



Unannounced Follow Up Medicines Management Inspection Report 5 October 2018



Ringdufferin Nursing Home

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

www.rqia.org.uk

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

3.0 Service details

Organisation/Registered Provider: M Care (NI) Ltd Responsible Individual: Mrs Brenda Frances McKay (Acting – no application required)	Registered Manager: Mrs Beverley Ruddell
Person in charge at the time of inspection: Mrs Beverley Ruddell	Date manager registered: 27 March 2018
Categories of care: Nursing Home (NH): DE – dementia I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	Number of registered places: 64 This number includes a maximum of 32 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH(E) & NH-TI), a maximum of 31 patients in category NH-DE accommodated in the Strangford Suite and one named resident receiving residential care in category RC-DE accommodated in the Strangford Suite.

4.0 Inspection summary

An unannounced inspection took place on 5 October 2018 from 10.50 to 15.05.

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 last medicines management inspection undertaken on 6 July 2018 indicated that not all of the improvements noted at the inspection on 14 August 2017 had been sustained i.e. the management of thickening agents and the governance and auditing arrangements for medicines management. This was discussed with management at that time and we were given an assurance that the issues would be addressed. The focus of this inspection was to assess progress with the areas for improvement identified during and since the last medicines management inspection.

As part of this inspection we reviewed:

- the management of thickening agents
- the standard of maintenance of the medication administration records
- the management of external preparations
- the governance arrangements for medicines management
- confirming medication regimens on admission to the home

- care planning in relation to medication refusals and adding medicines to food
- the management of distressed reactions
- the management of medicines which are self-administered

As a result of this inspection RQIA was concerned that aspects of the management of medicines were in breach of the regulations. Six of the eight areas for improvement which had been identified at the last medicines management inspection had not been addressed (see Sections 6.1 and 6.2). Concerns regarding the competency and capability of the nursing staff in relation to the management of medicines were also identified. A decision was taken to hold a meeting with the registered persons to discuss RQIA’s intention to serve two failure to comply notices under Regulations 13 (4) (Health and Welfare), and 20 (1) (Staffing) of The Nursing Homes Regulations (Northern Ireland) 2005. The meeting was attended by Mr John Miskelly, Registered Person, Mr Owen Miskelly, Owner, Ms Brenda McKay, Responsible Person (Acting), and Ms Beverley Ruddell, Registered Manager.

During this meeting, the registered person and registered manager acknowledged the failings and an action plan to address the issues that had been identified during the inspection was submitted by the registered manager. The action plan included details of how the improvements made were going to be monitored to ensure that they were embedded into practice and sustained. The action plan evidenced that progress had been made to address Regulations 13(4) and 20(1). Due to the significant progress made since the inspection and the assurance provided, RQIA decided that failure to comply notices would not be served. However, the registered persons were requested to submit Regulation 29 reports each month until further notice.

A follow up inspection has been planned. If the improvements made are not sustained, further enforcement action will be taken.

Areas for improvement were identified as detailed in the quality improvement plan (QIP), see Section 7.0.

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	*4	*3

The total number of areas for improvement include three (in relation to the Regulations) and three (in relation to the Care Standards) which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Beverley Ruddell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

The enforcement policies and procedures are available on RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 July 2018. Enforcement action did not result from the findings of the inspection, however it was agreed that this follow up inspection would be carried out to assess progress with the issues that were identified (See Section 4.0).

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 incidents; it was ascertained that there were no incidents involving medicines reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with two patients, three care assistants, three registered nurses and the registered manager.

A sample of the following records was examined during the inspection:

- | | |
|------------------------------------|----------------------------------|
| • medicines requested and received | • care plans |
| • personal medication records | • training records |
| • medicine administration records | • medicines storage temperatures |
| • medicine audits | |

