



The Regulation and  
Quality Improvement  
Authority

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## Unannounced Medicines Management Inspection Of

**Hillcrest**

**9 November 2015**

The Regulation and Quality Improvement Authority  
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced medicines management inspection took place on 9 November 2015 from 10:30 to 17:05.

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 identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008.

For the purposes of this report, the term 'patients' will be used to describe those living in Hillcrest which provides both nursing and residential care.

### 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 medicine management inspection on 12 and 13 November 2012.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	5

The details of the QIP within this report were discussed with Mrs Julie Taylor, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Knockmoyle Lodge Ltd/Mrs Therese McGarvey	<b>Registered Manager:</b> Mrs Julie Ann Elizabeth Taylor
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Julie Ann Elizabeth Taylor	<b>Date Manager Registered:</b> 1 October 2009
<b>Categories of Care:</b> RC-I, NH-DE, RC-DE, NH-I, NH-PH	<b>Number of Registered Places:</b> 56
<b>Number of Residents/Patients Accommodated on Day of Inspection:</b> 55	<b>Weekly Tariff at Time of Inspection:</b> £470 - £613

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 28: Management of Medicines

Standard 29: Medicines Records

Standard 31: Controlled Drugs

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.

## 4. Methods/Process

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

Prior to the inspection, the management of incidents reported to RQIA since the previous medicines management inspection was reviewed.

The following records were 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 refrigerator temperatures

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 24 September 2015. The completed QIP was returned to RQIA and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> Second time	<p>The registered manager must ensure that monitored dosage systems are only accepted for use in the home if the contents can be positively identified.</p> <p><b>Action taken as confirmed during the inspection:</b>            Monitored dosage cassettes in the home were appropriately labelled and the contents could be positively identified.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	<p>The registered manager must review and revise the management of self-administered medicines to ensure that patients are only in control of the storage and administration of their medicines where the result of a risk-assessment, completed in consultation with the prescriber, has deemed is appropriate. The review and monitoring of self-administration must be recorded in the care plan.</p> <p><b>Action taken as confirmed during the inspection:</b>            Following the last inspection, the management of self-administered medicines was reviewed and revised. There were no patients self-administering any medicines on the day of the inspection.</p>	<b>Met</b>
<b>Requirement 3</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	<p>The registered manager must investigate the discrepancy noted in the supply of clonazepam 0.5mg tablets and forward a report of the findings and any action taken to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b>            The discrepancy was investigated and a report of the findings was forwarded to RQIA on 4 December 2012.</p>	<b>Met</b>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must review and revise the home's auditing policies and procedures for medicines to ensure that robust arrangements are in place to audit all aspects of the management of medicines. Discrepancies noted during medicine audits must be investigated and reported to RQIA where necessary.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Medication discrepancies have been reported to RQIA. Records showed small samples of medicines have been audited on a monthly basis by staff nurses in the home. These records were reviewed and no significant discrepancies were noted. The registered manager has also completed a monthly medicines audit. Medicine audit procedures should be further developed to ensure they cover all aspects of the management of medicines. As significant progress has been made to address this requirement, it was not stated for a second time at this inspection.</p> <p>A recommendation regarding further improvements in the auditing policies and procedures in the home was made.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure that personal medication records are adequately maintained in accordance with DHSSPS guidance.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The majority of personal medication records were adequately maintained.</p>	<p><b>Met</b></p>

<p><b>Requirement 6</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that a record of all medicines administered, including supplements, thickening agents and medicines for external use are maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Records of the administration of medicines by care staff were in place. Some records of the administration of thickening agents were incomplete. The registered manager and staff on duty were reminded that these records must be adequately maintained.</p> <p>As significant improvement was noted in the management of these medicine records, the requirement was not stated for a second time at this inspection.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 7</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that records in the controlled drugs record book are adequately maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Records of the receipt, administration and disposal of controlled drugs were maintained.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must review and revise the storage arrangements for medicines for external use in the upper and middle floor units of the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Opened supplies of medicines for external use were stored in patients' bathrooms. One supply was noted to be unlabelled and was no longer a currently prescribed medicine; this was removed for disposal during the inspection. Supplies of thickening agents were appropriately labelled and supplies were only being administered to the patient for whom they were prescribed. It was noted that some supplies were stored in patients' bedrooms. The registered manager should ensure that a risk assessment is completed where medicines, including medicines for external use and thickening agents are not stored in locked cupboards in the treatment room.</p> <p>This requirement was made for the second time.</p>	<p><b>Partially Met</b></p>

