

Unannounced Medicines Management Inspection Report 24 May 2018



Drummaul House

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

www.rqia.org.uk

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 registered to provide care for up to 43 patients with a variety of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individuals: Mrs Janet Montgomery Ms Naomi Carey	Registered Manager: Mrs Maria Margaret Bothwell
Person in charge at the time of inspection: Ms Mariana Paun, Nurse in Charge at start of inspection Mrs Maria Bothwell for remainder of inspection	Date manager registered: 1 April 2005
Categories of care: Nursing Homes (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment	Number of registered places: 43 including a maximum of three named residents receiving residential care in category RC-I The home is approved to provide care on a day basis only to two persons

4.0 Inspection summary

An unannounced inspection took place on 24 May 2018 from 11.05 to 14.45.

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 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 medicines administration, medicine records, medicine storage and the management of controlled drugs. Staff were commended for their ongoing efforts regarding quality improvement in the management of medicines.

No areas for improvement were identified.

Patients spoken to were complimentary about the management of their medicines, the care provided and the staff 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	0	0

This inspection resulted in no areas for improvement being identified. 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 2017. 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 home 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

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with four patients, three registered nurses, the registered manager and a visiting dentist.

A total of 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
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

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 October 2017

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

6.2 Review of areas for improvement from the last medicines management inspection dated 15 June 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

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 completed an induction process and been trained and deemed competent to do so. The impact of training was monitored through team meetings, discussion and annual appraisal. Competency assessments were completed annually. Records of training were maintained.

In relation to safeguarding, staff advised that they 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 and discharge from the home.

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. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

Arrangements were in place to manage changes to prescribed medicines. Personal medication records were usually updated by two members of staff. Staff were reminded that changes should be verified on every occasion to ensure accuracy.

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.

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. The medicine refrigerator and oxygen equipment were checked at regular intervals. Some deviations above the maximum storage temperature for the cold storage of medicines, of 8°C, were observed. Staff were reminded that the medicine refrigerator thermometer needs to be reset daily after recording temperatures. It was acknowledged that the current refrigerator temperature was satisfactory.

Areas of good practice

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

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 sample 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.

The management of pain, distressed reactions and swallowing difficulties were examined. Satisfactory arrangements were observed. Records were well maintained and care plans 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 would be reported to the prescriber.

Medicine records were well maintained and readily facilitated the audit process. Staff were commended on the standard of record keeping and areas of good practice were acknowledged. These included the use of separate personal medication records for antibiotics, recording the

date of opening of medicines on medication administration records and having clear prompts in place to remind staff of the importance of the timely administration of medicines for Parkinson's.

Practices for the management of medicines were audited throughout the month. In addition, audits were completed by the community pharmacist. Staff were advised that a variety of medicines and formulations should continue to be included within the audit process.

Following discussion with staff, it was evident that when applicable, other healthcare professionals are contacted in response to the needs of the patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping, care planning and the administration of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were friendly and courteous and were knowledgeable about the patients and their needs.

There was a pleasant and welcoming atmosphere in the home. Many of the patients were outside enjoying the sunshine and activities were taking place outdoors due to the weather.

The patients spoken to advised that they were satisfied with the management of their medicines and the care provided in the home. They were complimentary regarding staff and management. Comments made included:

"I'm very content."

"The staff will do anything for you."

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.

Ten questionnaires were left in the home to facilitate feedback from patients and their relatives. None were returned within the specified timescale (two weeks).

Any comments from patients, their representatives or staff received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There was evidence that staff listened to patients and took account of their views.

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 create 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. Staff confirmed that arrangements were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place; these were not examined in detail.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they 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. Action plans were produced following the assessment of monthly audits and improvements were noted. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion and observation, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management. They stated that there were good working relationships in the home.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Areas of good practice

There were examples of good practice found throughout the inspection 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

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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