THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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MEDICINES MANAGEMENT
POST - REGISTRATION INSPECTION REPORT

Inspection No:	**IN021125**
Establishment ID No:	**12230**
Name of Establishment:	**Dunmurry Manor**
Date of Inspection:	**14 January 2015**
Inspectors' Name(s):	**Frances Gault and Cathy Wilkinson**

1.0 GENERAL INFORMATION

Name of home:	Dunmurry Manor
Type of home:	Nursing Home
Address:	Rowan Drive Seymour Hill Dunmurry BT17 9PX
Telephone number:	(028) 9061 0435
E mail address:	manager.dunmurry@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Nadarajah Logeswaran
Registered Manager:	Ms Debra Ann Hawthorne (registration pending)
Person in charge of the home at the time of Inspection:	Ms Debra Ann Hawthorne
Categories of care:	RC-DE; NH-DE
Number of registered places:	76
Number of patients accommodated on day of inspection:	45
Date and time of current medicines management inspection:	14 January 2015 11.00 – 14.20
Names of inspectors:	Frances Gault Cathy Wilkinson
Date and type of previous medicines management inspection:	Not applicable

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an announced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The Nursing Homes Regulations (Northern Ireland) 2005.

The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards.

METHODS/PROCESS

Discussion with Ms Debra Hawthorne, Manager (registration pending), Mrs Norma McAllister, Regional Care Director, and the registered nurses and care staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This announced inspection was undertaken to examine the arrangements for the management of medicines within the home following its registration with RQIA in 2014.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards.

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

Standard 40: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each criterion that the inspectors examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF HOME

Dunmurry Manor is a purpose built care home situated over two floors and provides care and accommodation for 40 persons requiring nursing care and 36 persons requiring residential care. The home is located in Seymour Hill estate Dunmurry and is close to the village centre.

Bedroom accommodation is single rooms with an ensuite shower room. All bedrooms have been furnished to a high standard. There are communal areas for patients to enjoy on the ground and first floors. Each floor has a large dining room with comfortable areas for patients to enjoy with their visitors. There are designated quiet rooms on each floor. A range of seating is available in each lounge area. The ground floor has the added facility of a café area which is available for patients to enjoy.

There is a secure and attractive garden area on the ground floor which can be accessed by patients from the dining room and ground floor lounge. There are also garden areas to the back and the side of the home for patients to enjoy.

Car parking is available for patients and visitors.

Dunmurry Manor is accessible for patients with a disability.

Dunmurry Manor can accommodate a maximum number of 76 persons within categories;

NH – DE Dementia
RC – DE Dementia

The home's Statement of Purpose outlines the range of services provided.

Ms Debra Hawthorne was appointed by Runwood Homes Ltd as the home manager. On 28 January 2015 RQIA was advised that the manager had left her post.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Dunmurry Manor was undertaken by Frances Gault, RQIA Senior Pharmacist Inspector and Cathy Wilkinson, Pharmacist Inspector, on 14 January 2015 between 11.00 hours and 14.20 hours. This was the first medicines management inspection since registration. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008);

- Standard 37: Management of Medicines;
- Standard 38: Medicine Records;
- Standard 39: Medicines Storage;
- Standard 40: Administration of Medicines

.

This inspection concluded that the arrangements in place for medicines management in the home are moving towards compliance with the minimum standards. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

During the course of the inspection, the inspectors met with Ms Debra Hawthorne, manager (registration pending). The inspectors observed practices for the management of medicines in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

The home has written policies and procedures in place for the management of medicines.

The results of a limited number of random medicine audits, carried out during the inspection, indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Some discrepancies were noted which were discussed with the management team. The responsible individual must develop the monitoring system in place to ensure that it covers all aspects of the management of medicines and a recommendation was made in respect of this.

Dunmurry Manor has a number of residents living in the home who are in receipt of residential care. Any nursing input to manage their health needs is the responsibility of the community nursing team. The responsible individual must ensure that this is understood by the staff in the home and the community team contacted when required. A requirement was made in relation to this.

