Unannounced Medicines Management Inspection Report
18 October 2017

Dunmurry Manor

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

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 76 beds that provides care for patients and residents living with dementia.

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 Julie McKearney	**Date manager registered:** 10 August 2017
Categories of care: Nursing Homes (NH) DE – Dementia Residential Care Home (RC) DE- Dementia	**Number of registered places:** 76 comprising: 40 x NH-DE 36 x RC-DE

4.0 Inspection summary

An unannounced inspection took place on 18 October 2017 from 10.20 to 16.50.

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 the governance arrangements for medicines, the standard of maintenance of most medicine records and controlled drugs.

Areas which required improvement were identified in relation to records for the receipt of medicines and the cold storage of medicines.

Patients were complimentary regarding the management of their medicines and the care provided in the home.

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.

The term 'patients' is used to describe those living in Dunmurry Manor, which at this time, provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	1

* the total includes one area for improvement under regulations which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Julie McKearney, Registered Manager, Ms Lisa Gibson, Unit Manager, Ms Rosemary Dilworth, Deputy Operations Director and Mr Gavin O-Hare Connolly, Operations Director, 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.

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 19 August 2017. Enforcement action did not result from 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 indicating to visitors to the home that an inspection was being conducted was displayed.

During the inspection, the inspector met with two patients, one relative, two care assistants, two registered nurses, the residential unit manager, the deputy operations director, the operations director and the registered manager.

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
- care plans
- training records
- medicines storage temperatures

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

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 19 August 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified at this inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 16 March 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:** First time	The registered provider must ensure that robust arrangements are in place for the cold storage of medicines. **Action taken as confirmed during the inspection**: Three medicine refrigerators were in use. Daily current, maximum and minimum refrigerator temperatures were now being monitored and recorded. However, the records indicated that these temperatures were often outside the accepted range of 2^{o}C to 8^{o}C and that the thermometers were not reset each day. This area for improvement has been stated for a second time.	**Not 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 28 **Stated:** Second time	The registered provider should ensure there are robust arrangements in place for the disposal of medicines.	**Met**
	Action taken as confirmed during the inspection: An improvement in the disposal of medicines was noted. Records were maintained in a bound book and entries were initialled by two staff. In relation to denaturing of controlled drugs, staff confirmed that Schedule 4 controlled drugs were denatured prior to disposal using denaturing kits.	

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.

Management confirmed that medicines were managed by staff who have been trained and deemed competent to do so and provided a sample of training and competency records. Refresher training in medicines management, pain management, dysphagia and enteral feeding had been provided in the last year. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually.

A new medicine system had been implemented in April 2017. We observed that this was generally well managed and there was no evidence of any out of stock medicines. Management advised of the ongoing monitoring of this system and the action already taken to address any areas identified for improvement and development.

Antibiotics and newly prescribed medicines had been received into the home without delay.

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. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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

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.

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

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Oxygen equipment was checked at regular intervals. Staff were reminded that sachets of lidocaine plasters must be kept sealed.

It was found that the cold storage of medicines requires further review. See Section 6.2. The area for improvement identified at the last medicines management inspection was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessment, the management of medicines on admission and medicine changes, and the management of controlled drugs.

Areas for improvement

An area for improvement under regulation in relation to the cold storage of medicines has been stated for a second time.

	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.

With the exception of a few medicines, the sample of medicines examined had been administered in accordance with the prescriber's instructions. The administration of those medicines which should be closely monitored were highlighted to staff and management. They agreed that these would be included in the audit process. Some audit trails could not be completed as records were incomplete. See below.

There were robust arrangements in place to alert staff of when time critical medicines must be administered, including early morning medicines and also medicines which were prescribed at weekly and three monthly intervals.

The management of medicines administered via an enteral feeding tube was reviewed. The patient's feeding regime and care plan were in place. The enteral feed was recorded on the personal medication record and records of each administration of fluids, including the total 24 hour fluid intake, were maintained.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. A care plan was maintained. The administration records indicated that these medicines were rarely required to be administered. However, for one recent administration, the reason for and the outcome of the administration was not recorded. Staff provided details at the inspection and confirmed that this was the expected practice and was an oversight. This was further discussed and advice given. It was agreed that this would be reviewed with staff.

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. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

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. They confirmed that most patients were generally compliant with their medicine regimes. In relation to one patient, they discussed the care plan regarding the management of the ongoing refusal of medicines.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the maintenance of separate administration records for transdermal patches, high risk medicines, analgesics and antibiotics. However, an area for improvement was identified regarding the completion of receipt of medicines records, as these had not been completed for some new patients' medicines.

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the patients' healthcare needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the administration of medicines, the record keeping for most records and care planning. Staff were knowledgeable regarding the patients' medicines.

Areas for improvement

The systems in place for the receipt of medicines should be reviewed to ensure records are fully maintained.

	Regulations	Standards
Total number of areas for improvement	0	1

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 completed in a caring manner and patients were given time to take their medicines.

Staff provided examples of when medicines were administered at a later or earlier time to facilitate the patients' preferences/needs. They confirmed that they were aware of and adhered to the prescribed time intervals between medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes.

The patients we met with spoke positively about their care and the management of their medicines. They were complimentary regarding staff and management. Comments included:

"I am looked after well."
"They are good staff."
"The food is nice."
"I have been here for a while and I am happy."

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 met with staff throughout the inspection. Comments included:

"It's great here."
"The staff all work together."
"Things are better now."
"I love my job."

Of the questionnaires which were left in the home to facilitate feedback from patients, staff and relatives, five were returned from patients, four from patient's representatives and five from staff. The responses indicated that they were very satisfied/satisfied with all aspects of the care in relation to the management of medicines. A few comments made by staff regarding communication were shared with the registered manager for her attention and follow up. They were also shared with the care inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the staff listening to and taking account of the views of patients.

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.

Written policies and procedures for the management of medicines were in place. These were not examined at this inspection. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were systems in place to manage any medicine related incidents. Staff confirmed that they knew how to identify and report incidents and advised of how incidents were shared with them to inform learning and change of practice, if necessary. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

Practices for the management of medicines were audited throughout the month by staff and management. The audits included running stock balances for some medicines, which were not contained within the monitored dosage system. In addition, an audit was completed by the community pharmacist. The audit process was readily facilitated by recording the date of opening on medicines and also recording the quantity of medicine carried forward from the last medicine cycle. A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

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

One of the areas for improvement identified at the last medicines management inspection had not been addressed effectively. To ensure that this is fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen. They also stated that there were good working relationships within the home and with healthcare professionals involved in patient care.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Julie McKearney, Registered Manager, Ms Lisa Gibson, Unit Manager, Ms Rosemary Dilworth, Deputy Operations Director and Mr Gavin O-Hare Connolly, Operations Director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 18 November 2017	The registered provider must ensure that robust arrangements are in place for the cold storage of medicines. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: Pharmacist contacted by Home Manager. Pharmacist has now reviewed refidgeration system and recalibrated external thermometres in residential unit and reset fridge temperatures. Nursing unit has had two new external thermometres ordered. Staff have been advised to reset fridge temperature in the morning and then to record fridge temperature an hour after it has been reset. Internal probe has been placed in glycerine. Fridge in residential unit has been tested and is now operating appropriately for storage of cold medicines.
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 18 November 2017	The registered person shall review the current systems to ensure that a record of all incoming medicines is maintained. Ref: 6.5
	Response by registered person detailing the actions taken: All medications re incoming medications will be counted and recorded on individual rsident's MARS sheet . All boxed medications will be audited after daily dispensing. This will also be audited weekly by management.

Please ensure this document is completed in full and returned via Web Portal

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