Dunanney Care Centre
RQIA ID: 1439
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Newtownabbey
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Unannounced Medicines Management Inspection of Dunanney Care Centre

8 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 8 October 2015 from 10.00 to 14.10.

On the day of the inspection the management of medicines was generally found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

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 the 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 Sections 5.2 and 6.2 of this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicine management inspection on 8 January 2013.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with the nurse-in-charge, Kate Rice, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheenan	**Registered Manager:** No manager currently registered
Person in Charge of the Home at the Time of Inspection: Ms Kate Rice (Registered Nurse)	**Date Manager Registered:** Not applicable
Categories of Care: NH-I ,NH-PH ,RC-I ,RC-MP(E) ,RC-PH(E)	**Number of Registered Places:** 40
Number of Patients Accommodated on Day of Inspection: 37	**Weekly Tariff at Time of Inspection:** £470 residential; £593 nursing

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

Theme 1: Medicines prescribed on a “when required” basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with the registered nurses on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Policies and procedures
Medicine administration records	Care plans
Medicines disposed of or transferred	Training records.
Controlled drug record book	Medicines storage records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 4 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated twice**	The manager must put systems in place to ensure that personal medicine records and medicine administration records correlate and are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The personal medicine records and medicine administration records examined, correlated and were accurately maintained.	

Requirement 2 **Ref**: Regulation 13(4) **Stated once**	The manager must ensure that robust systems for the audit of medicines management are developed. Liquid medicines and medicines which are not contained within the monitored dosage system should be prioritised.	**Partially Met**
	Action taken as confirmed during the inspection: The registered manager performs monthly medication audits. Running stock balances are also maintained for analgesics, diazepam, nutritional supplements and warfarin. The audits performed on solid dose formulation medicines produced satisfactory outcomes; however, several audits on liquid formulation psychoactive medicines not contained in the monitored dosage system pods indicated discrepancies. **A requirement was made in relation to the monitoring of liquid formulation psychoactive medicines**	
Requirement 3 **Ref**: Regulation **13(4)** **Stated once**	The manager must ensure that records of administration of prescribed thickening agents by care staff are maintained.	**Met**
	Action taken as confirmed during the inspection: The administration of thickening agents by care staff was recorded on fluid balance charts.	
Requirement 4 **Ref**: Regulation **13(4)** **Stated once**	The manager must ensure that all incoming medicines are accurately recorded.	**Met**
	Action taken as confirmed during the inspection: All incoming medicines examined had been accurately recorded.	

Requirement 5 **Ref**: Regulation 13(4) **Stated once**	The manager must ensure that robust systems are in place so that all prescribed medicines are available for administration as prescribed. **Action taken as confirmed during the inspection**: All medicines examined were available for administration.	**Met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 37 **Stated once**	The manager should ensure that written prescriber authorisation to administer medicines via PEG tube is in place for all relevant medicines. **Action taken as confirmed during the inspection**: No patients were administered medicines via PEG tube. **This recommendation is carried forward to the next inspection.**	**Not applicable**
Recommendation 2 **Ref**: Standard 37 **Stated once**	The manager should develop Standard Operating Procedures (SOPs) for the management of controlled drugs, specific to Dunanney Care Centre. **Action taken as confirmed during the inspection**: SOPs for the management of controlled drugs had been developed.	**Met**
Recommendation 3 **Ref**: Standard 37 **Stated once**	The manager should develop a robust system to assess staff competency in medicines management, and keep appropriate records. **Action taken as confirmed during the inspection**: Records showed staff competency in medicines management was assessed annually.	**Met**

Recommendation 4 **Ref**: Standard 38 **Stated once**	The manager should ensure that the required consistency of thickened liquids is recorded on the personal medication record/medication administration record and fluid balance chart for ease of reference.	**Met**
	Action taken as confirmed during the inspection: The required consistency of thickened liquids was recorded on the personal medication record/medication administration record and fluid balance chart.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits which were carried out on a range of randomly selected medicines produced broadly satisfactory outcomes, indicating that the medicines had been administered as prescribed. However, several audits on liquid formulation psychoactive medicines, not contained in the monitored dosage system pods, indicated discrepancies.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All of the medicines examined were available for administration and were labelled appropriately. Photocopies of the prescriptions were received into the home and checked for accuracy with the monthly drug orders.