It was noted that some medicines brought into the home on admission had been supplied in blister packs and it was not possible to individually identify each medicine. Others had been supplied without the outer box and dispensing label. This is not acceptable. All medicines in use in the home must be labelled appropriately with directions for administration. A requirement was made.

Improvements are necessary in the record keeping, in particular to the personal medication records, the medicine administration records and the records of the receipt of medicines. Three requirements were made in relation to this.

Medicines were being stored safely and securely in accordance with legislative requirements. However the temperature of the medicine refrigerators must be monitored to ensure they are maintained within the recommended limits of 2^{o}C to 8^{o}C. A requirement was made.

The inspection attracted a total of six requirements and five recommendations. These are detailed in the Quality Improvement Plan.

During the inspection, workmen were noted to have left electrical equipment in a dining room in the residential unit. This was a health and safety concern. This was immediately drawn to the attention of the team leader who addressed the matter. On checking the room later it was noted that the workmen were present in the room. The management team were advised that workmen must understand the importance of safeguarding their tools and working environment in the home and this should be closely monitored by staff and management. The manager agreed to address the matter. Following the inspection, the estates inspector from RQIA obtained written confirmation from the regional care director of the action being taken to improve the arrangements in place for managing the risks associated with contractors working in the home. This issue should be kept under review.

The inspectors would like to thank the manager and staff for their assistance and co-operation throughout the inspection.

SECTION 6.0

STANDARD 37 – MANAGEMENT OF MEDICINES

Standard Statement:
Medicines are handled safely and securely

Inspection Findings:

Medicines are generally handled safely and securely, however some improvements are required.

From discussion with the manager and examination of training records, there was evidence that a training programme for staff (both registered nurses and relevant care staff) with respect to the management of medicines is in place. Medicines management training and competency assessments have been completed.

Care staff with responsibility for the administration of external preparations or thickened fluids should also be trained and competent. The manager advised that this is planned for the near future.

The role of the community nursing team in relation to those in receipt of residential care was discussed. RQIA confirmed that care staff should always consult this team in relation to those with specific health needs. Currently a registered nurse within the home administers insulin to a resident. The manager was advised that this was the responsibility of the community nurse and if appropriate could be delegated to appropriately trained and competent care staff. A requirement was made. A care plan is in place for the resident but this should be developed to identify the roles and responsibilities of the care staff. It should include details of the symptoms that staff should be able to recognise which would indicate a change in the resident's health and of the action they should take if this occurs. A recommendation was made.

There was evidence that written confirmation of current medication regimes is usually obtained from a health or social care professional for new admissions to the home. The medicines which new patients had brought into the home were examined. Some of these had been supplied in blister packs and it was not possible to individually identify each medicine. Others had been supplied without the outer box and dispensing label. This is not acceptable. All medicines in use in the home must be labelled appropriately with directions for administration. A requirement was made.

STANDARD 37 – MANAGEMENT OF MEDICINES

The acquisition of prescribed medicines was discussed and advice was provided in relation to developing good working relationships with the general practices.

There was evidence that the manager and staff had undertaken audits of medicines on a regular basis. However, this process had lapsed in recent months. The manager advised that this was to be recommenced. In order to facilitate the audit process staff should always identify, for those medicines not contained in the monitored dosage system, when a new supply of medicine is commenced.

The majority of medicines are contained within a monitored dosage system. The results of a limited number of random medicine audits, carried out during the inspection, indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Some discrepancies were noted which were discussed with the management team.

The home has written policies and procedures in place for the management of medicines.

The arrangements in place for the disposal of medicines were discussed. Currently medicines no longer required for those in receipt of residential care are returned to the community pharmacist. The manager was advised that since the home is registered as a nursing home any transfer of waste prescribed medicines must be taken to licensed or permitted facilities. It was agreed that this would be implemented.

Medicine incidents had been reported to RQIA and had been managed appropriately. The management team advised that the learning from these had been discussed at team meetings.

