Unannounced Medicines Management Inspection Report
25 May 2017

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 25 May 2017 from 10.15 to 15.45.

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 the some areas of medicines management supported the delivery of safe care and positive outcomes for patients. Staff administering medicines had received training and been deemed competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area for improvement in relation to ensuring that medicines were removed from use at their expiry dates was identified. A recommendation was made.

Is care effective?

Some areas for the management of medicines supported the delivery of effective care. However the management of liquid medicines continued to be unsatisfactory despite a requirement being made at the previous two inspections. The non-administration of medicines has the potential to affect the health and well-being of patients. The management of thickening agents also required review and revision to ensure that they are being administered as prescribed and records are maintained. Two areas for improvement were identified. The requirement regarding the auditing of liquid medicines was made for the third and final time. A requirement regarding the management of thickening agents was made. Due to the issues observed during the inspection, serious concerns were raised in relation to the health and welfare of some patients in the home. A serious concerns meeting was held in RQIA office with senior management on 2 June 2017.

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?

The findings of this inspection indicated that an improvement in the overall governance arrangements within the home were necessary. The responsible person should develop and implement a robust audit tool to ensure that medication related issues are identified and that effective corrective action is implemented and sustained. A requirement was made for the second time.

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.

For the purposes of this report, the term ‘patients’ will be used to described those living in Ringdufferin which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Kate Lee, Registered Manager, as part of the inspection process. Details were also discussed with Mrs Brenda McKay, Acting Responsible Individual, by telephone call on 30 May 2017. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The acting responsible individual and registered manager were invited to attend a meeting in RQIA on 2 June 2017 to discuss the inspection findings and their action plans to address the issues identified at the inspection. At the meeting, the outcomes of some medicine audits and the lack of progress in addressing the issues previously raised were discussed and the registered manager provided a comprehensive action plan. The acting responsible individual gave assurances that the necessary support to drive the improvements would be provided. We decided to give the management of the home a period of time to address the concerns. A further medicines management inspection will be carried out to monitor progress. Failure to address the issues may result in enforcement action.

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 November 2016.

2.0 Service details

Registered organisation/registered person: M Care (NI) Ltd Mrs Brenda Frances McKay (Acting)	**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; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

We met with several patients, two care assistants, three registered nurses and the registered manager.

Fifteen questionnaires were issued to patients, relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

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 last medicines management inspection 29 November 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second 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: There was evidence that daily audits had been implemented for some liquid medicines following the last medicines management inspection; these were no longer in place. Liquid medicines were not included in the monthly audits. Significant audit discrepancies were observed for five liquid medicines at this inspection. **This requirement has not been met and was stated for the third and final time.**	

Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must review the management of newly admitted patients to ensure that their medicines are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: The personal medication records and medication administration records had been written and verified by two registered nurses. The audit outcomes indicated that the medicines had been administered as prescribed.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First 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.	**Not Met**
	Action taken as confirmed during the inspection: Daily counts were carried out on several medicines. In addition one registered nurse completed an audit on a sample of medicines each month in each unit. These audits were then verified by the registered manager. The evidence seen indicated that these audits were not robust as they did not cover all aspects of medicines management and had not identified the issues highlighted at this inspection. **This requirement has not been met and was stated for the second time.**	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** Second 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.	**Met**
	Action taken as confirmed during the inspection: Control checks were carried out each Sunday evening in accordance with the policy.	

Recommendation 2 **Ref:** Standard 18 **Stated:** First time	The registered provider should review and revise the management of distressed reactions.	**Met**
	Action taken as confirmed during the inspection: The management of distressed reactions was reviewed and revised following the last medicines management inspection. The prescribers had been contacted for guidance. These medicines were no longer prescribed to be administered on a "when required" basis. Registered nurses were aware that patients may become distressed due to pain or infection and advised that this was being closely monitored.	

4.2 Is care safe?

Registered nurses had received training on the management of medicines from the community pharmacist in April 2017. Competency assessments were completed annually; these were currently being completed and the registered manager provided a sample for inspection. Training on the management of medicines via the enteral route had been provided in February 2017. Training on the use of syringe drivers was planned for June 2017. Care assistants received training on the administration of emollient preparations and thickening agents as part of their induction.

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There was evidence that newly prescribed medicines and antibiotics were received without delay.

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. For one of the patients reviewed a copy of the discharge letter had not been retained in the home. Registered nurses were reminded that a copy of the discharge letter should be retained in the home and that the month and year of administration should be recorded on the medication administration records (MARs). A copy of the letter was requested from the prescriber during the inspection.

There were mostly 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. There was evidence that discontinued medicines were removed from use and new medicines were received without delay. For one patient the new dosage directions were recorded unclearly; the registered manager followed this up with the prescriber during the inspection and agreed that the management of medication changes would be closely monitored.

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 which is good practice.

The management of medicines via the enteral route were reviewed for one patient and found to be satisfactory.

