Unannounced Medicines Management Inspection Report
1 December 2016

Domnall

Type of Service: Nursing Home
Address: 48-50 Old Dundonald Road, Belfast, BT16 2EH
Tel no: 028 9041 9796
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Domnall took place on 1 December 2016 from 10.10 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. This inspection was completed on the ground floor of the home.

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.

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 Mrs Leeanna Bonar, Registered 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 24 June 2016.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered manager:** Mrs Leeanna Bonar
Person in charge of the home at the time of inspection: Mrs Leeanna Bonar	**Date manager registered:** 5 November 2012
Categories of care: NH-I, NH-PH, NH-PH(E)	**Number of registered places:** 52

3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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.

We met with one patient, the registered manager, and two registered nurses.

A total of 20 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA within one week.

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.

A sample of the following records was examined:

- 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 24 June 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 28 April 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The registered manager must ensure that complete records for the administration of thickening agents are maintained.	**Met**
	Action taken as confirmed during the inspection: Complete records for the administration of thickening were maintained. Nurses record the administration on the medicine administration record sheets and care assistants make a record on the Epicare system.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** Second time	The registered manager must ensure that appropriate corrective action is taken if the temperature of the medicines refrigerator falls outside the accepted range.	**Met**
	Action taken as confirmed during the inspection: The medicine refrigerator was maintained within the required range. There was evidence that corrective action was taken when the temperature deviated from that range.	

Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that records for the administration of 'when required' medicines are clearly maintained to facilitate an audit trail. **Action taken as confirmed during the inspection**: Records of 'when required' medicines were clearly maintained.	**Met**
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that robust systems are in place to ensure that all medicines are available for administration as prescribed. **Action taken as confirmed during the inspection**: All medicines that were reviewed were available for inspection. There was no evidence that medicines were routinely out of stock. The registered manager advised that procedures had been reviewed to rectify any stock control issues.	**Met**
Requirement 5 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that policies and procedures for the management of medicines for interim and intermediate care patients are developed and implemented. **Action taken as confirmed during the inspection**: The registered manager advised that there were policies and procedures for interim and intermediate care patients. The policies were available for inspection.	**Met**
Requirement 6 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must make the necessary arrangements to ensure that the date of administration is accurately recorded for all medicines. **Action taken as confirmed during the inspection**: The date of administration had been documented on all records.	**Met**
Requirement 7 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that oxygen cylinders are securely chained to a wall. **Action taken as confirmed during the inspection**: Oxygen cylinders were observed to be securely chained to a wall in the treatment room.	**Met**

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should maintain a list of the names, signatures and initials of care staff who are authorised to administer external preparations and thickening agents.	**Met**
	Action taken as confirmed during the inspection: A list of the names and signatures was provided for inspection.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The date and time of opening should be recorded on all medicine containers in order to facilitate a clear audit trail and disposal at expiry.	**Met**
	Action taken as confirmed during the inspection: The date and time had been recorded on all containers that were in use.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered manager should review the systems in place for all patients who are prescribed 'when required' anxiolytics as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: The management of these medicines was reviewed and appropriate systems were in place.	

4.3 Is care safe?

Medicines were managed by staff who have 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 medicines management, syringe drivers and palliative care was provided 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. The registered manager advised that, following the last medicines management inspection, the systems had been reviewed and revised to ensure that any stock issue was promptly resolved. New procedures for obtaining medicines were implemented on the intermediate care unit and medicines were now being prescribed by the consultant in charge, ordered by the in-house pharmacist and supplied by the Ulster Hospital.

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.

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. 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. 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

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, monthly or three monthly medicines were due.

There were robust arrangements in place to facilitate and support patients in managing their own medicines prior to discharge. This good practice was commended.

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 generally recorded. A care plan was maintained.

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 is 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. Each administration was recorded.

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.

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

Due to the type of rehabilitation and care provided in the home, there are frequent visits by other allied healthcare professionals and good relationships were apparent.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients were treated courteously, with dignity and respect. Good relationships were evident.

The administration of medicines to one patient was observed during the inspection. The nurse administering the medicines spoke to the patient in a kind and caring manner. The patient was given time to swallow each medicine. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

A questionnaire was completed by one patient's representative. The responses in the questionnaire indicated that they were "very satisfied" with the management of their relative's medicines.

Two members of staff completed the questionnaire. All of the responses were positive and raised no concerns about medicines management in the home.

We spoke to one patient who expressed no concerns about their care in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

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

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

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 and registered nurses, 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0		0

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.

The Regulation and Quality Improvement Authority

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews