

Unannounced Medicines Management Inspection Report 5 December 2016



Dunanney Care Centre

Type of Service: Nursing Home
Address: 12 Glebe Road, Newtownabbey, BT36 6UW
Tel no: 02890849349
Inspector: Paul Nixon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Dunanney Care Centre took place on 5 December 2016 from 09:40 to 13:15.

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 in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas of improvement identified.

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. There were no areas of improvement identified.

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 of 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. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Dunanney Care Centre which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Julie McGlinchey, Acting 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.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 6 September 2016.

2.0 Service details

Registered organisation/registered provider: Larchwood Care Homes (NI) Ltd / Mr Christopher Walsh	Registered manager: See below
Person in charge of the home at the time of inspection: Ms Julie McGlinchey	Date manager registered: Ms Julie McGlinchey Acting – No application
Categories of care: NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)	Number of registered places: 40

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with three patients, the acting manager, two registered nurses and a care assistant.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Twenty-five questionnaires were issued to patients, patients’ representatives and staff with a request that they were returned within one week from the date of this inspection.

The following records were 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 September 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 8 October 2015

Last medicines management inspection statutory requirements		Validation of compliance
<p>Requirement 1 Ref: Regulation 13(4) Stated: First time</p>	<p>The registered person must ensure that the administrations of liquid formulation psychoactive medicines which are not contained within the monitored dosage system are closely monitored in order to ensure compliance with the prescribed directions.</p>	Met
	<p>Action taken as confirmed during the inspection: Tally sheets were in place for liquid formulation psychoactive medicines. Audits performed on a sample of these medicines during the inspection produced satisfactory outcomes.</p>	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 37 Stated: First time	The manager should ensure that written prescriber authorisation to administer medicines via PEG tube is in place for all relevant medicines.	Met
	Action taken as confirmed during the inspection: The home did not provide care for any patient needing to have medication administered via the enteral route. However, the arrangements described by the acting manager should this scenario arise in the future were deemed to be satisfactory.	
Recommendation 2 Ref: Standard 28 Stated: First time	It is recommended that Schedule 4 (Part 1) controlled drugs should be denatured prior to their disposal.	Met
	Action taken as confirmed during the inspection: Following discussion with the nursing staff and examination of the disposal of medicines record, it was concluded that Schedule 4 (Part 1) controlled drugs had been denatured prior to their disposal.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the administration of medicines was provided by the community pharmacist 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 and handwritten entries on medicine administration 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. 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. 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. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 and three monthly medicines were due.

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. There was little use of this medication in the home.

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 tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administrations were recorded and care plans and speech and language assessment reports 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 were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for the administration of injections and warfarin.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for analgesics, some liquid formulation medicines, warfarin and nutritional supplements. In addition, a quarterly audit was completed by the community pharmacist. Any issues arising from the audit activity were either discussed at the next nursing staff meeting or individually with the staff member.

Following discussion with the registered nurses, it was evident that, when applicable, other healthcare professionals were contacted in response to the patients' healthcare needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner; patients were given time and encouragement to take their medicines.

Patients were having their breakfast at the start of the inspection. Those requiring assistance were given it in a discreet, unhurried and caring manner.

As part of the inspection process, we issued questionnaires to staff, patients and patients' representatives. Two patients, three staff and two patient's representatives completed and returned questionnaires within the specified timeframe. Comments received were mostly very positive; the responses were recorded as 'satisfied' or 'very satisfied' with the management of medicines in the home. However, one patient stated that they felt agency staff didn't have an understanding of their condition and why it was important for them to have their medication at a certain time. This response was discussed with the acting manager via telephone. She stated that she was already aware of the patient's concern and was taking the necessary steps to address it.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

Following discussion with staff, it was evident that they 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

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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