Arrangements were in place to ensure the safe management of medicines during a patient's admission or readmission to the home.

Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, this process involved two registered nurses.

The receipt, storage, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Stock balances of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements were reconciled on each occasion when the responsibility for safe custody had been transferred. Quantities of controlled drugs matched the balances recorded in the record book.

The destruction or disposal of medicines no longer required was undertaken by trained and competent staff. Discontinued or expired medicines were discarded by two registered nurses into pharmaceutical clinical waste bins, which were uplifted by a company holding a clinical waste licence. The registered nurses stated that Schedule 2 and 3 controlled drugs were

denatured prior to disposal; however, this was not the practice for Schedule 4 (Part 1) controlled drugs.

Is Care Effective? (Quality of Management)

There was evidence that medicines were being managed by staff who had been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training records and competency assessments was provided. Competency assessments were completed annually. The competency assessments checked were up to date.

There were arrangements in place to audit practices for the management of medicines. A monthly medication audit had been completed by the registered manager. The registered nurses stated that largely satisfactory outcomes had been achieved and that there had been no significant issues arising from these audits. The audit process was facilitated by the good practice of recording the dates and times of opening on the medicine containers. There was a need to closely monitor the administrations of liquid formulation psychoactive medication not contained in the monitored dosage system pods in order to ensure compliance with the prescribed directions.

There were procedures in place to report and learn from any medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the previous medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records for a number of patients who were prescribed anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were examined. The care plans detailed the circumstances under which the medicines were to be administered. The parameters for administration were recorded on the personal medication records. Records of administration were in place; the reason for and outcome of administration had been consistently recorded. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers’ instructions; for most patients these medicines had been administered infrequently.

The records for a number of patients who were prescribed medicines for the management of pain were reviewed. The registered nurses confirmed that all patients had pain reviewed as part of the admission assessment. The medicines were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included regularly prescribed controlled drug patches and other analgesics which were prescribed for administration on either a regular or “when required” basis. Care plans, which had usually been evaluated monthly, were in place which detailed the management of the patients’ pain. Pain assessment tools had been completed for patients who were unable to report pain.

Areas for Improvement

The administrations of liquid formulation psychoactive medicines which are not contained within the monitored dosage system must be closely monitored in order to ensure compliance with the prescribed directions. A requirement was made.

Schedule 4 (Part 1) controlled drugs should be denatured prior to their disposal. A recommendation was made.

Number of Requirements:	**1**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

Medicines were observed to be stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Kate Rice, Registered Nurse as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The DHPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory Requirement	
Requirement 1 **Ref**: Regulation 13(4) **Stated: First time** **To be Completed by: 7 November 2015**	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.
	Response by Registered Person(s) Detailing the Actions Taken: Tally sheets have been put in place from 12th october. Liquid medications to be checked weekly. Staff have been reminded that all liquid medications must be transcribed with the date and time of opening.
Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated: First time** **To be Completed by: Ongoing**	The manager should ensure that written prescriber authorisation to administer medicines via PEG tube is in place for all relevant medicines.
	Response by Registered Person(s) Detailing the Actions Taken: The home currently does not provide care for any resident on PEG feeds.
Recommendation 2 **Ref**: Standard 28 **Stated: First time** **To be Completed by: 7 November 2015**	It is recommended that Schedule 4 (Part 1) controlled drugs should be denatured prior to their disposal.
	Response by Registered Person(s) Detailing the Actions Taken: All nurses received supervisions on the denaturing of Schedule 4(part1) drugs week commencing 12/10/15.

Registered Manager Completing QIP	Julie McGlinchey	**Date Completed**	19/10/15
Registered Person Approving QIP	Ciaran Sheehan	**Date Approved**	19/10/15
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**20/10/15**

Please ensure the QIP is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address