Unannounced Medicines Management Inspection Report
16 March 2017

Dunmurry Manor

Type of service: Nursing Home
Address: Rowan Drive, Seymour Hill, Dunmurry, BT17 9PX
Tel no: 028 9061 0435
Inspectors: Judith Taylor and Rachel Lloyd

1.0 Summary

An unannounced inspection of Dunmurry Manor took place on 16 March 2017 from 09.35 to 15.40.

The findings of the last medicines management inspection on 7 September 2016 indicated that robust arrangements were not in place for the management of medicines. Several areas were identified for improvement and these included governance, record keeping, pain management, storage and the administration of medicines. Following a discussion with the senior pharmacist inspector in RQIA, the regional director of Runwood Homes Ltd was contacted and made aware of the improvements required. The regional director gave assurances that the issues raised would be addressed. A list of the actions to be taken was provided to us by email. Since that time, we have been monitoring the situation through discussions with both the care inspectors and senior management in RQIA.

It was evidenced that the areas identified for improvement had been addressed in a largely satisfactory manner. Management had reviewed the systems in place for the management of medicines. Staff had received further training on the management of medicines and their competency in this aspect of care had been reassessed.

With the exception of the management of the cold storage and the disposal of medicines, the evidence observed during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led.

The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

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 Dunmurry Manor which provides both nursing and residential care.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Stuart Johnstone, Acting Manager and one senior nurse, 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

The most recent inspections of the home were unannounced enforcement compliance inspections on 4 and 27 January 2017 to assess the level of compliance achieved by the home regarding the three Failure to Comply (FTC) Notices issued on 26 October 2016:

FTC Ref: FTC/NH/12230/2016-17/01 (E)
FTC Ref: FTC/NH/12230/2016-17/02 (E)
FTC Ref: FTC/NH/12230/2016-17/03 (E)

The areas for compliance with regulation were in relation to governance arrangements, the health and welfare of patients and staffing arrangements and the deployment of staff. During the inspection on 27 January 2017 compliance was evidenced in relation to FTC Ref: FTC/NH/12230/2016-17/03 (E).

As full compliance was not evidenced, a meeting was held in RQIA with representatives from Runwood Homes Ltd. This meeting resulted in the serving of a notice of proposal to impose conditions on the registration of the home, on 6 February 2017. Following the statutory period for appeal, a notice of decision was issued on 10 March 2017. The period for making an appeal to The Care Tribunal in relation to this expires on 6 April 2017.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd Mr John Rafferty	**Registered manager:** See below
Person in charge of the home at the time of inspection: Mr Stuart Mathew Johnstone	**Date manager registered:** Mr Stuart Mathew Johnstone (Acting – no application required)
Categories of care: RC-DE, NH-DE	**Number of registered places:** 76

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home, including an action plan submitted by management
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with three patients, two members of care staff, three registered nurses and the acting manager. A registered manager from one of the other Runwood Homes was present for part of the inspection.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Following information that had been received by us prior to the inspection regarding the cleanliness of the home, it was agreed by the senior inspectors that as part of the inspection the cleanliness of some areas of the home would also be reviewed.

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 care inspection dated 17 and 18 October 2016

The most recent inspections of the home were unannounced enforcement compliance inspections on 4 and 27 January 2017.

The requirements and recommendations made as a result of the care inspection on 17 and 18 October 2016 were not reviewed at these inspections, as the focus during both was to evidence compliance with the Failure to Comply notices. These requirements and recommendations will be reviewed at the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 7 September 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 19(2) **Stated:** First time	The registered provider must ensure that there are records which indicate that staff are trained and competent in the work that they perform.	**Met**
	Action taken as confirmed during the inspection: Following the last medicines management inspection, staff had received refresher training in medicines management. A sample of records of training and competency assessments was provided at the inspection.	

Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure that all medicines are administered in strict accordance with the prescriber's instructions.	**Met**
	Action taken as confirmed during the inspection: Systems had been developed to monitor the administration of medicines to ensure patients received their medicines as prescribed. This was evidenced in the sample of prescribed medicines selected for examination.	
Requirement 3 **Ref:** Regulation 12(1) **Stated:** First time	The registered provider must make the necessary arrangements to ensure that robust arrangements are in place to manage medicine changes.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the management of medicine changes. Written confirmation of dosage changes was obtained and two staff were responsible for updating the personal medication records.	
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that personal medication records are fully and accurately maintained at all times.	**Met**
	Action taken as confirmed during the inspection: The sample of personal medication records examined had been well maintained. It was noted that there were different formats of these records in use and this was further discussed in relation to preventing confusion and ensuring that one format was used within the home. It was agreed that this would be reviewed.	

Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure that a record of the administration or non-administration of a medicine is maintained on every occasion.	**Met**
	Action taken as confirmed during the inspection: A number of patients' medication administration records were examined. The majority of these were well maintained and included the reason for any non-administration of a medicine. The completion of records regarding external preparations administered by care staff required some improvement; however, this had already been identified through the internal auditing process. The acting manager advised that this was being reviewed. As written this requirement was partially met, however due to the assurances provided, it was assessed as met.	
Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure that there are robust arrangements in place for the management of patients' pain.	**Met**
	Action taken as confirmed during the inspection: Several patients' records were examined. There was evidence that a pain assessment tool was in use and pain was assessed on a regular basis. Records indicated that pain controlling medicines had been administered as prescribed. A reminder to administer pain relief patches on a weekly basis was displayed in the treatment room and the date due was marked out on the medication administration records. Care plans were in place.	
Requirement 7 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must develop a robust system to audit all aspects of medicines management and ensure that any areas for improvement are followed up.	**Met**
	Action taken as confirmed during the inspection: Significant improvements in the governance arrangements for medicines management were evidenced. Several new audit systems had been developed and implemented. These systems enabled the identification of areas for improvement and resulted in action plans to address the issues.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 29 **Stated:** Second time	It is recommended that the registered person should review the recording system for medicines prescribed on a "when required" basis for the management of distressed reactions.	**Met**
	Action taken as confirmed during the inspection: The management of distressed reactions had been reviewed. Care plans were in place and were reviewed at least monthly. Dosage directions were clearly recorded on the personal medication records and details of the reason for and outcome of any administration were recorded.	
Recommendation 2 **Ref:** Standard 28 **Stated:** First time	The registered provider should ensure there are robust arrangements in place for the disposal of medicines.	**Partially Met**
	Action taken as confirmed during the inspection: There was limited evidence to indicate that the disposal of medicines was robust. Schedule 4 controlled drugs were not always denatured prior to disposal. The entries in the disposal record book indicated that two staff were involved in the disposal on some, but not all occasions. This recommendation was stated for a second time.	
Recommendation 3 **Ref:** Standard 28 **Stated:** First time	The registered provider should make the necessary arrangements to ensure that bisphosphonate medicines are administered in accordance with the manufacturers' instructions.	**Met**
	Action taken as confirmed during the inspection: There was evidence that bisphosphonates were administered separately from food or other medicines in accordance with the manufacturers' instructions. A reminder was displayed in the treatment rooms and the date due was marked out on the medication administration records.	

Recommendation 4 **Ref:** Standard 29 **Stated:** First time	The registered provider should ensure that a recent photograph of each patient is available to facilitate the safe administration of medicines.	**Met**
	Action taken as confirmed during the inspection: The patient's photograph was displayed on the personal medication records examined. These had been recently obtained. This facilitated the safe administration of medicines.	
Recommendation 5 **Ref:** Standard 29 **Stated:** First time	The registered provider should ensure that two trained staff are involved in the transcribing of medicines information on medicine records; both staff should initial the entry on every occasion.	**Met**
	Action taken as confirmed during the inspection: There was evidence that new medicine entries on medicine records were updated by two staff.	
Recommendation 6 **Ref:** Standard 28 **Stated:** First time	The registered provider should ensure that the date and time of opening are recorded on all medicines to facilitate removal once the expiry date is reached and for audit purposes.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this was well embedded into routine practice. There were no expired medicines in current use at the time of the inspection.	

