Unannounced Medicines Management Inspection Report
24 May 2018

Dunlarg Care Home

Type of Service: Nursing Home
Address: 224 Keady Road, Armagh, BT60 3EW
Tel No: 028 3753 0858
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 50 beds that provides care for patients with a variety of care needs, as detailed in section 3.0. The nursing home is on the same site as a residential care home.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Mrs Patricia Graham
Person in charge at the time of inspection: Mrs Patricia Graham	**Date manager registered:** 30 May 2012
Categories of care: Nursing Homes LD – Learning disability PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category DE – Dementia	**Number of registered places:** 50 A maximum of 10 patients in categories NH-PH/NH-PH(E) and a maximum of eight patients in category NH-LD.

4.0 Inspection summary

An unannounced inspection took place on 24 May 2018 from 10.45 to 13.30.

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

A serious concerns meeting had been held following the most recent medicines management inspection on 5 February 2018. The registered person and registered manager were in attendance. A full account was provided of the actions taken to address the concerns that were raised. RQIA decided to allow a period of time to demonstrate that the improvements had been made.

This inspection assessed progress with the 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.

This inspection evidenced that the areas of concern had been addressed. The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

Evidence of good practice was found in relation to medicines administration, records, management of controlled drugs and the storage of medicines.

No areas for improvement were identified.

Patients were relaxed and comfortable in the home. There was a warm and welcoming atmosphere. Good relationships were evident between patients and staff.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Pat Graham, Registered Manager and Mrs Patricia Greatbanks, Regional 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 March 2018. 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 we met with three registered nurses, the registered manager and the regional manager.

Ten 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 12 March 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This 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 5 February 2018

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13(4)

Stated: Third and final time</td><td>The registered person must ensure that the personal medication record sheets are accurately maintained.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The personal medication records had been accurately maintained.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 13(4)

Stated: First time</td><td>The registered person shall ensure the admission process with respect to medicines management is robust.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The admission process was examined for two recently admitted patients and was robust.</td></tr>
</table>

Area for improvement 3 **Ref:** Regulation 13(1) **Stated:** First time	The registered person shall ensure the care records accurately reflect the health and well-being of patients and any decisions that have been taken regarding their care.	**Met**
	Action taken as confirmed during the inspection: The care records had been fully and accurately completed with the required detail.	
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 18 **Stated:** Third time	The registered person should ensure that the recording system for all patients who are prescribed 'when required' medicines for the treatment of distressed reactions is reviewed.	**Met**
	Action taken as confirmed during the inspection: The recording system had been reviewed and revised. The management of distressed reactions was satisfactory.	
Area for improvement 2 **Ref**: Standard 29 **Stated:** Second time	The registered provider should ensure that the disposal of medicines record is signed by two designated staff members.	**Met**
	Action taken as confirmed during the inspection: The disposal of medicines record had been signed by two registered nurses.	
Area for improvement 3 **Ref**: Standard 28 **Stated:** Second time	The registered provider should ensure that a comprehensive medicines management auditing system is in place.	**Met**
	Action taken as confirmed during the inspection: A comprehensive medicines auditing programme had been implemented. The outcome of this inspection showed that it had been effective.	
Area for improvement 4 **Ref**: Standard 29 **Stated:** First time	The registered person shall ensure that the consistency of thickened fluids is accurately recorded on all relevant records.	**Met**
	Action taken as confirmed during the inspection: The consistency of thickened fluid had been accurately recorded on the relevant records.	

Area for improvement 5 **Ref**: Standard 28 **Stated:** First time	The registered person shall ensure that the QIP is regularly reviewed as part of the quality improvement process.	**Met**
	Action taken as confirmed during the inspection: All areas for improvement that were identified at the last medicines management inspection had been effectively addressed indicating that the QIP had been regularly reviewed.	

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. Training and competency had been reassessed following the last medicines management inspection. Supervision with the registered nurses and team meetings had been held regularly.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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. The medicine refrigerator and oxygen equipment were checked at regular intervals.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission, controlled drugs and the storage of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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 medicines were due.

The management of distressed reactions, pain and swallowing difficulty were examined. The personal medication records, administration sheets and care plans had all been appropriately completed. There were additional records in place to explain the reason for and outcome of the administration of medicines prescribed on a "when required" basis. Daily progress notes were updated with the relevant information regarding these medicines.

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 to record the site of application of transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for most medicines. In addition, a quarterly audit was completed by the community pharmacist.

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

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 was not observed at the time of this inspection. Staff were familiar with the medication prescribed for patients and knowledgeable about their healthcare needs.

Throughout the inspection, it was found that there were good relationships between the staff and patients. Visitors were warmly welcomed. Staff were noted to be friendly and courteous. It was clear, from discussion and observation of staff, that they were familiar with the patients' likes and dislikes.

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.

Of the questionnaires that were issued, three were returned from patients or relatives. The responses indicated that they were very satisfied with the care provided. Two comments were made:

"Very contented and happy in Dunlarg."
"Happy with the care."

Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

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.

The inspector discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are in place to implement the collection of equality data.

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

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered manager, registered nurses and care staff, 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.

No responses were received in the online questionnaire from staff.

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews