

Unannounced Medicines Management Inspection Report 8 November 2018



Dunmurry Manor Nursing Home

Type of Service: Nursing Home
Address: 2a Hazel Avenue, Dunmurry, BT17 9QU
Tel No: 028 9061 0435
Inspector: Judith Taylor

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 40 beds that provides care for patients living with dementia. It is situated in same building as Dunmurry Manor Residential Care Home.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr Gavin O'Hare-Connolly	Registered Manager: Ms Julie McKearney
Person in charge at the time of inspection: Ms Michelle Montgomery (Manager)	Date manager registered: 10 August 2017
Categories of care: Nursing Homes (NH) DE – Dementia	Number of registered places: 40 Patients to be accommodated on the first floor.

4.0 Inspection summary

An unannounced inspection took place on 8 November 2018 from 10.25 to 15.30.

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.

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 medicines governance, training and competency assessment, the standard of record keeping, care planning and the safe storage of medicines.

No areas for improvement were identified at the inspection.

The patient/relatives we met with spoke positively about the staff and the care provided. There was a warm and welcoming atmosphere in the home and the patients were observed to be relaxed and comfortable in their environment.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Michelle Montgomery, Manager, and two other members of the management team, 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.

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 9 and 11 May 2018. 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 medicine related incidents reported to RQIA since the last medicines management inspection.

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with one patient, two relatives, two registered nurses, three care assistants, the residential unit manager, the deputy manager, and the manager. We also met with two external auditors.

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA and we asked the manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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

- | | |
|-----------------------------------|----------------------------------|
| • medicines received | • medicine audits |
| • personal medication records | • care plans |
| • medicine administration records | • training records |
| • medicines disposed of | • medicines storage temperatures |
| • controlled drug record books | |

We left 'Have we missed you?' cards in the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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 9 and 11 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 18 October 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: Second time	The registered provider must ensure that robust arrangements are in place for the cold storage of medicines.	Met
	Action taken as confirmed during the inspection: Staff advised that new medicine refrigerators and thermometers had been obtained. There was evidence that cold storage was included in the monthly audit process. The current and maximum temperatures were satisfactory; however, this was not always observed for minimum temperatures in the two nursing units. This was examined at the inspection and we concluded that the minimum temperature was actually satisfactory; staff had not used the thermometer accurately. Following the inspection, the manager provided RQIA with details of the revised audit, supervision with staff and action plan to provide further training and guidance. Due to these assurances, this area for improvement has been assessed as met.	

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 29 Stated: First time	The registered person shall review the current systems to ensure that a record of all incoming medicines is maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that a new system had been developed to record incoming medicines. The audit outcomes indicated that these records had been well maintained.	

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.

We were advised of the recent changes in management and the induction process for the new manager.

Medicines were managed by staff who have been trained and deemed competent to do so. Staff competency assessments were completed following induction, at least annually or more frequently as required. A new system had been developed in relation to induction, training and identity checks for agency staff. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided annually. Other training completed this year included the management of enteral feeding, syringe drivers, dementia and swallowing difficulty.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records and medication administration records were updated by two trained staff. This is safe practice and was acknowledged.

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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

The management of controlled drugs was reviewed. 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

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. Care plans were maintained.

Appropriate arrangements were in place for administering medicines in disguised form. A care plan was maintained.

Discontinued or expired medicines including controlled drugs were disposed of appropriately.

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 on a daily basis. See also Section 6.2.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and high risk medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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 mid-weekly, weekly or three monthly medicines were due.

The management of pain and distressed reactions was reviewed. Medicine details were recorded on the personal medication records. Care plans were maintained. Protocols which included details of the reason for and outcome of each administration were in place. Staff were aware that distressed reactions may be the result of pain and ongoing monitoring was necessary to ensure that the patient was comfortable.

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 assessment reports were in place. Records of administration were completed by registered nurses and care staff.

Staff advised 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 patient's family and prescriber.

The medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate administration records for "when required" medicines, transdermal patches and high risk medicines.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines and recording the quantity of medicine carried forward to the next medicine cycle. A quarterly audit was also completed by the community pharmacist. In addition to these audits, the manager advised of the daily walk round the home which included a review of a sample of medicines records and treatment room checks.

Following discussion with the management and staff, it was evident that when applicable, other healthcare professionals were contacted in response to patients' healthcare needs. They provided examples of where this had recently occurred in relation to pain management and swallowing difficulty.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified at the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the patients' medicines and how the patients preferred to take their medicines.

There was a warm and welcoming atmosphere in the home. Throughout the inspection, it was found that there were good relationships between the staff, the patients and the patients' representatives. Staff were noted to be friendly and courteous and engaged with the patients; they treated the patients with dignity. It was clear from observation of staff, that they were familiar with the patients' likes and dislikes.

We met with one patient who spoke positively about the care, the food and the staff. She stated that staff responded to any requests she had and advised she had no concerns. Comments included:

- “The staff are good and I am looked after.”
- “I have no pain.”

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.

We also met with two relatives who were complimentary regarding the staff, the care and their experience in the home. Comments included:

- “You couldn’t get a better home.”
- “The care is great, the staff are very good.”
- “We are kept informed and we are very happy.”

Of the questionnaires which were left for patients/patients’ representatives, one was returned within the specified time frame (two weeks). All of the responses were recorded as “very satisfied”. One comment was also made:

- “New manager seems good; staff work very hard.”

Areas of good practice

Staff listened to patients and relatives and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. We were advised that there were arrangements in place to implement the collection of equality data within Dunmurry Manor Nursing Home.

The governance arrangements for medicines management were examined. There was evidence of comprehensive auditing and monitoring systems to ensure sustained improvement. We were advised of the daily, weekly and monthly audits completed and how areas for improvement were shared with staff to address. A variety of medicine related audit records and resultant action plans were made available at the inspection and included the monthly monitoring audit by an independent manager.

Written policies and procedures for the management of medicines were in place. Staff advised that there were procedures in place to ensure that they were made aware of any changes.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, including referral to the safeguarding team as necessary. They provided details of the procedures in place to ensure that all staff were made aware of incidents and systems to prevent recurrence.

We were advised that there were effective communication systems to ensure that all staff were kept up to date. As part of the shift handover, a written handover sheet was in place to direct the care of patients; this included medicines management where applicable e.g. swallowing difficulty.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management.

The staff spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals. They stated they felt well supported in their work and were complimentary regarding the management team and the training provided.

Four staff completed the online questionnaire with the specified time frame (two weeks). All of the responses were recorded as “very satisfied”. Three comments were made:

- “I love working here, great home.”
- “I have been employed in Dunmurry Manor for almost xxx years. I find the service delivered is caring, safe, effective and well led. I thoroughly enjoy my role within the home setting.”
- “There is a new manager started and she's really good. You see her a lot on the floor.”

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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