Unannounced Medicines Management Inspection Report
20 April 2017

Slieve Dhu

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

1.0 Summary

An unannounced inspection of Slieve Dhu took place on 20 April 2017 from 10.10 to15.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that the some areas for the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. Improvements in the management of high risk medicines (insulin and warfarin) were necessary. Two requirements were made.

Is care effective?

Some areas for the management of medicines supported the delivery of effective care. However, the standard of maintenance of the medication administration records requires improvement. One requirement was 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. Patients consulted with advised that they were happy with the care provided by staff in the home. There were no areas for improvement identified.

Is the service well led?

Improvements in the overall governance arrangements for the management of medicines were necessary. Although there was evidence of some audit activity this had not resulted in addressing all the issues identified for improvement at the previous medicine management inspections. A robust auditing system must be implemented to identify any issues and drive the necessary improvements. One requirement was made.

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 Slieve Dhu which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

Details of the Quality Improvement Plan (QIP) within this report 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. However, due to the poor governance arrangements, including the management of high risk medicines, the inspection findings were discussed with senior management in RQIA. It was decided that a follow up inspection would take place to determine if the necessary improvements have been implemented and sustained.

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 November 2016.

2.0 Service details

Registered organisation/registered person: Slieve Dhu Ltd 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: NH-I, NH-PH, NH-PH(E), NH-TI, RC-I	**Number of registered places:** 47

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
  the management of medicine related incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

We met with several patients briefly, two registered nurses and the registered manager.

Fifteen questionnaires were issued to patients, their relatives/representatives and staff, with a request that they were returned within one week from the date of the inspection.

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 most recent inspection dated 23 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection 23 November 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must monitor the administration of eye preparations and inhaled medicines as part of an overall increased level of audit activity.	**Met**
	Action taken as confirmed during the inspection: There was evidence that these medicines were now included in the home's auditing system. However, the audits which were completed on inhaled medicines at this inspection indicated that some inhaled medicines had not been administered as prescribed.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time	The management of inhaled medicines must be reviewed and revised.	**Met**
	Action taken as confirmed during the inspection: Inhaled medicines were observed to be stored appropriately. Mouthpieces were covered and only one supply of each prescribed inhaler was in use for each patient. Spacer devices were labelled. Management had developed and implemented running stock balance sheets following the last medicines management inspection, however, this practice had not been sustained. The registered manager agreed to re-introduce these audit sheets. Given these assurances the requirement was assessed as met.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that insulin needles are disposed of in a timely manner. **Action taken as confirmed during the inspection**: Insulin needles had been disposed of appropriately.	**Met**
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time	The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs. **Action taken as confirmed during the inspection**: Standard Operating Procedures for the management of controlled drugs had been written and implemented in December 2016.	**Met**
Recommendation 2 **Ref:** Standard 38 **Stated:** Second time	The identified improvements should be implemented on the medication administration records. **Action taken as confirmed during the inspection**: It was acknowledged that some improvements had been made in the standard of maintenance of the medication administration records. However, hand-written updates were still not being signed by two members of staff. In addition records for administration of thickening agents had been signed prior to the administration on the first floor. **This recommendation was subsumed into a requirement.**	**Not Met**
Recommendation 3 **Ref:** Standard 18 **Stated:** First time	The registered provider should review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of administration of medicines should be recorded. **Action taken as confirmed during the inspection**: Care plans were in place. The reason for and outcome of administration were being recorded.	**Met**

Recommendation 4 **Ref:** Standard 28 **Stated:** First time	The registered provider should implement a robust audit tool. Action plans should be developed and implemented.	**Not Met**
	Action taken as confirmed during the inspection: There was limited evidence to indicate that a robust audit tool had been developed and implemented. Whilst there was evidence that monthly management audits were being carried out and action plans were put in place when discrepancies were found, the audits had not identified some of the shortfalls observed at this inspection. **This recommendation was subsumed into a requirement.**	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. Training had been provided by the community pharmacist in August 2016. This training included training for care staff on the administration of external preparations and thickening agents. Competency assessments had been completed in April 2016; the registered manager advised that they were due to be completed for 2017. There was annual appraisal. The registered manager confirmed that the outcomes of this inspection would be discussed with all registered nurses and that guidance on the use of inhalers would also be provided.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

Improvements in the management of changes to prescribed medicines and the safe management of medicines during a patient's admission to the home are necessary. It was acknowledged that details on the personal medication records had been verified and signed by two registered nurses. However, hand-written updates on the medication administration records were not being verified and signed by two registered nurses. A requirement regarding the standard of maintenance of medication administration records was made under Section 4.4.

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.

Improvements in the management of the high risk medicines warfarin and insulin were necessary, as detailed below.

