicated that registered nurses had administered warfarin in accordance with the directions provided by a family member for 10 days following their admission to the home. This was discussed in detail with the registered manager and an investigation was requested as part of the management of newly admitted patients. The outcome of the investigation and action taken to prevent a recurrence was forwarded to RQIA on 13 December 2016.

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. The registered manager advised that some emollient preparations were stored in bedrooms; it was agreed that this would be risk assessed. 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. The registered nurse advised that control checks on blood glucometers had not been completed weekly as was the expected practice in the home. The recommendation which was made at the last medicines management inspection was therefore stated for a second time.

Areas for improvement

The registered provider must review the management of newly admitted patients to ensure that their medicines are administered as prescribed. A requirement was made.

The frequency that quality control checks are performed on the blood glucometers in Dunmore Suite should be in accordance with the home's policy. A recommendation was stated for the second time.

Number of requirements	1	**Number of recommendations**	1

4.4 Is care effective?

The sample of audits which were completed on medicines which were contained within the blister pack system produced satisfactory outcomes. However significant audit discrepancies in the administration of ten medicines were observed. These included those highlighted in Section 4.3, liquid medicines and pessaries. The registered manager was requested to investigate these discrepancies. A copy of the investigations and action taken to prevent a recurrence was received by RQIA on 13 December 2016. The requirement regarding close monitoring of liquid form medicines which was made at the last medicines management inspection was stated for a second time.

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.

A small number of patients were prescribed medicines for administration on a "when required" basis for the management of distressed reactions. Dosage instructions were recorded on the personal medication record. 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. Care plans were in place for some patients. For one patient the medicine was being given every evening. For a second patient the medicine was used very occasionally. The reason for and the outcome of administration were not recorded.
A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that pain assessment tools were used with patients who could not verbalise their pain. Staff also confirmed that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessments were in place. Registered nurses recorded administration on the medication administration records. Care staff recorded administration on the daily food/fluid intake charts.

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.

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

Areas for improvement

The registered manager must closely monitor the administrations of liquid-formulation medicines in order to ensure compliance with the prescribers' instructions. A requirement was made for the second time.

The management of distressed reactions should be reviewed and revised. Care plans should be in place. The reason for and outcome of each administration should be recorded. Regular administration should be referred to the prescriber for review. A recommendation was made.

Number of requirements	1	**Number of recommendations**	1

4.5 Is care compassionate?

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.

We spoke with two patients who advised that they were very happy with the care provided by staff in the home.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly. Following discussion with staff it was evident that they were familiar with the policies and procedures.

There was evidence of some audit activity. The community pharmacist carried out a quarterly advice visit. Registered nurses maintained running stock balances for analgesics and inhaled medicines. The last internal monthly audit had been completed in May 2016. Due to the findings of this inspection the registered manager must implement a robust audit tool to evidence that medicines are being administered as prescribed. Action plans to drive improvements should be developed if necessary. A requirement was made.

Staff confirmed that they knew how to identify and report incidents. One medicine related incident had been reported since the last medicines management inspection. The evidence seen at this inspection suggests that due to the lack of auditing, incidents may not be identified. This was discussed with the registered manager.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the requirements and recommendations made at the last medicines management inspection had 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.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff either individually or at staff meetings.

Areas for improvement

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. A requirement was made.

Number of requirements	1	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 23 December 2016	The registered manager must closely monitor the administrations of liquid-formulation medicines in order to ensure compliance with the prescribers' instructions.
	Response by registered provider detailing the actions taken: The Registered Manager has implemented a daily audit sheet for all residents on liquid formulation and demonstrated to staff how to correctly use pump dispensers. Staff also instructed to ensure they record the date of opening to enable audit purposes.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 23 December 2016	The registered provider must review the management of newly admitted patients to ensure that their medicines are administered as prescribed.
	Response by registered provider detailing the actions taken: The manangement of medication for new admissions has been reviewed by the nursing team and amended as follows: written directions will only be accepted from the prescriber, the Marrs sheet and medicine Kardex when completed will be checked and verified by two nurses, all medication accepted into the home with a new admission will be counted, checked and recorded by two nurses.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 23 December 2016	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.
	Response by registered provider detailing the actions taken: Monthly audits have since been implemented, descrepanicies identified as a result of an audit will be investigated and relevant bodies informed.

Recommendations	
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time **To be completed by:** 23 December 2016	The frequency that quality control checks are performed on the blood glucometers in Dunmore Suite should be in accordance with the home's policy.
	Response by registered provider detailing the actions taken: Although the Nursing Home's policy for glucometer checks is weekly, this was not evident during inspection, the manager has entered this in the diary as a weekly task. Staff are requested to sign on completion.
Recommendation 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 23 December 2016	The registered provider should review and revise the management of distressed reactions.
	Response by registered provider detailing the actions taken: All residents in Dunmore suite who were prescribed medication for distressed reactions have been reviewed with the GP and the appropriate action has been taken.

Please ensure this document is completed in full and returned via web portal

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews