

Unannounced Follow Up Medicines Management Inspection Report 20 June 2019



Slieve Dhu

Type of Service: Nursing Home
Address: 43 Bryansford Road, Newcastle, BT33 0DW
Tel no: 028 4372 5118
Inspector: Paul Nixon

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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 provider 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 that provides care for up to 47 patients living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Registered organisation/registered person: Slieve Dhu Ltd Responsible Individual: Mr Micheal Rodgers	Registered manager: Mrs Mandy Lacey
Person in charge of the home at the time of inspection: Mrs Mandy Lacey	Date manager registered: 11 March 2015
Categories of care: Nursing Home(NH): NH-I – old age not falling within any other category NH-PH - physical disability other than sensory impairment NH-PH(E) - physical disability other than sensory impairment – over 65 years NH-TI – terminally ill	Number of registered places: 47 There shall be a maximum of one named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 20 June 2019 from 10.15 to 13.20.

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 (2015).

The inspection specifically sought to assess progress with issues raised during the previous medicines management inspection that took place on 17 May 2018.

The following areas were examined during the inspection:

- Management of warfarin
- Management of inhalers
- Management of food and fluid thickeners

No areas for improvement were identified.

4.1 Inspection outcome

0

	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 Mrs Mandy Lacey, Registered Manager, and Mr Micheal Rodgers, Responsible Individual, 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

No further actions were required to be taken following the most recent inspection on 20 November 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 incidents involving medicines; it was ascertained that none had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager, the responsible individual, the deputy manager and the nursing sister.

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

- personal medication records
- medicine administration records
- the anticoagulant policy and procedure
- care plans

Areas for improvements identified at the last medicines management inspection were reviewed and 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 inspections dated 20 November 2018

The most recent inspection of the home was an unannounced care inspection. The Quality Improvement Plan will be reviewed by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 17 May 2018

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 safe systems are in place for the management of warfarin.	Met
	Action taken as confirmed during the inspection: Although no patients were currently prescribed warfarin, the home's anticoagulant policy and procedure was examined and found to be in accordance with best practice guidelines. This area for improvement has, therefore, been deemed to have been met.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall closely monitor the administration of inhaled medicines to confirm that they are administered as prescribed.	Met
	Action taken as confirmed during the inspection: There was evidence that the administration of inhaled medicines was closely monitored to confirm that they were administered as prescribed. Audits performed on a sample of inhaled medicines produced satisfactory outcomes.	

Area for improvement 3 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that records for the administration of thickening agents by care assistants are maintained.	Met
	Action taken as confirmed during the inspection: The records belonging to five patients who were prescribed a thickening agent were reviewed. These showed that records for the administration of thickening agents by care assistants were maintained.	

6.3 Inspection findings

See Section 6.2.

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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