

Unannounced Medicines Management Inspection Report 15 June 2016



Drummaul House

Type of Service: Nursing Home
Address: 41 New Street, Randalstown, BT41 3AF
Tel No: 028 9447 3958
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Drummaul House took place on 15 June 2016 from 09:50 to 14:05.

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?

The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No requirements or recommendations have been made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. No requirements or recommendations have been made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Patients consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations have been made.

Is the service well led?

The service was found to be well led regarding the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations have been made.

The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) has not been included in this report.

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 the DHSSPS Nursing Homes Minimum Standards, February 2008. Please also refer to section 4.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Drummaul House which provides both nursing and residential care.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Maria Bothwell, Registered Manager, 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.

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 3 May 2016.

2.0 Service details

Registered organisation/registered person: Hutchinson Homes Ltd/ Ms Naomi Carey and Mrs Janet Montgomery	Registered manager: Mrs Maria Margaret Bothwell
Person in charge of the home at the time of inspection: Mrs Maria Bothwell	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH	Number of registered places: 43

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 reported to RQIA since the last medicines management inspection

We met with the registered manager, the deputy manager, two registered nurses, one senior care worker and two patients.

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 3 May 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 dated 23 July 2013

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 37 Stated: First time	The registered manager should ensure that Standard Operating Procedures (SOPs) for controlled drugs are developed and implemented.	Met
	Action taken as confirmed during the inspection: SOPs were developed and implemented following the last inspection and had been reviewed annually. They were available for staff training and reference purposes.	

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, senior care staff and 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. Refresher training in medicines management had been provided for relevant staff in November 2015 by the supplying pharmacist.

The home participates in the hospital 'in-reach' training programme and the deputy manager of the home is the link nurse. Training for registered nurses was planned for July 2015 in the use of syringe drivers and sub-cutaneous fluids.

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.

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

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. 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. 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. It was discussed and agreed that when Schedule 4 (Part 1) controlled drugs are denatured prior to disposal this should be clearly recorded in the record of disposal on every occasion.

Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions; some minor discrepancies were identified and discussed. There was evidence that time critical medicines had been administered at the correct time. There were robust arrangements in place to alert staff of when doses of weekly, monthly or 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, 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 reason for and the outcome of any administration were recorded. It was acknowledged that these medicines were rarely used.

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 where patients could not verbalise any pain, a pain assessment tool would be used. 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 prescribed fluid consistency. Care plans and speech and language therapy 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.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. The date of opening of medicines was routinely recorded on both the medicine container and the medicine administration record.

Practices for the management of medicines were audited throughout the month by the staff and a summary produced. These were reviewed by management and an action plan produced which was routinely shared with staff during team meetings and via a communication book. In addition, audits were completed by the community pharmacist. It was discussed and agreed that as a result of these audits and audits completed during the inspection that ‘when required’ medicines, inhalers and nutritional supplements should be audited more frequently within this process, since some minor discrepancies had been identified.

It was evident that when applicable, other healthcare professionals were contacted regarding the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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.

Two patients advised that they were satisfied with the manner in which their medicines were managed and administered and were complimentary about the care received.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These were under review by the registered provider.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they 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.

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

Staff confirmed that any concerns in relation to medicines management were raised with management.

The recommendation made at the last medicines management inspection had been addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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