Unannounced Medicines Management Inspection Report
6 March 2017

Drapersfield House

Type of Service: Nursing Home
Address: 19 Drapersfield Road, Cookstown, BT80 8RS
Tel no: 028 8676 4868
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Drapersfield House took place on 6 March 2017 from 10.20 to 13.45.

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 management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was largely in compliance with legislative requirements and standards. Two areas of improvement were identified in relation to the management of warfarin and the disposal of controlled drugs. Two recommendations were made; one has been stated for a second time.

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. One area of improvement was identified in relation to the management of distressed reactions. A recommendation 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 confirmed that they were administered their medicines appropriately. There were no areas for improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. One area of improvement was identified in relation to governance and robust auditing systems. A 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.

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 Drapersfield House which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jill Canavan, Registered Person, 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 18 January 2017.

2.0 Service details

Registered organisation/registered person: Drapersfield Ltd Mrs Jill Canavan	**Registered manager:** Mrs Margaret Kolbohm
Person in charge of the home at the time of inspection: Ms Nicola McKernon (Deputy Manager)	**Date manager registered:** 16 June 2016
Categories of care: RC-I, RC-MP, NH-I, NH-LD, NH-LD(E), NH-PH, NH-PH(E), RC-MP(E)	**Number of registered places:** 45 A maximum of 10 residential places. 2 identified persons in categories NH-LD/LD(E), 1 identified person in category RC-MP and 1 identified person in category RC-MP(E)

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 three patients, the registered provider and three registered nurses.

Fifteen questionnaires were issued to patients, patients' representatives and staff with a request that they were returned within one week of the inspection.

A sample of the following records was examined:

- 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 18 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP had not been returned at the time of issue of this report. 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 22 May 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must closely monitor the administration of Cipralex oral liquid as part of the home's audit activity	**Met**
	Action taken as confirmed during the inspection: Cipralex oral liquid was not prescribed for any of the patients at the time of this inspection. This medicine had been audited following the last inspection. Staff were aware that liquid medicines should be included in the audit process.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must implement robust systems to ensure that currently prescribed medicines are available for administration as prescribed at all times.	**Met**
	Action taken as confirmed during the inspection: All medicines were available for administration at the time of this inspection and there was no evidence to suggest that medicines had been out of stock. The registered nurse advised that there were no issues in obtaining medicines in a timely manner.	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that fluid intake charts are accurately maintained and totalled each day.	**Met**
	Action taken as confirmed during the inspection: A sample of fluid intake charts was provided for inspection. These charts had been fully completed.	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that a seizure management plan is developed for all relevant patients.	**Met**
	Action taken as confirmed during the inspection: None of the current patients require a seizure management plan. Staff were aware that epilepsy management plans should be in place when required.	
Requirement 5 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that appropriate safe handling guidance and precautions are in place for all cytotoxic medicines.	**Met**
	Action taken as confirmed during the inspection: None of the current patients are prescribed cytotoxic medicines. This had been addressed following the last inspection and information had been provided to staff.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that obsolete warfarin dosage directions are cancelled and archived.	**Not met**
	Action taken as confirmed during the inspection: Obsolete dosage regimes had not been cancelled and archived. This recommendation has been stated for a second time.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	Nurses should receive update training on the management of seizure activity and the use of buccal midazolam.	**Met**
	Action taken as confirmed during the inspection: Training in epilepsy management was included in the refresher medicines management training. None of the current patients are prescribed buccal midazolam.	
Recommendation 3 **Ref**: Standard 38 **Stated:** First time	Two nurses should be involved in the disposal of medicines and both should sign the records in the disposal book.	**Met**
	Action taken as confirmed during the inspection: Two nurses are involved in and sign for the disposal of medicines.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year.

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.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged. However, obsolete dosage directions for the administration of warfarin must be promptly removed from the medicines file and archived. The recommendation made previously has been stated for a second time.

Discontinued or expired medicines were disposed of appropriately. Schedule 4 (part 1) controlled drugs were not being denatured prior to disposal. This was discussed with the registered nurses on duty. A recommendation was made.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

The registered manager should ensure that obsolete warfarin dosage directions are cancelled and archived. The recommendation made previously was stated for a second time.

