# Unannounced Medicines Management Inspection Report
# 23 November 2016

# 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 23 November 2016 from 10.25 to 16.15.

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 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. However, improvements in the cold storage of medicines, the storage of inhaled medicines and insulin were necessary. Two requirements were made. One of the requirements was stated for the second time.

**Is care effective?**

There was evidence that some areas for the management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. Three areas for improvement were identified in relation to the administration of inhaled medicines, medication administration records and the management of distressed reactions. One requirement and two recommendations were made. The requirement and one of the recommendations were made for the second time.

**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 confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

**Is the service well led?**

The service was found to be well led with respect to some areas of the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. However Standard Operating Procedures for the management of controlled drugs were not in place. There was no robust audit tool which meant that medication related incidents may not be identified. Two recommendations were made; one was stated for the second time.

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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 4.2 and 5.0 of this report.

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** | 3 | 4 |

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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 September 2016.

## 2.0 Service details

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| **Registered organisation/registered person:**<br>Slieve Dhu Ltd/ Mr Micheal Rodgers | **Registered manager:**<br>Mrs Mandy Lacey |
| **Person in charge of the home at the time of inspection:**<br>Mrs Mandy Lacey | **Date manager registered:**<br>11 March 2015 |
| **Categories of care:**<br>NH-I, NH-PH, NH-PH(E), NH-TI, RC-I | **Number of registered places:**<br>47 |

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

It was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We spoke with two patients, two care assistants, the deputy manager and the registered manager.

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.

A number of questionnaires were issued to patients, relatives/patients' 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 15 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last medicines management inspection 27 June 2013

| Last medicines management inspection statutory requirements | | Validation of compliance |
|---|---|---|
| **Requirement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered manager must monitor the administration of eye preparations and inhaled medicines as part of an overall increased level of audit activity. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>There was no evidence to indicate that these medicines were being audited.<br><br>Discrepancies were observed in a number of the audits which were carried out on inhaled medicines at this inspection.<br><br>This requirement has not been met and was stated for a second time. | |

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| **Requirement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered manager must review and revise the management of eye preparations in order to ensure that they are being administered as prescribed.<br><br>Records of prescribing and administration must be accurately maintained.<br><br>Eye preparations must be removed from use at their expiry. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Improvements in the records of prescribing and administration were observed.<br><br>All currently prescribed eye preparations were within their expiry date.<br><br>However, one eye preparation which required refrigerator was observed in the overstock cupboard. It was removed for disposal.<br><br>Due to the improvements noted and the assurances provided by the registered manager the requirement was assessed as met and therefore not stated for a second time. | |
| **Requirement 3**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The management of inhaled medicines must be reviewed and revised. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>There was no evidence that the areas identified for improvement had been addressed.<br><br>This requirement has not been met and was stated for a second time. | |
| **Requirement 4**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered manager must ensure that the date of opening is recorded on all insulin pens and that they are removed from use at expiry. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Dates of opening had been recorded on four of the five pens in use. The deputy manager advised that this had been an oversight and it was addressed during the inspection. | |

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| **Requirement 5**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered manager must ensure that the refrigerator thermometers are reset each day and that nurses take appropriate corrective action if refrigerator temperatures outside the accepted range are observed. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Records indicated that the thermometer was being reset each day. However temperatures above 8$^{o}$C were frequently recorded.<br><br>Water was observed in the refrigerator and outer cardboard packaging was observed to be wet. Staff advised that a new refrigerator had been ordered but there was no date for delivery. Stock was moved to a working refrigerator during the inspection.<br><br>The registered manager confirmed that a new refrigerator was in place on the day following the inspection and gave assurances that the temperature would be monitored closely. Due to these assurances the requirement was assessed as met and therefore not stated for a second time. | |
| **Requirement 6**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered manager must ensure that oxygen cylinders are stored securely. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Oxygen cylinders were observed to be stored securely. | |
| **Last medicines management inspection recommendations** | | **Validation of compliance** |
| **Recommendation 1**<br><br>**Ref:** Standard 37<br><br>**Stated:** First time | The registered manager should further review and revise the home's medicines management policies and procedures to make them specific to Slieve Dhu. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The policies and procedures had been updated in April 2016. | |

