



# **Unannounced Follow Up Medicines Management Inspection Report 25 February 2019**



## **Drapersfield House**

**Type of Service: Nursing Home**

**Address: 19 Drapersfield Road, Cookstown, BT80 8RS**

**Tel No: 028 8676 4868**

**Inspector: Catherine Glover**

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Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 with 45 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Drapersfield Ltd  <b>Responsible Individual:</b> Mrs Jill Canavan	<b>Registered Manager:</b> Mrs Margaret Kolbohm
<b>Person in charge at the time of inspection:</b> Ms Sinead Rooney, Nurse in Charge	<b>Date manager registered:</b> 16 June 2016
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 45  There shall be a maximum of 1 named patient in category NH-LD(E) and a maximum of 1 named patient in category NH-MP(E). There shall be a maximum of 2 named residents receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 25 February 2019 from 10.00 to 12.30.

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/ the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection sought to assess progress with issues raised since the previous medicines management inspection and to review the actions taken following recent medicine incidents that had been reported by the registered manager.

RQIA had recently received information about the home being cold, medicines being left unattended in the dining room and a supply of medicines going missing which had not been investigated and reported appropriately. This outcome of this inspection did not substantiate any of this information.

It is not the remit of RQIA to investigate complaints or whistleblowing made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- The systems in place for the management of medicines
- The management of warfarin and injectable medicines

- The administration of pain relieving medicines
- The temperature of the home

Patients said they were very content in the home and praised the staff for their kindness and hard work.

We spoke to one patient's relative who was very satisfied with the care provided to his relative. He said that the home was warm and comfortable, the food was good and there were drinks available for patients at all times. He said that the staff in the home treated his relative with dignity and compassion and said the care could not be better. He advised that there was a stable staff group and that communication with staff and management was good.

The findings of this report will provide the management of the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1*

\*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Sinead Rooney, Nurse in Charge, and Mrs Jill Canavan Registered Provider, 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.

#### 4.2 Action/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 August 2019. Following the inspection a meeting to discuss the system in place for administering medicines was held with Mrs Jill Canavan, Registered Person and Mrs Margaret Kolbohm, Registered Manager, on 23 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 service 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.

During the inspection the inspector met with two patients, one patient's relative, the registered provider and two registered nurses.

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

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
- medicine audits
- care plans
- medicines storage temperatures

Areas for improvements identified at the last medicines management inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 19 August 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 19 August 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that the system in place for administering medicines is robust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicines system has been revised. Further detail is provided in Section 6.3.	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that when medicines are administered on a “when required” basis for the management of distressed reactions, the reason for and outcome of the administration is recorded.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of distressed reactions for three patients was examined. Care plans were in place for each patient, however the reason for, and outcome of, administering the medicines prescribed to manage the distressed reaction was not always recorded. This was discussed in detail with the registered provider and nurse in charge at the conclusion of the inspection.	
	<b>This area for improvement has been stated for a second time.</b>	

### 6.3 Inspection findings

#### The systems in place for the management of medicines

The previous three medicines management inspections found that management had begun to implement a change in the supply of medicines to the home. This change has been fully completed and the system is now consistent across each patient. This has simplified the medicines system in the home and the registered nurses advised that it was more straightforward to operate.

#### The management of warfarin and injectable medicines

The registered manager had recently reported two incidents regarding the management of warfarin and one incident regarding the management of an injectable medicine. The management of warfarin for three patients was examined during this inspection and found to be satisfactory. Written confirmation of the dosage regime was held on file, there were clear instructions for obtaining repeat blood tests and two nurses were involved in the administration of warfarin.

The management of the injectable medicine was examined. There were clear instructions for the dosage intervals of the medicine, the last date of administration had been recorded and the date that the next injection was due had been highlighted.

The system to manage these medicines had been reviewed following the incidents to ensure that robust processes were in place.



## The administration of pain relieving medicines

Information had been shared with RQIA that a supply of pain relieving medicine had gone missing and that this had not been reported to RQIA in accordance with regulations. We reviewed the system in place for the management of this medicine. A running stock balance was completed each time the medicine was administered which would immediately highlight if any tablets were missing. There was no evidence to support the allegation that a supply had gone missing.

## The temperature of the home

We had been informed that the home was cold. The inspector was escorted around the home and visited all floors at the start of the inspection. Bedroom windows were observed to be opened whilst the rooms were being cleaned. Staff advised that they were closed once the rooms were finished. We noted the temperature throughout the home was comfortable. The registered provider advised that she was surprised by the information as she would have described the home as always being warm. The two patients and patient's relative that we spoke to did not have any complaints about the temperature of the home.

## 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. There was evidence that staff listened to patients and relatives and took account of their views. There were clearly defined roles and responsibilities for staff.

## Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Sinead Rooney, Nurse in Charge, and Mrs Jill Canavan Registered Provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with 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.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 March 2019	The registered person shall ensure that when medicines are administered on a “when required” basis for the management of distressed reactions, the reason for and outcome of the administration is recorded.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> A template has been devised for the management of distressed reactions. The reason for and outcome of the administration columns have been included. The form has been put in place since the start of March 2019. All staff have been informed at the staff handovers, reports and the last staff meeting. This form shall be included in our monthly audits.

***\*Please ensure this document is completed in full and returned via Web Portal\****



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