Registered nurses were not following the home's warfarin policy for one patient. Dosage directions were not always received in writing and transcriptions had not been signed. There was no clear audit trail to evidence that the correct dose had been administered each day. The registered manager must ensure that dosage directions are received in writing, staff refer to these directions at each administration and running stock balance sheets are accurately maintained. A requirement was made.

Several patients were prescribed insulin. It was acknowledged that dosage directions for insulin were clearly recorded and separate records of administration were maintained. However, not all insulin pens were individually labelled to denote ownership and dates of opening had not been recorded. A requirement was made.

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

The majority of medicines were observed to be stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The refrigerator temperature in the treatment room on the first floor was being monitored and recorded most days; satisfactory recordings were observed. Frequent omissions were observed in the temperature recordings on the ground floor; it was agreed that this would be closely monitored as part of the increased level of auditing within the home.

Areas for improvement

The registered provider must ensure that safe systems are in place for the management of warfarin. A requirement was made.

The registered provider must ensure insulin pens are individually labelled and that the date of opening is recorded. A requirement was made.

Number of requirements	2	**Number of recommendations**	0

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. However audit discrepancies in the administration of inhaled medicines and medicines which were not supplied in the blister pack system were observed. In addition a number of audits on inhaled medicines could not be completed as dates of opening had not been recorded. The registered manager had identified some of these discrepancies in the audit she completed on 17 April 2017 and an action plan was being developed. A requirement regarding the home's auditing system was made under Section 4.6.

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, monthly or three monthly medicines were due.

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.

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 maintained. 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. The reason for and the outcome of administration were recorded.

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 tool was used as needed.

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. Each administration was recorded. It was noted that records of administration had been pre-signed until lunchtime on the day of the inspection. The registered manager acknowledged that this was unacceptable and advised that it would be addressed with the registered nurse. A requirement regarding the standard of maintenance of the medication administration records was made (see below).

The majority of medicine records were well maintained and facilitated the audit process. However, improvements remained necessary in the standard of maintenance of the medication administration records. As stated in Section 4.3 hand-written updates had not been verified and signed by two members of staff. In addition there were some missed signatures for administration and records for thickening agents had been pre-signed. The recommendation which was made at the last two medicines management inspections was subsumed into a requirement.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

The registered provider must ensure that medication administration records are accurately maintained. A requirement was made.

Number of requirements	1	**Number of recommendations**	0

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible. When analgesics were requested they were observed to be administered without delay.

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

As part of the inspection process 15 questionnaires were issued to patients, relatives/representatives and staff, with a request that they were returned within one week

from the date of the inspection. Two patients completed and returned the questionnaires; both responses were positive.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place; they had been updated in April 2016.

Whilst there was evidence of an internal auditing system for medicines management, completed by staff and management, this was not effective in identifying the shortfalls noted at the inspection. A robust auditing system must be put in place which covers all areas for the management of medicines e.g. record keeping, warfarin, insulin, inhalers, thickening agents, refrigerator temperatures etc. The recommendation which was made at the last medicines management inspection was subsumed into a requirement.

The registered manager advised that there were robust arrangements in place for the management of medicine related incidents and that registered nurses were aware that incidents may need to be reported to the safeguarding lead. Following the registered manager's audit (17 April 2017) an incident report form was forwarded to RQIA. Appropriate corrective/preventative action had been planned.

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

Two of the four recommendations made at the last medicines management inspection had not been addressed in a satisfactory manner. In addition although the requirements, as written, had been met this had not lead to the necessary improvements. To ensure that these are 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 any resultant action was communicated with staff either individually, at staff handovers or via team meetings.

Areas for improvement

The registered provider must implement a robust audit tool. The areas identified for improvement at this inspection must be addressed. A requirement was made.

Number of requirements	1	Number of recommendations	0

5.0 Quality improvement plan

Any issues 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 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 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 pharmacists@rqia.org.uk 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:** 19 May 2017	The registered provider must ensure that safe systems are in place for the management of warfarin.
	Response by registered provider detailing the actions taken: New stock sheets are now in place so that nurses are not copying the daily dosages down. The Nurse Manager is auditing warfarin on a weekly basis to ensure that the new system is working effectively.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 19 May 2017	The registered provider must ensure insulin pens are individually labelled and that the date of opening is recorded.
	Response by registered provider detailing the actions taken: All nurses have been told to make sure all insulin pens are labelled with the residents name on and date/time of opening.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 19 May 2017	The registered provider must ensure that medication administration records are accurately maintained.
	Response by registered provider detailing the actions taken: All nurses have been told that all MAR sheets are to have two signatures for any written entries.
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 19 May 2017	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.
	Response by registered provider detailing the actions taken: The Nurse Manager has reviewed and revised the auditing documentation and is confident that the new audit paperwork is robust and effective.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk ***from the authorised email address****

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