COMPLIANCE LEVEL: Moving towards compliance

STANDARD 38 – MEDICINE RECORDS

Standard Statement:
Medicine records comply with legislative requirements and current best practice

Inspection Findings:

A random sample of the following medicine records in the home were reviewed during the inspection:

- Personal medication records
- Medicines administered
- Medicines requested and received
- Medicines disposed of
- Controlled drugs records

The home has a sample signature and initials list of registered nurses and care staff who have been trained and deemed competent to manage medicines.

Improvements in the standard of record keeping in relation to the management of medicines are required.

<u>Personal medication records</u>

The following requirements are necessary:

- Where these records are not verified by a general practitioner, two registered nurses, or care staff (within the residential unit), should be involved in transcribing the details from the prescriptions, with one writing the entry and the other independently checking the entry
- All records should, with the patients' agreement, be personalised by a small photograph
- A statement should be documented regarding the allergy status of the patient
- When medicines are discontinued the entry should be dated and a line drawn through the details
- The frequency of administration of 'as required' medicines must be indicated by clear minimal intervals and a maximum daily dose.

A requirement was made.

STANDARD 38 – MEDICINE RECORDS

Medicine administration records (MARs sheets)

The following comments were made in relation to some of the medicine administration records:

- Any hand written MARs sheets should be completed by two members of staff
- A number of gaps where noted throughout these records. If medicines are not administered, the record should identify this and a reason given for the non-administration.

A requirement was made.

Medicine receipt records

Medicines which were received at the start of the medicine cycle were evidenced to have been documented. However, there was little evidence of the receipt of medicines obtained at other times or of the receipt of medicines brought in on admission.

A requirement was made.

COMPLIANCE LEVEL: Moving towards compliance

STANDARD 39: MEDICINES STORAGE

Standard Statement:
Medicines are safely and securely stored

Inspection findings:

There was sufficient storage space in each of the treatment rooms for medicines, in the medicine trolleys and medicine cupboards. However, it was suggested that the second trolley in the residential unit should be brought into operation.

A number of medicines and external medicines were removed from use during the inspection as it was noted that these were being stored inappropriately, had passed the expiry date or were unlabelled. This was discussed with the staff on duty and the management team. A recommendation was made.

Controlled drugs were being stored in controlled drugs cabinets that conformed to statutory requirements. The controlled drug cabinets were not properly secured in line with the Misuse of Drugs (Safe Custody) Regulations 1973. It was agreed that this would be addressed by the manager.

Quantities of controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.

The temperature ranges of the medicine refrigerators are documented each day in the nursing unit. On occasion the temperature was outside the appropriate range of 2°C - 8°C. Management must ensure that staff document any corrective action taken when this occurs. A requirement was made. No records are kept in the residential unit. It was agreed that this oversight would be addressed.

Medical oxygen is stored and managed appropriately. It was noted that the masks attached to cylinders were not bagged in accordance with infection control. The manager advised that this had been put in place. She agreed to address the matter.

COMPLIANCE LEVEL: Moving towards compliance

STANDARD 40: ADMINISTRATION OF MEDICINES

Standard statement:
Medicines are safely administered in accordance with the prescribing practitioner's instructions

Inspection findings:

The outcomes of the audit trails indicated that each patient has their own supply of medicines and each patient is administered medicines from their own supply. The outcomes of the audits are detailed in standard 37.

On the day of the inspection it was evidenced that the medicine round in one unit lasted longer than expected. It was noted that the registered nurse had identified this and documented the administration time adequately to ensure that the appropriate interval was observed before further medicines were administered. This good practice was acknowledged.

The use of pain assessments was discussed. These should be in place and is of particular importance where patients have limited communication. A recommendation was made.

Several patients are prescribed medicated patches. The importance of rotating the site of application was discussed and it was recommended that records to evidence the rotation should be in place.

The administration of medicines to those with Parkinson's was discussed. It is important that the dosage intervals are adhered to if the patient is to maintain their health. It was suggested that further information and advice could be obtained from Parkinson's UK.