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| **Recommendation 2**<br><br>**Ref:** Standard 37<br><br>**Stated:** First time | The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>Standard Operating Procedures for the management of controlled drugs were not available.<br><br>This recommendation has not been met and was stated for a second time. | |
| **Recommendation 3**<br><br>**Ref:** Standard 38<br><br>**Stated:** First time | The registered manager should closely monitor the standard of maintenance of personal medication records to ensure each record is completed with the necessary details. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Personal medication records had been maintained in a satisfactory manner. | |
| **Recommendation 4**<br><br>**Ref:** Standard 38<br><br>**Stated:** First time | The identified improvements should be implemented on the medication administration records. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>The areas identified for improvement at the last medicines management inspection had not been addressed in a satisfactory manner.<br>Improvements as detailed in the report, were necessary<br><br>This recommendation has not been met and was stated for a second time. | |

## 4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. 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. The registered manager confirmed that competency assessments were completed following induction and annually thereafter. Refresher training in medicines management, the administration of external medicines and thickening agents had been provided by a representative of the community pharmacist in August 2016.

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.

Mostly satisfactory arrangements were in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. However, not all handwritten entries on medication administration records had been updated by two registered nurses. Further improvements in the standard of maintenance of the medication administration records are detailed in section 4.4.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

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. A small number of missed signatures for these handover checks were highlighted to the registered manager who advised that the checks were definitely completed. It was agreed that this finding would be discussed with all registered nurses at the planned team meeting (1 December 2016).

Satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin. Dosage directions were received by facsimile and registered nurses referred to these directions at each administration. A separate administration record was maintained and daily stock balances were maintained. Registered nurses were reminded that obsolete dosage directions (facsimiles) should be cancelled and archived.

The management of insulin was reviewed and improvements were noted. There were clear records of prescribing and administration. Insulin pens were individually labelled and dates of opening were recorded. However, unsheathed needles were observed on two pens. This is unsafe practice. A requirement was made.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. Registered nurses were reminded that this should be clearly recorded in the controlled drug record book.

The majority of 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. However, unsatisfactory arrangements were observed for the cold storage of medicines and the storage of inhaled medicines.

Records indicated that the refrigerator thermometer was being reset each day. However temperatures above 8$^{o}$C were frequently recorded. Water was observed in the refrigerator and outer cardboard packaging was observed to be wet. Staff advised that a new refrigerator had been ordered but there was no date for delivery. Stock was moved to a working refrigerator during the inspection. The registered manager confirmed that a new refrigerator was in place on the day following the inspection and gave assurances that the temperature would be monitored closely.

A number of inhaler devices were observed to be stored in a plastic tub. Mouthpiece covers were missing. For some patients more than one inhaler (of the same medicine) was in use. Spacer devices needed to be cleaned or replaced. These observations were noted at the last medicines management inspection and the requirement was made for a second time.

**Areas for improvement**

The management of inhaled medicines must be reviewed and revised. A requirement was stated for the second time.

The registered person must ensure that insulin needles are disposed of in a timely manner. A requirement was made.

| Number of requirements | 2 | Number of recommendations | 0 |
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## 4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. 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. However, discrepancies in the audits which were carried out on a number of inhaled medicines were observed and there was no evidence of any monitoring arrangements for these medicines. There was no evidence to indicate that eye preparations were included in the audit process. A requirement was made for the second time.

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. These medicines were rarely required. Care plans were in place for some but not all patients who were prescribed these medicines. The reason for and the outcome of administration were recorded on some occasions only. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Care plans were in place. 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. The registered manager confirmed 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, care plans and speech and language (SALT) assessments were in place. Details were recorded on the personal medication records, including the required consistency. Copies of the SALT assessments were available for kitchen staff and care assistants. Records of administration by care assistants were maintained for some but not all patients. It was agreed that this would be reviewed to ensure that complete records were being maintained.

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.

Medicine records were well maintained and facilitated the audit process, however, improvements in the standard of maintenance of the medication administration records were necessary. A number of hand-written updates had not be verified and signed by two registered nurses. The month of administration had not been recorded on all hand-written medication administration records and there were a small number of missed signatures. The recommendation which was made at the last medicines management inspection was stated for a second time. Some of the disposal records had been signed by only one registered nurse. Two registered nurses should sign the records of disposal; it was acknowledged that this was the expected practice and that it would be monitored closely as part an overall increase in the home's audit activity.