The registered person should review and revise the disposal of controlled drugs in Schedule 4 (part 1) to ensure that they are denatured prior to disposal. A recommendation was made.

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

4.4 Is care effective?

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.

There had been a partial change in the method of supply of medicines since the last inspection. At the time of the inspection, the system was not consistent and this could lead to an error when medicines are being administered. This issue was discussed in detail with the registered provider who agreed to review this arrangement.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the reason for and the outcome of administration were recorded. 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 dosage instructions recorded on the personal medication record should indicate the maximum daily dosage and minimum dosage intervals of these medicines. A care plan was maintained for one patient but not the other. The registered provider should review the management of distressed reactions to ensure that all of the appropriate records are in place. A recommendation was made.

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 most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. A pain assessment is completed as part of the admission process.

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.

Practices for the management of medicines were audited throughout the month by the staff and management.

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

Areas for improvement

The registered provider should review the management of distressed reactions to ensure that all of the appropriate records are in place. A recommendation was made.

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

4.5 Is care compassionate?

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients were treated courteously, with dignity and respect. Good relationships were evident.

The administration of medicines to two patients was observed during the inspection. The nurse administering the medicines spoke to the patients in a kind and caring manner. The patients were given time and encouragement to take each medicine. Patients were administered medicines discreetly and their privacy was respected.

We spoke to three patients during the inspection. No concerns were raised regarding the management of medicines.

Four patients completed the questionnaires. All of the responses indicated that they were "satisfied" or "very satisfied" with how medicines were managed.

Questionnaires were completed by five members of staff. All of the responses indicated that there were no concerns with how medicines were managed 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. Management advised that these were reviewed regularly. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. However, two discrepancies were identified in the administration of lorazepam for one patient. There was no evidence that the registered nurses or manager had noted these discrepancies and no action had been taken to resolve them. The registered provider must ensure that the audit process is robust and that when discrepancies are highlighted they are investigated to prevent a recurrence. A requirement was made.

Following discussion with the registered nurses 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.

Areas for improvement

The registered provider must ensure that the audit process is robust and that when discrepancies are highlighted they are investigated to prevent a recurrence. 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 Jill Canavan, Registered Person, 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 web portal 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:** 6 April 2017	The registered provider must ensure that the audit process is robust and that when discrepancies are highlighted they are investigated to prevent a recurrence.
	Response by registered provider detailing the actions taken: All registered nurses are aware of the auditing process, they are also aware that PRN medications that require auditing eg lorazepam need to be audited daily if administered or not. The registered manager will carry out regular audits to ensure this will be carried out. If discrepancy is noted an investigation will take place.
Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time **To be completed by:** 6 April 2017	The registered manager should ensure that obsolete warfarin dosage directions are cancelled and archived.
	Response by registered provider detailing the actions taken: All registered nurses have been informed that when a new updated INR instruction sheet is issued for a patient prescribed warafin dose, INR result and when next INR to be obtained. This must be checked by 2 registered nurses, signed and placed in patients medicine kardex the old sheet must be removed and filed in patients notes and the most recent instuctions available.
Recommendation 2 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 6 April 2017	The registered person should review and revise the disposal of controlled drugs in Schedule 4 (part 1) to ensure that they are denatured prior to disposal.
	Response by registered provider detailing the actions taken: Following the review denaturing kits have been purchased. The registered provider has emphasied the importance of using the denaturing kits to all registered nurses prior to disposal of controlled drugs and recording their actions appropriately.
Recommendation 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 6 April 2017	The registered provider should review the management of distressed reactions to ensure that all of the appropriate records are in place.
	Response by registered provider detailing the actions taken: All proper instructions on patients medication labels are now clearly stated and this is now in place. Proper instruction are now written in the patients medication prescription sheet. The Kardex has been amended to state the maximum dosage for each resident. The care plan has been updated to reflect the changes. This will be reviewed as and when required. This is reinforced by daily medication audit.

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