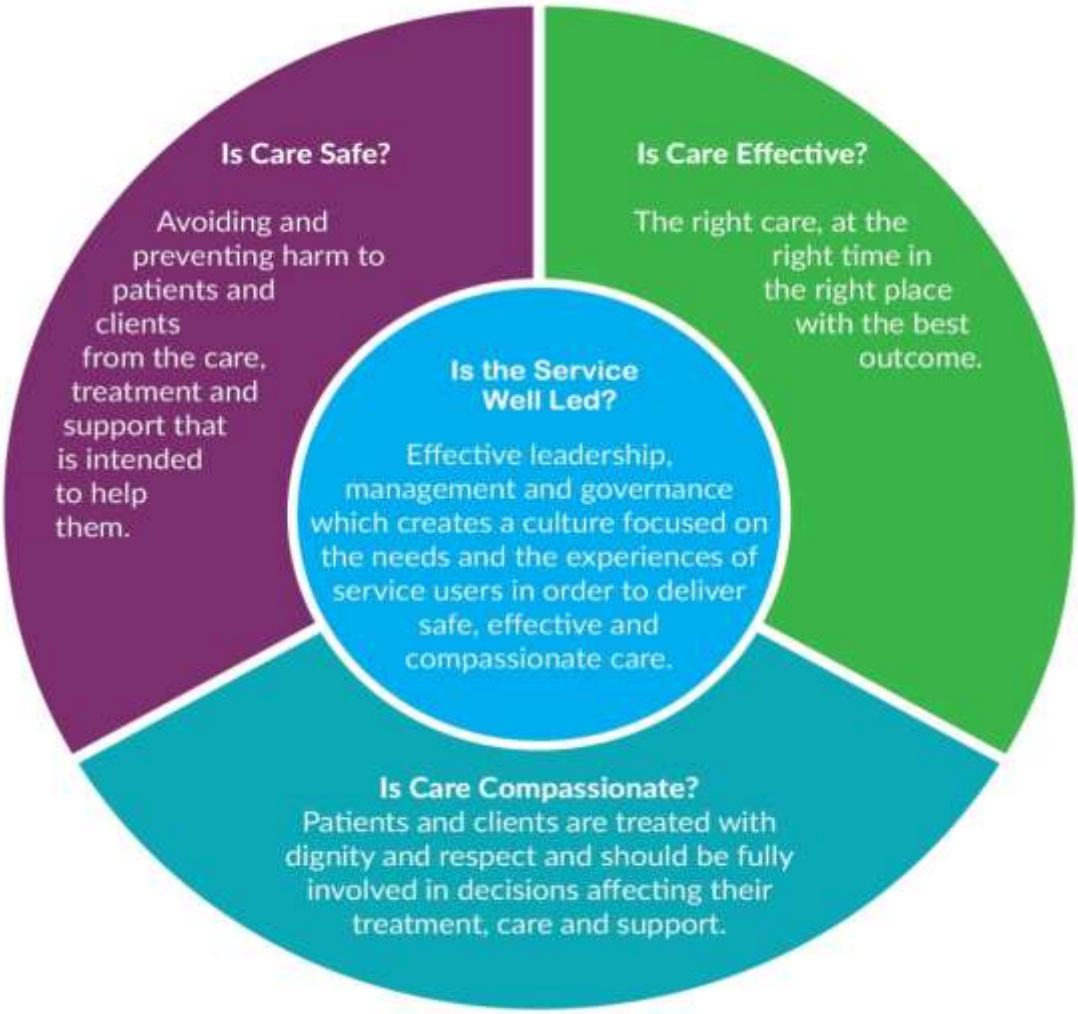
Unannounced Medicines Management Inspection Report
17 May 2018

Slieve Dhu

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

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 47 beds that provides care for patients 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 five named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 17 May 2018 from 10.40 to 15.20.

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, 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 administration of the majority of medicines, medicine records, medicine storage and the management of controlled drugs.

Areas for improvement were identified in relation to the administration of inhaled medicines and records of the administration of thickening agents.

The relative and patients we met with were complimentary regarding the staff and 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	0

*The total number of areas for improvement includes one which has been carried forward for review at the next medicines management inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Mandy Lacey, Registered Manager, 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 premises inspection

No further actions were required to be taken following the most recent inspection on 23 March 2018.

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

During the inspection we met with two patients, one relative, three registered nurses and the registered manager.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

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 23 March 2018

The most recent inspection of the home was an announced premises inspection. There were no areas for improvement identified as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 20 April 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 **Ref**: Regulation 13 (4) **Stated:** First time	The registered provider must ensure that safe systems are in place for the management of warfarin.	**Carried forward to the next medicines management inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection as this medicine was not prescribed for any patient. This area for improvement will be carried forward to the next medicines management inspection.	
Area for improvement **Ref**: Regulation 13 (4) **Stated:** First time	The registered provider must ensure insulin pens are individually labelled and that the date of opening is recorded.	**Met**
	Action taken as confirmed during the inspection: Several insulin pens were in use. They were individually labelled and the date of opening had been recorded on each insulin pen.	