The management of insulin was reviewed. Dosage directions and records of administration were clearly recorded. Registered nurses were reminded that insulin pens should be individually labelled and the date of opening recorded to facilitate audit and disposal at expiry.

The registered manager advised that appropriate arrangements were in place for administering medicines in disguised form; this was not examined at the inspection.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. The registered manager was requested to ensure that the trolleys were cleaned after each medicine round and that a number of spacer devices (with high levels of medication deposits) were replaced. A number of medicines including antibiotics and eye preparations were observed to be in use after their expiry date. The responsible person should ensure that medicines are removed from use when their expiry date is reached. A recommendation was made. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

The registered provider should ensure that medicines are removed from use when their expiry date is reached. A recommendation was made.

Number of requirements	0	**Number of recommendations**	1

4.3 Is care effective?

With the exception of the liquid medicines (see Section 4.1) and some eye preparations the sample of medicines examined had been administered in accordance with the prescriber's instructions. The evidence seen indicated that some patients were not receiving their liquid medicines as prescribed. This concern had been raised at previous inspections but any improvement made has not been sustained. The audit system in place did not identify these discrepancies. 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 third and final 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.

The management of pain was reviewed. Care plans were in place and pain assessment tools were used with patients who could not verbalise their pain. 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.

The management of swallowing difficulty was examined for two patients. Speech and language (SALT) assessment reports were in place, however out of date recommendations had not been cancelled and archived. The prescribed thickening agents were not referenced in the care plans. Records of prescribing and administration were maintained by registered nurses; these records did not include the required consistency level. Care assistants referred

to a list in the dining room to ensure that they were administering the thickening agents but did not record the administration. For one of the patients reviewed the consistency recorded on this list did not correlate with the SALT assessment. The responsible person must review and revise the management of thickening agents to ensure that:

- out of date SALT assessments are cancelled and archived
- care plans are up to date and include the required consistency level
- the required consistency level is recorded on the personal medication records and medication administration records
- the reference list is up to date
- care assistants record the administration of thickening agents

A requirement was made.

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.

The majority of medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the additional recording sheets for transdermal patches. Registered nurses were requested to ensure that out of date running balance sheets are removed from the medicines file.

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 third and final time.

The registered provider must review and revise the management of thickening agents. A requirement was made.

Number of requirements	2	**Number of recommendations**	0

4.4 Is care compassionate?

We observed the administration of some of the lunch time medicines. The registered nurse administered the medicines in a caring manner and analgesics were offered.

Patients were observed to be relaxed and comfortable. Staff were responding kindly to any requests from patients. Patients who did not want to have lunch were being encouraged to eat a snack.

As part of the inspection process questionnaires were issued to patients, relatives/ representatives and staff, with a request that they were returned within one week from the date of the inspection. None were received by RQIA within this timescale.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is the service well led?

Written policies and procedures for the management of medicines were in place; these were not examined at the inspection.

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. Auditing systems were also in place for nutritional supplements. As detailed in Section 4.1 the monthly audits were not robust. A robust audit should include audit trails on liquids, inhalers, insulin, eye preparations and other aspects of medicines management e.g. the admission process, thickening agents, pain management. The requirement which was made at the last medicines management inspection was stated for a second time.

The registered manager and staff advised that there were robust arrangements in place for the management of medication incidents and that they were aware that incidents may need to be reported to the safeguarding lead. There had been no medication incidents reported since the last medicines management inspection. The need for a robust audit system to identify incidents was discussed.

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.

Two of the requirements made 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.

Staff confirmed that any concerns in relation to medicines management were raised with management and that appropriate corrective action was taken.

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 stated for the second time.

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, and Mrs Brenda McKay, Acting Responsible Individual, 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 to 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:** Third and final time **To be completed by:** 25 June 2017	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: As of 6/6/17 a weekly audit on all liquid medications and eye preparations was implemented and remains ongoing by the Registered Manager to ensure compliance with the prescribers' instructions. All nursing staff responsible for ensuring the administration of medication have been made aware of the findings of the last inspection and fully briefed of the action plans and audits in place and the importance of sustaining the audits.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 25 June 2017	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: The registered provider has implemented a robust monthly audit tool for Compliance of Safe, Effective Administration of Medicines and is available for inspection purposes. As previously mentioned in Requirement 1 the action plans have been implemented and are ongoing. Staff identified in this ongoing investigation have attended updated training on recording and reporting, and medicine competancy assessments have been reviewed.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 25 June 2017	The registered provider must review and revise the management of thickening agents.
	Response by registered provider detailing the actions taken: The registered manager has consulted with the pharmacy team that supply Ringdufferin Nursing Home and sought advice and guidance relating to the management of thickening agents. A Food Additives Record sheet has been implemented, highlighting recommendations made by S.L.T.
Recommendations	
Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 25 June 2017	The registered provider should ensure that medicines are removed from use when their expiry date is reached.
	Response by registered provider detailing the actions taken: A weekly audit tool has been implemented highlighting weekly checks on medicines with a short expiry date.

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

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