COMPLIANCE LEVEL: Moving towards compliance

6.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with Ms D Hawthorne, manager (registration pending) and Mrs N McAllister, regional care director as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Frances Gault
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Frances Gault Date
Senior Pharmacist Inspector

QUALITY IMPROVEMENT PLAN

NURSING HOME
ANNOUNCED MEDICINES MANAGEMENT INSPECTION

DUNMURRY MANOR
14 JANUARY 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Debra Hawthorne, Manager (registration pending) and Mrs Norma McAllister, Regional Care Director**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

STATUTORY REQUIREMENTS **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(1)(a)	The responsible individual must ensure that the community nursing team is consulted to ensure residents health requirements are managed appropriately. **Ref: Section 6.0 standard 37**	One	The district nurses from the community are managing insulin medication requirements appropriately for the residents in residential care The district nursing team is also informed whenever there are new admissions onto the residential unit that require their services	14 February 2015
2	13(4)	The responsible person must ensure that all prescribed medicines in use in the home are identifiable and labelled with the prescribers directions. **Ref: Section 6.0 standard 37**	One	All medications in use in the home are identifiable and labelled with prescibers directions. Staff administering medication have completed medication competencies and are aware of correct processes. Staff have also been instructed to check on accuracy of labels during their weekly audits; this is will also be re-enforced during the manager's monthly self-audit	14 February 2015
3	13(4)	The responsible individual must ensure that personal medication records are up to date. **Ref: Section 6.0 standard 38**	One	Audit has been undertaken of individual medication records to ensure that they are current. Monthly audits are in place to monitor practice.	14 February 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The responsible individual must ensure that medicine administration records are fully and accurately completed. **Ref: Section 6.0 standard 38**	One	Medicine administraion records are part of the audit that has been undertaken. Action has been taken to improve the records so that they are fully and accurately completed. Staff are being shown/instructed on how to complete self-audits accurately and thoroughly.	14 February 2015
5	13(4)	The responsible individual must ensure that medicine receipt records are fully and accurately completed. **Ref: Section 6.0 standard 38**	One	Receipt of all medication into the home are fully and accurately completed.	14 February 2015
6	13(4)	The responsible individual must ensure that the medicines refrigerators are being maintained within the range of 2ºC and 8ºC at all times. **Ref: Section 6.0 standard 39**	One	The fridge temperatures are being monitored daily and this is being checked by management regularly. Staff have been instructed to consult with maintenance person where temperature readings are outside the recommended range.	14 February 2015

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The responsible individual should update the care plan in place to ensure it reflects the roles and responsibilities of care staff in the management of an insulin dependent resident **Ref: Section 6.0 Section 37**	One	The care plan for insulin dependant diabetics has been implemented and information regarding guidelines on the management of hypo and hyper scienarios are in place.	14 February 2015
2	37	The responsible individual should develop the auditing system in place to ensure it covers all aspects of the management of medicines. **Ref: Section 6.0 Section 37**	One	An appropriate audit tool is being utilised to ensure that all aspects of medicine management is in place.	14 February 2015
3	39	The responsible individual should ensure that all medicines and external products are labelled and stored at the correct temperature. **Ref: Section 6.0 Section 39**	One	All medicines and external products are labelled and stored at the correct temperature. This also is being monitored and audited.	14 February 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	40	The responsible individual should ensure, when applicable, that pain assessments are in place. **Ref: Section 6.0 Section 40**	One	Pain assessments are in place where required.	14 February 2015
5	40	The responsible individual should ensure that the site of rotation of prescribed patches is evidenced. **Ref: Section 6.0 Section 40**	One	Site of rotataion for patches are clearly identified. Transdermal Patch Application Record is in place for the use of prescribed patches.	14 February 2015

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: _ _____ **SIGNED:** __ _____

NAME: _Logan Logeswaran_____ **NAME:** __NormaMcAllister _____

Registered Provider **Registered Manager**

DATE _02.03.2015_____ **DATE** __28.02.2015_____

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Frances Gault	**6/3/15**
B.	Further information requested from provider				