



The Regulation and
Quality Improvement
Authority

Clifton Nursing Home
RQIA ID: 1073
2a Hopewell Avenue
Carlisle Circus
Belfast
BT13 1DR

Inspectors: Rachel Lloyd & Judith Taylor
Inspection ID: IN22427

Tel: 028 9032 4286
Email: manager.clifton@runwoodhomes.co.uk

Unannounced Medicines Management Inspection of Clifton Nursing Home

19 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management monitoring inspection took place on 19 May 2015 from 10:25 to 14:30.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were discussed. A Quality Improvement Plan (QIP) is not included in this report.

Recommendations made prior to April 2015 relate to 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 Section 5.2 of this report.

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

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 medicines management inspection on 24 February 2015.

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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

1.4 Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran	Registered Manager: No manager currently registered
Person in Charge of the Home at the Time of Inspection: Miss Nicola Scovell, manager (awaiting application)	Date Manager Registered: Not applicable
Categories of Care: NH-PH, NH-DE, NH-I	Number of Registered Places: 100
Number of Residents Accommodated on Day of Inspection: 76	Weekly Tariff at Time of Inspection: £581- £716

2. Inspection Focus

The inspection on 24 February 2015 had shown that robust arrangements were not in place for the management of medicines and that improvement was required. The purpose of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the last medicines management inspection, to assess the level of compliance with legislative requirements and the following DHSSPS Care Standards for Nursing Homes and to determine if the safety of residents, with respect to the administration of medicines, could be assured.

Standard 28: Management of Medicines

Standard 29: Medicines Records

Standard 31: Controlled Drugs

The following themes were also examined:

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.

3. Methods/Process

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

Prior to the inspection, the inspectors reviewed the management of incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspectors met with the manager and the registered nurses on duty.

The following records were examined during the inspection:

Medicines requested and received	Medicine audits
Personal medication records	Care plans
Medicines administration records	Training records.
Medicines disposed of or transferred	

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 12 May 2015. There has been a recent program of work to improve the décor, flooring and general appearance of the home. During the inspection the main issues identified were requirements to review and revise the fire and water safety procedures and arrangements. The report by the estates inspector is pending.

An announced enforcement monitoring inspection was undertaken on 5 May 2015 to follow up on the enforcement action taken in relation to care issues. Two Failure to Comply Notices were issued on 22 December 2014 (FTC/NH/1073/2014-15/01 and FTC/NH/1073/2014-15/03). The issues detailed in the notices were assessed as compliant during the inspection. This report is also pending.

4.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 24 February 2015

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13(4) Stated twice	The registered provider must ensure that the administration of prescribed thickening agents and external preparations by designated care assistants is accurately recorded on every occasion.	Met
	Action taken as confirmed during the inspection: This has been satisfactorily addressed and was evidenced during the inspection. Topical preparation administration records have been introduced for use by care assistants. These are overseen by the registered nurses on duty.	

<p>Requirement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated twice</p>	<p>The registered provider must ensure that a robust system is in place to ensure that personal medication records and medication administration records correlate and accurately reflect the prescriber's most recent instructions.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The personal medication records and medication administration records examined correlated satisfactorily and the standard of maintenance had improved since the last inspection. The records are now additionally checked for correlation at the beginning of each new cycle of medicines received.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated once</p>	<p>The responsible individual must ensure that a robust auditing system for the management of medicines is implemented and demonstrate the action taken when unsatisfactory outcomes are observed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An improved system of audit of the management of medicines has been implemented. An action plan is produced using the outcomes and this is discussed with staff. Records were available for examination.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated once</p>	<p>The responsible individual must ensure that medicines are administered according to the prescriber's instructions and that medicine administration records are accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The outcomes of audits undertaken during the inspection indicate that medicines have been administered as prescribed and that medicine administration records have been accurately maintained.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated once</p>	<p>The responsible individual must ensure that regular refusal of prescribed medication is recorded and reported to the prescriber.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The refusal of prescribed medication was recorded on medication administration records and evidence that the prescriber had been contacted as necessary was observed.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 13(4)</p> <p>Stated once</p>	<p>The responsible individual must ensure that a record of all incoming medicines is maintained.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Records of incoming medicines examined had been satisfactorily maintained.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 13(4)</p> <p>Stated once</p>	<p>The responsible individual must ensure that confirmation of current medication regimes is obtained for all new admissions.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Evidence that written confirmation of current medicine regimes had been received for recent readmissions was observed. There have been no new residents admitted since the last medicines management inspection.</p>	<p>Met</p>