4.3 Inspection findings

Is care safe?

Most of the areas previously identified for improvement had been addressed in a satisfactory manner. There was evidence that the management of medicines generally supported the delivery of safe care and positive outcomes for patients.

Refresher training in medicines management had been completed by registered nurses and care staff who were responsible for the administration of external preparations and thickening agents. Staff competencies had been reviewed. Further training was planned for later in the month.

The arrangements for the disposal of medicines should be further reviewed. All Schedule 4 controlled drugs must be denatured prior to disposal and this should be clearly recorded in the disposal of medicines record. Two staff should be involved in the disposal and both should sign the disposal of medicines record. The benefit of ensuring that disposal records are kept in a bound book was discussed. One recommendation was stated for a second time.

Medicines were being stored safely and securely. Medicines storage areas were clean, tidy and well organised. Stock levels of medicines had been reviewed.

It was found that the cold storage of medicines required review. Of the four medicine refrigerators in use, the temperatures for two of these were unsatisfactory. It was noted that the temperatures had not been recorded each day; the same maximum and minimum temperatures had been recorded for several days at a time, indicating the thermometer had not been reset and one refrigerator was unplugged at the time of the inspection. It was not clear if the stock was viable for use and this was discussed with staff. Once identified this refrigerator was switched on. A requirement was made.

The cleanliness of the home was reviewed. Following a tour of the home, review of patient bedrooms and bathrooms, it was evident that the home was well presented and clean. This was acknowledged with staff. No malodours were noted.

One requirement and one recommendation were made.

Is care effective?

The management of medicines supported the delivery of effective care. The areas previously identified for improvement had been addressed in a satisfactory manner. Staff were commended on the progress made.

There were systems in place to ensure patients were receiving their medicines as prescribed.

The management of “when required” medicines, external preparations and thickening agents had been reviewed and revised.

A new electronic care planning system had been introduced and a number of care plans regarding medicines management were made available at the inspection. They included pain management, distressed reactions, swallowing difficulty and skin care.

There were improvements in the standard of record keeping, in particular personal medication records and records of administered medicines.

No requirements or recommendations were made.

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.

Following discussion with staff it was evident that staff administered medicines in accordance with the patient’s preferences. There was evidence of good relationships with staff and patients.

No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. The areas previously identified for improvement had been addressed in a satisfactory manner.

Policies and procedures had been reviewed. The auditing processes had been further developed. This included an increase in the frequency of audits and the maintenance of a running stock balance for some medicines.

Following the last medicines management inspection, a staff meeting was held and the inspection findings discussed. A copy of the QIP was issued to staff and was also used as part of the auditing processes in the home.

Staff provided details of the ongoing improvements which had been identified and procedures to be implemented. Staff advised that they felt supported by management and their peers.

No requirements or recommendations were made.

Areas for improvement

The necessary arrangements must be made to ensure that robust arrangements are in place for medicines which require cold storage. A requirement was made.

The management of the disposal of medicines should be reviewed. A recommendation was stated for a second time.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Stuart Johnstone, Acting Manager, and one senior nurse 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 the DHSSPS 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 RQIA 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:** First time **To be completed by:** 16 April 2017	The registered provider must ensure that robust arrangements are in place for the cold storage of medicines.
	Response by registered provider detailing the actions taken: Robust arrangements are now put in place for the cold storage of medicines
Recommendations	
Recommendation 1 **Ref:** Standard 28 **Stated:** Second time **To be completed by:** 16 April 2017	The registered provider should ensure there are robust arrangements in place for the disposal of medicines.
	Response by registered provider detailing the actions taken: A new system has been put in place for the disposal of medications

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

The Regulation and Quality Improvement Authority

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