The Regulation and Quality Improvement Authority

Unannounced Medicines Management Inspection Report
26 October 2017

Drapersfield House

Type of Service: Nursing Home
Address: 19 Drapersfield Road, Cookstown, BT80 8RS
Tel No: 028 8676 4868
Inspector: Catherine Glover

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

3.0 Service details

Organisation/Registered Provider: Drapersfield Ltd Responsible Individual: Mrs Jill Canavan	Registered Manager: Mrs Margaret Kolbohm
Person in charge at the time of inspection: Mrs Margaret Kolbohm	**Date manager registered:** 16 June 2016
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years Residential Care (RC): I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	**Number of registered places:** 45 A maximum of 10 residential places 1 identified person in categories NH-LD, 1 identified person in category RC-MP and 1 identified person in category RC-MP(E)

4.0 Inspection summary

An unannounced inspection took place on 26 October 2017 from 10.10 to 14.00.

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 term 'patients' is used to describe those living in Drapersfield House which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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 the management of medicines on admission, the management of warfarin and care planning.

Areas requiring improvement were identified in relation to personal medication records and the system used to administer medicines.

Two patients spoken with said the staff were excellent and they were happy 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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Kolbohm, Registered Manager, 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 care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 9 October 2017.

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; it was ascertained that no incidents involving medicines had been 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 we met with two patients, three registered nurses, the registered manager and the registered person.

A total of 10 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
- care plans
- training records
- medicines storage temperatures

Areas for improvement identified at the last medicines management inspection were reviewed and the 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 9 October 2017

The most recent inspection of the home was an unannounced care inspection. The resulting 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 6 March 2017

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**
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered provider must ensure that the audit process is robust and that when discrepancies are highlighted they are investigated to prevent a recurrence.	**Met**
	Action taken as confirmed during the inspection: This area for improvement had been identified at the previous medicines management inspection in relation to discrepancies noted in lorazepam. A running stock balance has been implemented for schedule 4 controlled drugs and is monitored by the registered manager. No discrepancies were noted during this inspection. As intended this area for improvement is met.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref**: Standard 37 **Stated:** Second time	The registered manager should ensure that obsolete warfarin dosage directions are cancelled and archived. **Action taken as confirmed during the inspection**: All obsolete dosage regimens had been removed and only the current dosage direction was held on file.	**Met**
Area for improvement 2 **Ref**: Standard 31 **Stated:** First 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. **Action taken as confirmed during the inspection**: All controlled drugs were being appropriately disposed of.	**Met**
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time	The registered provider should review the management of distressed reactions to ensure that all of the appropriate records are in place. **Action taken as confirmed during the inspection**: All of the appropriate records had been completed.	**Met**

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 been trained and deemed competent to do so. The impact of training was monitored through staff meetings, annual supervision and appraisal. Competency assessments were completed annually.

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.

The arrangements to manage changes to prescribed medicines should be reviewed. Personal medication records were not always updated by two registered nurses. In order to minimise the risk of information being incorrect on the personal medication records two nurses should be involved in writing and updating these records. An area for improvement was identified.

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 by staff in the past year and the registered manager is the safeguarding champion for the home.

There were procedures in place to ensure the safe management of medicines during a patient's admission to 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. One discrepancy was noted during the inspection regarding a controlled drug which had been issued to the patient on discharge. This was resolved before the end of the inspection and no further action was required. 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. warfarin and 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. 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 of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, the management on medicines on admission and the storage of medicines.

Areas for improvement

Personal medication records and updates to this record should be verified and signed by two registered nurses.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The majority of medicines examined had been administered in accordance with the prescriber's instructions. One discrepancy in a liquid medicine was highlighted and discussed with the registered manager. There were arrangements in place to alert staff of when doses of weekly medicines were due.

At the last medicines management inspection on 6 March 2017 there had been a partial change in the method of supply of medicines. The system was not consistent across each patient and the registered provider had agreed to review this process. There had been no progress made in relation to this since the last inspection. The inconsistency in the supply method could lead to an error when medicines are being administered. This issue was again discussed in detail with the registered manager and registered provider. An area for improvement was identified.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the 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. The reason for and the outcome of administration were recorded. A care plan was maintained.

The management of pain had been examined in detail at the last care inspection on the 9 October 2017 and an area for improvement had been identified. It was noted that progress was being made towards addressing this issue during this inspection.

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.

Following discussion with the manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the patients' healthcare needs.

Areas of good practice

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

Areas for improvement

The arrangements for the supply of medicines should be reviewed and revised to ensure that there is a consistent system for each patient and across the home.

	Regulations	Standards
Total number of areas for improvement	0	1

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 not observed during this inspection, however staff advised that patients are given time and privacy to take their medicines.

The registered manager advised that they had begun administering the annual influenza vaccine to the relevant patients.

We spoke to two patients during the inspection. Both expressed their appreciation for the staff in the home and said that they were excellent. No concerns were raised. Good relationships between staff and patients were evident.

Of the questionnaires that were issued, seven were returned from patients or relatives. The responses indicated that they were very satisfied with all aspects of the care in relation to the management of medicines.

Areas of good practice

Staff listened to patients and relatives 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 creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Written policies and procedures for the management of medicines were in place. They were not examined during this inspection.

There had been no medicine related incidents reported since the last medicines management inspection. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, the registered manager confirmed that she was aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that a very limited auditing programme was undertaken. Registered nurses complete audits on approximately eight medicines every month which is a small percentage of the medicines administered in the home. While the medicine audit outcomes during this inspection were satisfactory (see section 6.5), it was agreed that the audit process would be reviewed.

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

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the patients' healthcare needs.

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Margaret Kolbohm, Registered Manager, 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 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	
Area for improvement 1 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 26 November 2017	The registered person shall ensure that personal medication records and updates to this record are verified and signed by two registered nurses. Ref: 6.4
	Response by registered person detailing the actions taken: All registered nurses, have been made aware that all prescribed medication or any changes in patient's medication, must be checked and signed by two nurses. Whilst carrying out their drug audits, all registered nurses will use the patient's medicine kardex to ensure this has been implemented.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 26 November 2017	The registered person shall review the arrangements in place for the supply of medicines to ensure that there is a consistent system for each patient and across the home. Ref: 6.5
	Response by registered person detailing the actions taken: Further to discussions held between all registered nurses, employed by the nursing home. Niall Falls (Pharmacist) has been asked to supply patient's medication via blister packs. Mr Falls has assured me that all medication will be provided in blister packs, within a period of eight weeks.

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