Area for improvement **Ref**: Regulation 13 (4) **Stated:** First time	The registered provider must ensure that medication administration records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A review of the medication administration records indicated that the majority of hand-written entries had been verified and signed by two registered nurses. A small number of missed signatures were observed and discussed for ongoing close monitoring. There was no evidence to indicate that records were being pre-signed.	
Area for improvement **Ref**: Regulation 13 (4) **Stated:** First time	The registered provider must implement a robust auditing system for medicines management and ensure that this covers the areas identified for improvement at this inspection.	**Partially met**
	Action taken as confirmed during the inspection: The registered manager had improved the auditing process following the last medicines management inspection. The auditing system had also been reviewed and revised recently. As audit discrepancies continue to be observed in the administration of inhaled medicines this area for improvement was assessed as partially met and an area for improvement regarding the management of inhaled medicines was identified.	

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.

Medicines were managed by staff who have been trained and deemed competent to do so. Training on the management and administration of medicines was provided by the community pharmacist annually. This training was planned for June 2018. An induction process was in place

for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually.

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

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and the management of medication changes. Personal medication records and hand-written entries on the medication administration records were verified and signed by two registered nurses.

The registered manager and registered nurses advised that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. There was evidence that any potential out of stocks were followed up with the prescriber. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. The use of separate administration charts was acknowledged.

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. The maximum, minimum and current medicine refrigerator temperatures were monitored daily. Satisfactory temperature recordings were observed.

Areas of good practice

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

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 majority of medicines examined had been administered in accordance with the prescriber's instructions. However, audit discrepancies in the administration of inhaled medicines were observed. This had been identified at previous inspections and any improvements made had not been sustained. An area for improvement was identified.

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 weekly and three monthly medicines were due.

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. Care plans were in place. 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. These medicines were used infrequently and when there was evidence of an increased need, the prescribers were contacted for review.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were maintained. 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. Pain assessments were 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. Care plans and speech and language assessment reports were in place. Records of administration by registered nurses were maintained. Care assistants also administered thickening agents but they did not record this administration. Complete records for the administration of thickening agents must be maintained. An area for improvement was identified.

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.

The majority of medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Practices for the management of medicines were audited throughout the month by the registered manager and two designated registered nurses. This included running stock balances for analgesics and some medicines which were not supplied in the monitored dosage system.

Following discussion with the registered manager and staff, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

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

The registered person shall closely monitor the administration of inhaled medicines to ensure that they are administered as prescribed.

The registered person shall ensure that records for the administration of thickening agents by care assistants are maintained.

	Regulations	Standards
Total number of areas for improvement	2	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. Registered nurses were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

Throughout the inspection, it was found that there were good relationships between the registered nurses, care assistants and 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 spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines and they were happy for the staff to administer their medicines. One patient advised that they were "happy in the home and enjoyed the company."

The relative spoken to at the inspection was also complimentary about the care provided and the staff in the home.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. Seven residents completed and returned the questionnaires. The responses indicated that they were satisfied/ very satisfied with all aspects of the care in relation to the management of medicines.

Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for information and action as required.

Areas of good practice

Observation of the care evidenced that staff adopted a person centred care approach, staff spoke with patients in a manner that was sensitive and understanding of their needs.

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.

The inspector discussed 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. There were arrangements in place to implement the collection of equality data within Slieve Dhu.

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly. They were not examined at this inspection.

There were robust arrangements in place for the management of medicine related incidents. The registered manager advised that staff knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, the registered manager advised that staff were aware that medicine incidents may need to be reported to the safeguarding team.

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. As detailed in Section 6.5 the auditing system with regards to inhaled medicines must be reviewed.

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

Registered nurses confirmed that any concerns in relation to medicines management were raised with the registered manager. They advised that any issues were addressed promptly and resultant action was communicated with all relevant staff.

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 Mrs Mandy Lacey, Registered Manager, 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 via the 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:** First time **To be completed by:** 19 May 2017	The registered provider must ensure that safe systems are in place for the management of warfarin.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection. Ref: 6.2
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 17 June 2018	The registered person shall closely monitor the administration of inhaled medicines to confirm that they are administered as prescribed. Ref: 6.5 and 6.7
	Response by registered person detailing the actions taken: Inhaler count sheets have been implemented which nurses complete each time they administer an inhaler. The Registered Manager will ensure that the auditing of inhalers will be stringent.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 17 June 2018	The registered person shall ensure that records for the administration of thickening agents by care assistants are maintained. Ref: 6.5
	Response by registered person detailing the actions taken: A sheet for Care Assistants has been implemented where they can record that they have administered thickening agents. The Registered Manager will ensure that these are also audited on a regular basis.

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

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