Practices for the management of medicines were audited throughout the month by the staff and the deputy manager. This included running stock balances for some solid dosage medicines. In addition, a quarterly audit was completed by the community pharmacist. Due to the findings of this inspection a robust audit tool must be implemented which covers all of the issues identified (See Section 4.6).

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.

**Areas for improvement**

The registered manager must monitor the administration of eye preparations and inhaled medicines as part of an overall increased level of audit activity. A requirement was stated for the second time.

The identified improvements should be implemented on the medication administration records. A recommendation was made for the second time.

The registered manager must 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. A recommendation was made.

| **Number of requirements** | 1 | **Number of recommendations** | 2 |
|---|---|---|---|

## 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.

Following discussion with patients, it was ascertained that they had no concerns regarding the management of their medicines and that they were content with their care in the home. Patients advised that they were happy in the home and that staff were "very good."

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. Throughout the inspection, there was evidence of good relationships between staff and patients.

As part of the inspection process 25 questionnaires were issued to patients, relatives/patients' representatives and staff, with a request that they were returned within one week from the date of the inspection. Three residents and two members of staff completed and returned the questionnaires. The responses were positive and these were recorded as "satisfied" with regard to the management of medicines in the home.

**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. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff. Standard Operating Procedures for the management of controlled drugs were not in place. A recommendation was made for the second time.

The registered manager advised that there were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. There had been no medicine related incidents reported since the last medicines management inspection. A review of the home's audits indicated that they were not robust and that incidents may not be identified. The registered manager should increase the level of audit activity. Findings should be discussed with staff and action plans should be implemented. A recommendation was made.

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.

Not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. 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 at handovers.

**Areas for improvement**

The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs. A recommendation was made for the second time.

The registered manager should implement a robust audit tool. Action plans should be developed and implemented. A recommendation was made.

| Number of requirements | 0 | Number of recommendations | 2 |
|---|---|---|---|

## 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 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**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>23 December 2016 | The registered manager must monitor the administration of eye preparations and inhaled medicines as part of an overall increased level of audit activity. |
| | **Response by registered provider detailing the actions taken:**<br>A new auditing tool has been implemented which includes close observation of the administration of eye preparations and inhaled medicines. A nurse has been allocated to complete a monthly medication audit which the Registered Manager will oversee. |
| **Requirement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>23 December 2016 | The management of inhaled medicines must be reviewed and revised. |
| | **Response by registered provider detailing the actions taken:**<br>A signing sheet for all inhaled medications has been implemented which requires each nurse to sign for each dose following administration. The new audit tool that has been implemented will also include auditing the administration of inhaled medication |
| **Requirement 3**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 December 2016 | The registered person must ensure that insulin needles are disposed of in a timely manner. |
| | **Response by registered provider detailing the actions taken:**<br>All nurses have been reminded of the importance of disposing of needles after each use. Again, this will be audited during the auditing procedure. |

| Recommendations | |
|---|---|
| **Recommendation 1**<br><br>**Ref:** Standard 37<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>23 December 2016 | The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs. |
| | **Response by registered provider detailing the actions taken:**<br>There is now a more indepth policy on management of controlled drugs which includes operating procedures. |
| **Recommendation 2**<br><br>**Ref:** Standard 38<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>23 December 2016 | The identified improvements should be implemented on the medication administration records. |
| | **Response by registered provider detailing the actions taken:**<br>All staff have been reminded that two signatures are required when handwriting and updating medication paperwork and the month needs to clearly written on as well. They have also been reminded to make sure the sign for all medication as it is administered. |
| **Recommendation 3**<br><br>**Ref:** Standard 18<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 December 2016 | 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. |
| | **Response by registered provider detailing the actions taken:**<br>All residents on medication for distressed reactions now have a detailed care plan. Nurses have been reminded to document the reason and outcome for residents when they require medication for distressed reactions. |
| **Recommendation 4**<br><br>**Ref:** Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 December 2016 | The registered provider should implement a robust audit tool. Action plans should be developed and implemented. |
| | **Response by registered provider detailing the actions taken:**<br>A new auditing tool has been implemented and audits will be performed on a monthly basis by one particular nurse. She will also devise actions plans. This will be monitored by the Registered Manager. |

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

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