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 37 Stated twice	<p>The registered provider should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic medicines, in the management of distressed reactions, is recorded on every occasion, and that a care plan for the use of these medicines is in place.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The reason for and the outcome of the administration of these medicines is now documented on medicine administration records and/or the Epicare system. A care plan was in place for relevant residents.</p>	
Recommendation 2 Ref: Standard 37 Stated twice	<p>The registered provider should review procedures for the disposal of medicines to ensure that suitable arrangements are in place.</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>Procedures for the disposal of medicines have been reviewed and all discontinued and expired medicines are now disposed of via a licensed waste contractor and a record maintained. Staff were reminded that all Schedule 4 (Part 1) controlled drugs must be denatured prior to disposal and that a second trained member of staff should witness the destruction and countersign the disposal record on all occasions.</p>	
Recommendation 3 Ref: Standard 38 Stated twice	<p>The registered provider should ensure that when medication administration records are handwritten, two registered nurses sign to confirm accuracy in transcription.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>This was evidenced on those records examined during the inspection.</p>	

<p>Recommendation 4</p> <p>Ref: Standard 38</p> <p>Stated twice</p>	<p>The registered provider should ensure that prescribed thickening agents and the required consistency of thickened fluids are recorded on the personal medication records.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This was evidenced on those records examined during the inspection.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 37</p> <p>Stated once</p>	<p>The responsible individual should ensure that the date of opening is recorded on all medicine containers.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This was evidenced on the majority of medicine containers in use examined during the inspection.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 39</p> <p>Stated once</p>	<p>The responsible individual should review the cold storage of medicines and ensure that sufficient storage space is available.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This was evidenced during the inspection. New medicine refrigerators are in place to provide more space and all medicine containers were stored appropriately.</p>	<p>Met</p>

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Significant improvements in all areas of the management of medicines were observed since the last medicines management inspection; the management and staff are commended for their efforts. These improvements must be sustained.

The audit trails performed on a range of randomly selected medicines at the inspection indicated that medicines had been administered in accordance with the prescribers' instructions.

Records indicate that bisphosphonate medicines are administered at the same time as other medicines; however staff confirmed that these medicines are administered separately but that records may not accurately reflect this.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There was evidence that arrangements are in place to ensure the safe management of medicines during a patient's admission to the home. Medication details are confirmed with the prescriber and personal medication record sheets are completed and checked by two staff members.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

Records of medicines received, prescribed and administered had been maintained in a satisfactory manner.

Discontinued or expired medicines are discarded into pharmaceutical clinical waste bins which are uplifted by a contracted waste disposal company.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. The reported incidents had been managed appropriately.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place. These were not examined on this occasion.

Medicines are managed by staff who have been trained to do so. An induction process is in place. Update medicine management training is provided annually and had been provided for twelve registered nurses on 3 February 2015. Further training dates are planned for the remaining staff. The impact of training is monitored through supervision and appraisal. Staff competency assessments are underway and these will be undertaken on an annual basis. Records of those completed were available for examination.

An audit was undertaken in all of the units following the last medicines management inspection and an action plan was produced. The registered nurses perform regular audits on medicines prescribed and the outcomes are reported to the manager. The community pharmacist also completes periodic audits. A review of the audit records and action plan indicated that

significant action had been taken to improve the management of medicines. Issues arising are additionally discussed at weekly management meetings. These improvements must be sustained.

Is Care Compassionate? (Quality of Care)

The records for several residents who are prescribed medication for administration on a 'when required' basis in the management of distressed reactions were examined. The medication administration records indicated that these medicines are being administered in accordance with the prescribers' instructions. The parameters for administration were recorded on the personal medication records. A care plan was in place and evaluated monthly. The reason for and effect of the use of these medicines were recorded on most occasions.

The records for several residents who are prescribed medication for the management of pain were examined. The medicine administration records indicated that these medicines are being administered in accordance with the prescribers' instructions. The parameters for administration were recorded on the personal medication records. A care plan was in place and a pain assessment tool was in use where appropriate. These were evaluated on a monthly basis.

Areas for Improvement

Although some Schedule 4 (Part 1) controlled drugs are denatured prior to disposal, this was not consistent throughout the home. Staff were advised that all Schedule 4 (Part 1) controlled drugs must be denatured prior to disposal and that a second trained member of staff should witness the destruction and countersign the disposal record on all occasions. The manager agreed to review this with immediate effect.

Staff were advised that medication administration records should clearly indicate the time of administration of bisphosphonate medicines and demonstrate that these are administered separately from other prescribed medicines.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

Medicines were safely and securely stored in accordance with the manufacturers' instructions.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Nicola Scovell	Date Completed	8/6/15
Registered Person	Logan Logeswaran	Date Approved	8/6/15
RQIA Inspector Assessing Response	Rachel Lloyd	Date Approved	11/6/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to pharmacists@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.