The Regulation and Quality Improvement Authority

Inspection Report

8 April 2022

Drapersfield House

Type of service: Nursing Home
Address: 19 Drapersfield Road,
Cookstown, BT80 4868
Telephone number: 028 8676 4868

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Drapersfield Ltd **Registered Person:** Mrs Jill Canavan	**Registered Manager:** Mrs Margaret Kolbohm **Date registered:** 16 June 2016
Person in charge at the time of inspection: Mrs Mary Devlin – Nurse in charge	**Number of registered places:** 45 There shall be a maximum of one named patient in category NH-MP(E) and a maximum of one named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH (E) - physical disability other than sensory impairment – over 65 years	**Number of patients accommodated in the nursing home on the day of this inspection:** 37
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides care for up to 45 people. Bedrooms and living areas are located over three floors with access to communal lounges, dining areas and an outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 8 April 2022 from 10.15am to 1.45pm. The inspection was conducted by a pharmacist inspector

At the last medicines management inspection on 25 March 2021 areas for improvement were identified in relation to the management of warfarin, the maintenance of medicine related records, medicines audit and the stock control of medicines. This inspection focused on medicines management within the home and sought to assess compliance with the quality improvement plan from the last medicines management inspection.

Improvements were observed in relation to the management of medicines during this inspection. An improved audit system had been implemented and safe systems were in place for the management of warfarin.

Medicine related records were maintained to a satisfactory standard and adequate medicine stock control measures were in place. One area for improvement in relation to handwritten medicine administration records (MARs) has been stated for a second time.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines and the auditing systems used to ensure the safe management of medicines. Staff views were also obtained.

4.0 What people told us about the service

The inspector met with nursing staff including the clinical lead nurse, the manager and the responsible individual. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff discussed the various medicines management improvement processes implemented following the last inspection including a new audit tool and updated warfarin administration record templates.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the responsible individual for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, eight completed patient questionnaires had been returned. All respondents indicated they were very satisfied with the level of care received in Drapersfield House.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 17 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that updates to warfarin dosage regimes are received in writing on each occasion and in a timely manner.	**Met**
	Action taken as confirmed during the inspection: Safe systems were in place for the management of warfarin. **See Section 5.2.1**	
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall review the administration of medicines process to ensure records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: Records of the administration of medicines were accurately maintained. **See Section 5.2.2**	
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall develop a robust auditing process which covers all aspects of medicines management.	**Met**
	Action taken as confirmed during the inspection: A robust system of audit is now in place. **See Section 5.2.3**	

Area for improvement 4 **Ref:** Regulation 21 (1) (a) (b) **Stated:** First time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment. With specific reference to: • documentary evidence of pre-employment registration with an appropriate professional regulatory body where necessary • the dates of previous employment are recorded • any gaps in employment are explored and recorded. **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**
Area for improvement 5 **Ref:** Regulation 20 (1) (c) (ii) **Stated:** First time	The registered person shall ensure a robust system is in place to ensure that relevant staff are registered with an appropriate professional regulatory body. **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**
Area for improvement 6 **Ref:** Regulation 16 (2) (b) **Stated:** First time	The registered person shall ensure that care records are maintained to direct the delivery of care. With specific reference: • where a patient has a relevant medical condition a care plan is implemented • patients at risk of dehydration have a care plan in place detailing the recommended daily fluid target with the action to be taken, and at what stage, if the recommended target is not met.	**Carried forward to the next inspection**

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 29 **Stated:** First time	The registered person shall ensure that all obsolete records are discontinued and securely archived.	**Met**
	Action taken as confirmed during the inspection: Obsolete records were discontinued and securely archived. **See Section 5.2.2**	
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time	The registered person shall review the stock control of medicines to ensure that expired medicines are removed from stock and medicines are only ordered as needed.	**Met**
	Action taken as confirmed during the inspection: Adequate medicines stock management processes are now in place. **See Section 5.2.4**	
Area for improvement 3 **Ref**: Standard 29 **Stated:** First time	The registered person shall ensure that all handwritten entries on medication administration records involve two trained staff to check that the information is accurate.	**Not met**
	Action taken as confirmed during the inspection: Handwritten entries on medication administration records did not involve two trained staff. **See Section 5.2.2**	