Areas for improvements identified at the last medicines management inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last medicines management inspection dated 6 July 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that accurate records for the prescribing and administration of thickening agents are maintained. The recommended fluid consistency should be recorded.	Not met
	Action taken as confirmed during the inspection: Some records for the prescribing and administration of thickening agents were missing or incomplete. See Section 6.2. This area for improvement was stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the reason for any non-administration of medicines is accurately recorded.	Met
	Action taken as confirmed during the inspection: Medicines had been omitted on only a few occasions during the current medication cycle. The reason for any non-administration had been clearly recorded.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review and revise the management of external preparations.</p> <hr/> <p>Action taken as confirmed during the inspection: Prescription only external medicines were no longer being administered by care assistants. Records of administration of prescribed emollient preparations were either incomplete or missing. See Section 6.2.</p> <p>This area for improvement was stated for a second time.</p>	<p>Not Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust governance systems are in place for the management of medicines. Management audits should be completed regularly.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager had recently implemented an auditing system. The issues identified at this inspection had been noted at this recent audit. An action plan had been developed and registered nurses had been issued with a letter detailing their accountabilities. However, the action plans from the audit activity had not driven the necessary improvements. See Section 6.2</p> <p>This area for improvement was stated for a second time.</p>	<p>Partially Met</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medication regimens are confirmed in writing with the prescriber for all admissions.</p> <hr/> <p>Action taken as confirmed during the inspection: Medication regimens were not confirmed in writing with the prescriber for patients who were admitted from other care homes. See Section 6.2</p> <p>This area for improvement was stated for a second time.</p>	<p>Not met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that detailed care plans are in place for the management of medication refusals and the adding of medicines to food to assist administration.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care plans were in place for those patients who had their medicines added to food to assist swallowing and for those who refuse their medicines.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure that detailed care plans for the management of distressed reactions are in place. The reason for and outcome of each administration should be recorded.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Detailed care plans were not in place for all patients who were prescribed medicines for the management of distressed reactions. The reason for and outcome of administration was frequently not recorded. See Section 6.2</p> <p>This area for improvement was stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall review and revise the management of medicines which are self-administered.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A small number of patients self-administer some of their inhaled medicines. This is now recorded in their care plans and the medication administration records indicate that the medicines are self-administered. However, this was not highlighted on the personal medication records and records of the transfer to the patients for self-administration were not maintained. See Section 6.2</p> <p>This area for improvement was stated for a second time.</p>		

6.2 Inspection findings

The management of thickening agents

We reviewed the management of thickening agents for eight patients. Up to date care plans and speech and language assessments were in place for these patients. Copies of the current speech and language assessments were available for care assistants. The registered nurses and care assistants who we spoke with were knowledgeable about each patient's recommendations. However, details of the thickening agents were recorded on only four out of the eight personal medication records. Records of administration by registered nurses and care assistants were incomplete. It was acknowledged that while there was some improvement in the management of thickening agents, further sustained improvements were necessary. This area for improvement was stated for a second time.

The standard of maintenance of the medication administration records

An improvement in the standard of maintenance of the medication administration records was observed. This inspection took place on day 26 of the 28 day medication cycle and we reviewed all the medication administration records. Medicines had been omitted on only a few occasions and the reason for this non-administration had been clearly recorded.

The management of external preparations

At the last medicines management inspection registered nurses were recording on the medication administration records that care assistants had been delegated the task of administering all external preparations, including prescription only external medicines. The records which were maintained by care assistants were either incomplete or not in place. The evidence at this inspection indicated that care assistants were only delegated the administration of prescribed emollient preparations. Again we found that the records of administration were either incomplete or not in place. There was no evidence that registered nurses had maintained oversight of this delegated task. On the day of the inspection the personal care checklist was amended to include a section for care assistants to record the administration of emollient preparations as registered nurses thought that this would be a more practical way of maintaining the records. It was acknowledged that this may facilitate accurate record keeping, however as evidence of sustained improvement was not available, this area for improvement was stated for a second time.

The governance arrangements for medicines management

The registered manager now completes regular audits on the management of medicines and action plans to address shortfalls are issued to staff. We found that the areas identified for improvement were not always addressed and therefore the action plans had not been fully implemented to drive the necessary sustained improvement. The registered manager had issued a letter to all registered nurses on 3 October 2018 detailing the actions needed and reminding them of their accountabilities. The registered manager gave an assurance that she would continue to carry out in depth audits until the improvements were implemented and sustained. It was suggested that the QIP should be regularly reviewed as part of the quality improvement process. This area for improvement was stated for a second time. In addition an area for improvement with regards to the ensuring that registered nurses are trained and competent to manage medicines in Ringdufferin was identified.

Confirming medication regimens on admission to the home

We reviewed the management of medicines on admission for four patients. When the patient had been admitted from hospital, the discharge letter was available for cross-referencing to ensure accuracy. When the patient had been admitted from another care facility, a copy of the personal medication record had been received from the previous care home, however, registered nurses had not confirmed these medicines with the patient’s general practitioner. This area for improvement was stated for a second time.

