

# Unannounced Follow up Medicines Management Inspection Report 11 November 2019



## Ringdufferin Nursing Home

Type of Service: Nursing Home  
Address: 36 Ringdufferin Road, Killyleagh, BT30 9PH  
Tel No: 028 4482 1333  
Inspector: Helen Daly

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Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 that provides care for up to 64 patients with a range of care healthcare needs as detailed in Section 3.0.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> MCare (NI) Ltd</p> <p><b>Responsible Individual:</b> Mrs Brenda Frances McKay (Acting – no application required)</p>	<p><b>Registered Manager:</b> See below</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Caroline Malone</p>	<p><b>Date manager registered:</b> Mrs Caroline Malone, Acting Manager</p>
<p><b>Categories of care:</b> Nursing Home (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment NH-PH(E) - physical disability other than sensory impairment – over 65 years NH-TI – terminally ill DE – dementia</p>	<p><b>Number of registered places:</b> <b>64</b></p> <p>This number includes:</p> <ul style="list-style-type: none"> <li>• a maximum of 31 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH(E) &amp; NH-TI)</li> <li>• a maximum of 32 patients in category NH-DE accommodated in the Strangford Suite</li> <li>• a maximum of one named resident receiving residential care in category RC-I accommodated in the Dunmore Suite</li> </ul>

### 4.0 Inspection summary

An unannounced inspection took place on 11 November 2019 from 10.05 to 16.20.

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 inspection sought to identify if the improvements noted at the unannounced enforcement compliance inspection (18 July 2019) with regards to the management of medicines had been sustained.

The following areas were examined during the inspection:

- the management of medicines on admission/re-admission to the home
- the systems in place to ensure that patients have a continuous supply of their medication
- the management of medication related incidents
- the management of distressed reactions

- the management of thickening agents
- the auditing systems with regards to medicines management.

There was evidence that the improvements noted at the inspection (18 July 2019) had been sustained.

Areas of good practice were observed in relation to the standard of maintenance of the personal medication records, the management of medicines on admission, the systems in place for the management of distressed reactions and antibiotics, the auditing systems and the daily safety brief and communication tool.

No areas for improvement were identified at this inspection.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Caroline Malone, Manager, and Mrs Brenda McKay, Responsible Person (Acting), 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

The most recent inspection of the home was an unannounced enforcement compliance inspection undertaken on 25 September 2019. No areas for improvement were identified at this inspection. 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 medication related incidents

During the inspection we met with one senior carer, four registered nurses, the manager and the responsible person (acting).

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 inspection were reviewed and 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 25 September 2019

The most recent inspection of the home was an unannounced enforcement compliance inspection. The QIP from this inspection consisted of two areas for improvement that had been carried forward from 18 July 2019.

### 6.2 Review of areas for improvement from the last inspection dated 18 July 2019

Areas for improvement from the last medicines management inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time	The registered person shall ensure that fluid intake charts are accurately maintained and totalled each day to evidence that the recommended fluid intake is achieved.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  This area for improvement related to fluid intake charts for patients who had their medicines and nutrition administered via the enteral route. A review of these records indicated that the fluid intake charts were accurately maintained and totalled each day. There was evidence that the recommended daily fluid intake was achieved.	

	As part of a recent improvement plan to ensure all patients had adequate daily fluid intake three additional drinks rounds were provided and fluid intake charts were maintained for all patients.	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4 (Part1) are denatured prior to their disposal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Registered nurses received training on the management of controlled drugs following the last inspection and were aware that controlled drugs in Schedules 2, 3 and 4 (Part 1) had to be denatured prior to their disposal.  The majority of the records of disposal indicated that the controlled drugs had been denatured. A new destruction book was due to be brought into use.	

### 6.3 Inspection findings

#### The management of medicines on admission/re-admission to the home

We reviewed the management of medicines on admission/re-admission for several patients. The admissions checklist was in use to ensure that all registered nurses adhered to the home's policy. Written confirmation of medication regimens was received from the patient's GP for those patients admitted from their own home/another care home. For patients admitted/re-admitted from hospital a copy of the discharge letter was available. Two registered nurses had verified and signed the personal medication records.

Where medication packs required amendment by the community pharmacist a record of the transfer out to the pharmacy and return to the home was maintained.

#### The systems in place to ensure that patients have a continuous supply of their medication

We reviewed the medication administration records which evidenced that medicines had been available for administration. Registered nurses advised of the systems in place to ensure that any potential out of stocks were followed up.

## **The management of medication related incidents**

The management of recent medication related incidents was discussed. There was evidence that the incidents had been investigated and action plans were in place to prevent a recurrence.

## **The management of distressed reactions**

Protocols for the use of medicines in the management of distressed reactions were in place. The reason for and outcome of the administration of these medicines was recorded. Staff were knowledgeable regarding each patient's distressed behaviour and there was evidence that regular use was referred to the prescriber for review. This was discussed at the daily safety brief.

## **The management of thickening agents**

We reviewed the management of thickening agents for several patients. The personal medication records included the name of the thickening agent and the recommended consistency level. Up to date care plans and speech and language assessment reports were available. Records of administration were maintained on the daily fluid intake charts, these also highlighted the recommended consistency level.

## **The auditing systems with regards to medicines management**

Running balances were maintained for the majority of medicines which were not contained in the monitored dosage system. The audits completed at the inspection indicated that medicines were administered as prescribed. However, apparent discrepancies in the administration of a liquid medicine prescribed for dementia were observed for two patients. It was agreed that staff would receive training and supervision on the administration of liquid medicines.

The manager had introduced a 'medication safety thermometer' whereby the medication administration records were checked by a second registered nurse after each medication round. This meant that any omitted doses would be identified immediately to ensure that the medicine could be administered without delay.

Medication related issues were discussed at the daily safety and communication brief in order to drive and sustain improvements.

Audits and training were also completed by a consultant pharmacist and the community pharmacist.

## **Areas of good practice**

Areas of good practice were observed in relation to the standard of maintenance of the personal medication records, the management of medicines on admission, the systems in place for the management of distressed reactions and antibiotics, the auditing systems and the daily safety brief and communication tool.

## **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

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