Area for improvement 4 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning, the care plan accurately reflects the frequency of repositioning within the patient's recording charts.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that supplementary recording charts contain the following information: • the date of entry • relevant information regarding patient recommended dietary/fluid type • where abbreviations are utilised a code is provided to signify what they represent.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Management of warfarin

Warfarin is a high risk medicine and therefore safe systems must be in place to ensure patients are administered the prescribed dose and arrangements are in place for regular blood monitoring. Review of the management of warfarin identified safe systems were in place. Patients' latest prescribed warfarin dose was communicated to the home via e-mail from the GP surgery. Two trained staff were involved in transcribing the dose onto supplementary warfarin administration records. The audits completed on the day of inspection showed warfarin had been administered as prescribed and accurate records had been maintained. The date of opening was recorded on all warfarin medicine boxes to facilitate audit.

5.2.2 Medicine related records

A sample of the MARs reviewed during the inspection were found to be fully complete and accurate. The records were filed once completed and were readily retrievable for audit and review. The good practice of supplementary medicine administration records for high risk medicines such as warfarin and insulin was acknowledged.

Occasionally, a record of the administration of medicines is made on handwritten MARs.

Review of these records identified that only one staff member was involved in writing these records and they were not checked and signed by a second member of staff to ensure that they were accurate. This area for improvement has been stated for a second time.

The personal medication records reviewed at the inspection were accurate and up to date. Obsolete records had been suitably cancelled and archived where appropriate.

5.2.3 Medicines audit

The findings of the last medicines management inspection identified the audit system in place for medicines management was not robust. A robust audit system encompassing all aspects of medicines management is necessary to ensure safe systems are in place and that patients are administered their medicines as prescribed.

Improvements in the arrangements for auditing medicines in the home were observed. The clinical lead nurse completes a monthly audit which encompasses all aspects of medicines management. Records of these audits were provided for review on the day of inspection. Daily running stock balances of boxed medicines were also maintained.

The audit system in place helps staff to identify medicine related incidents. Staff spoken to were familiar with the type of incidents which should be reported. Audits completed during the inspection demonstrated that medicines were administered as prescribed.

5.2.4 Medicine stock control

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

Medicine storage areas were tidy and organised so that medicines belonging to each patient could be easily located. Systems are in place to monitor the expiry dates of medicines including limited shelf-life preparations such as eye drops and inhalers. No expired medicines were observed during this inspection. The monthly ordering process for medicines has been reviewed since the last inspection and medicines were only ordered as needed to ensure excess supplies of medicines are not kept in the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes one that has been stated for a second time and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jill Canavan, Responsible Individual and Ms Ailish Devlin, Clinical Lead Nurse as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1) (a) (b) **Stated:** First time **To be completed by:** With immediate effect (17 November 2021)	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment. With specific reference to: • documentary evidence of pre-employment registration with an appropriate professional regulatory body where necessary • the dates of previous employment are recorded • any gaps in employment are explored and recorded.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 **Ref:** Regulation 20 (1) (c) (ii) **Stated:** First time **To be completed by:** With immediate effect (17 November 2021)	The registered person shall ensure a robust system is in place to ensure that relevant staff are registered with an appropriate professional regulatory body.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 3 **Ref**: Standard 29 **Stated:** Second time **To be completed by:** Immediate and ongoing (8 April 2022)	The registered person shall ensure that all handwritten entries on medication administration records involve two trained staff to check that the information is accurate.
	Response by registered person detailing the actions taken: All handwritten entries going forward have double signatures to ensure information is accurate. Supervision carried out with nursing staff and also staff meeting to address same.

Area for improvement 4 **Ref:** Standard 23 **Stated:** First time **To be completed by:** With immediate effect (17 November 2021)	The registered person shall ensure that where a patient has been assessed as requiring repositioning, the care plan accurately reflects the frequency of repositioning within the patient's recording charts.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** With immediate effect (17 November 2021)	The registered person shall ensure that supplementary recording charts contain the following information: • the date of entry • relevant information regarding patient recommended dietary/fluid type • where abbreviations are utilised a code is provided to signify what they represent.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

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