Care planning in relation to medication refusals and adding medicines to food

A small number of patients had their medication added to food and sometimes refused their medication. Care plans were now in place detailing how the medication should be administered and the action to be taken if the medication was refused.

The management of distressed reactions

We reviewed the management of medicines for distressed reaction for five patients. Care plans were in place for three of these patients. The care plans did not contain sufficient detail to direct the nurses in the care that was required and only one indicated that a “when required” medicine was prescribed. The reason for and outcome of administration was frequently not recorded. This area for improvement was stated for a second time.

The management of medicines which are self-administered

A small number of patients self-administered some of their inhaled medicines. This was now recorded in their care plans and the medication administration records indicated that the medicines were self-administered. However, this was not highlighted on the personal medication records and records of the transfer to the patients for self-administration were not maintained. These practices are necessary to enable the registered nurses to identify what medicines are self-administered and to discreetly monitor that the patients are taking their medication as prescribed. This area for improvement was stated for a second time.

Areas for improvement

The registered person shall ensure that registered nurses are trained and competent in the management of medicines in Ringdufferin. Registered nurses shall be made aware of their accountability for delegated tasks.

Areas for improvement in relation to the management of thickening agents, external preparations, governance arrangements, confirming medicines on admission, the management of distressed reactions and self-administration were stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Beverley Ruddell, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 5 November 2018</p>	<p>The registered person shall ensure that accurate records for the prescribing and administration of thickening agents are maintained. The recommended fluid consistency should be recorded.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: Accurate records of administration of thickening agents are now kept. All thickening agents are recorded on the MARs and Kardex records. Agent and level are now recorded on the new fluid balance charts which is being audited by the manager on a weekly basis. Staff received training from the dietician team on the new descriptors for IDDSI.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 5 November 2018</p>	<p>The registered person shall review and revise the management of external preparations.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: New personal care charts are now in place to incorporate type and time of external preparation to be applied. Body maps completed by the nurses now accompany the personal care charts stating which emollient is to be applied and location. Each residents external preparations have been reviewed and are now recorded on the Kardex and MAR's as administered by care assistants. All prescribed creams are administered by nursing staff. Weekly audit in place by manager/ deputy manager.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 5 November 2018</p>	<p>The registered person shall ensure that robust governance systems are in place for the management of medicines. Management audits should be completed regularly.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: The manager completes a monthly audit. A weekly medicine audit is completed and actions required are completed following the audit.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2018</p>	<p>The registered person shall ensure that registered nurses are trained and competent in the management of medicines.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: This was referred to Pulsecare Nursing Agency, all nurses are to receive the following training - Medication administration, Recording and reporting and Care Planning. Pulsecare Nursing Agency are to complete a full competency assessment on each nurse to assess their competency on administration of medicines, an annual review will then be carried out if there are no concerns, Nursing Home manager to be supplied copies. All nursing staff have been issued with a copy of the NMC Code of Practice reminding them of their roles and responsibilities.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p> <p>To be completed by: 5 November 2018</p>	<p>The registered person shall ensure that medication regimens are confirmed in writing with the prescriber for all admissions.</p> <p>Ref: 6.1 and 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: At the pre admission assessment the residents GP details will be obtained, the manager will contact the GP to provide written confirmation prior to admission from home or another care facility. On admission medications will be checked for date, label, quantity and written confirmation. A Kardex will be written and signed by two nurses.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: Second time</p> <p>To be completed by: 5 November 2018</p>	<p>The registered person shall ensure that detailed care plans for the management of distressed reactions are in place. The reason for and outcome of each administration should be recorded.</p> <p>Ref: 6.1 and 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Behaviour charts are now included in the Kardex to prompt the nurse to record triggers, behaviour, consequence and outcome. ABC charts in personal file also completed. The manager now has a list of all patients prescribed when required medication and completes a weekly audit to ensure care plans are in place, have sufficient detail (person centered) and ensure evaluations detailing reason and outcome of drug administration are completed.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p> <p>To be completed by: 5 November 2018</p>	<p>The registered person shall review and revise the management of medicines which are self-administered.</p> <p>Ref: 6.1 and 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care plans are now in place for competency of self administration and risk assessments completed which include choice, is the resident at risk or other residents at risk, is the resident competent to administer the correct dose at the correct time, has the resident the dexterity to manually self administer, is GP/ Pharamist involvment required. It is documented on Kardex that medication is self administered and documented on MAR's when new supply of medication is given to resident.</p> <p>Weekly audit in place by manager.</p>

Please ensure this document is completed in full and returned via Web Portal



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
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care