<p><b>Requirement 9</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all designated members of staff have been trained and deemed competent to read and re-set the refrigerator thermometers.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Staff in the residential unit were able to demonstrate how to read and re-set the medicine refrigerator thermometer. Staff in the ground and upper floors of the home were not able to demonstrate this competency. Records of refrigerator temperatures in the ground floor treatment room were outside the recommended limit for the safe storage of refrigerated medicines.</p> <p>This requirement was made for the second time.</p>		
<p><b>Requirement 10</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered manager must review and revise the management of medicines for Patient B with regard to the administration of prescribed medicines when the patient is attending the day care centre.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following the last medicines management inspection, the medicines for Patient B were reviewed with the prescriber who advised that the patient's lunchtime medicines could be administered on their return to the home from the day care centre.</p>		
<p><b>Last Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p>Ref: Standard 37</p> <p>Stated: Second time</p>	<p>The registered manager should ensure that staff document how any anomalies found during the auditing of medicines are managed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Audit records were adequately maintained.</p>		

<p><b>Recommendation 2</b></p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should review and revise the ordering process for medicines to ensure that prescriptions are received into the home and checked against the order before being forwarded to the pharmacy for dispensing.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This has not been addressed.</p> <p>This recommendation was made for the second time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should ensure that staff have access to a current reference source for medicines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was a current medicine reference source in the home.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should review the management of nebulas and inhalers for Patient A.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that the management of nebulas and inhalers for Patient A has been reviewed by the prescriber.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should ensure that the home has a written policy and procedures in place for the management of thickening agents.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was a written policy and procedure for the management of thickening agents in the home.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered manager should review and risk-assess the thickening of fluids by relatives.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that relatives do not thicken any fluids in the home.</p>	<p><b>Met</b></p>



## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

Audits carried out on a range of randomly selected medicines in the three units of the home produced generally satisfactory outcomes, indicating that medicines had been administered as prescribed. One audit in the downstairs residential unit showed a significant discrepancy and this was discussed with the registered manager. The registered manager agreed that the auditing process in the home would be further developed to ensure all aspects of the management of medicines are included. Records in the downstairs unit of the home showed that bisphosphonate medicines have not been administered 30 minutes clear of food and other medicines in accordance with the manufacturer's instructions.

Systems were in place to manage the ordering of medicines to ensure adequate supplies were available. Supplies of all of the medicines examined were available for administration and were appropriately labelled. However, some overstocks of medicines were noted in each of the three units. Despite assurances in the previous QIP that a trial of a revised ordering process was to be initiated, it was noted that prescriptions for medicines have not been received into the home and checked against the order before being delivered to the pharmacy for dispensing. The current system for ordering medicines in the home did not provide for robust stock management.

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

There was evidence that medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Medicine records were maintained in a generally satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where medicine details had been transcribed, two members of staff had verified and signed the medicine records. The dosage directions for some medicines prescribed on a "when required" basis were incomplete and details of prescribed thickening agents were not always recorded. The registered manager confirmed this would be addressed without delay. Separate records of the administration of injections, including insulin have been maintained; this is good practice. The good practice of a second member of staff witnessing the preparation and administration of injections was discussed with the registered manager during the inspection. Records of the administration of thickening agents were incomplete.

In each unit, records of the receipt, administration and disposal of controlled drugs, including Schedule 2, 3 and some Schedule 4 medicines, were maintained in a controlled drugs record book. Where part-supplies of ampoules of controlled drugs were administered, staff had recorded the amount of medicine wasted on each occasion. Stock reconciliation checks have been performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included Schedule 4 (Part 1) controlled drugs, which is good practice. Quantities of controlled drugs in the home matched the balances recorded in the record books.

Discontinued or expired medicines have been uplifted by a licensed waste disposal company. Staff confirmed that controlled drugs have been denatured by two registered nurses prior to their disposal; this was not however reflected in the records of disposal.

## **Is Care Effective? (Quality of Management)**

Written policies and procedures for the management of medicines were in place. Standard Operating Procedures for the management of controlled drugs in the home were in place.

There was recorded evidence that medicines were being managed by staff who have been trained and deemed competent to do so. The impact of training has been monitored through supervision and annual appraisal. The competency assessments were noted to be up to date. The registered manager also provided evidence that care staff have been trained and deemed competent to administer thickening agents, nutritional supplements and medicines for external use in the nursing units. The registered manager also provided evidence that members of staff had attended training on the management of syringe drivers, Parkinson's disease, dysphagia and feeding, dementia and diabetes in 2015.

The registered manager provided evidence that information regarding drug alerts has been circulated to staff for their attention; this is good practice.

There were arrangements in place to audit some aspects of the management of medicines. Records showed that staff have selected and audited a small number of medicines each month; samples of one patient's medicines have been selected for audit from each unit each month. In addition, the registered manager provided evidence that she has audited some of the practices for the management of medicines on a monthly basis.

There were procedures in place to report and learn from any medicine-related incidents in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

## **Is Care Compassionate? (Quality of Care)**

Records for a number of patients prescribed medicines to be administered on a "when required" for the management of distressed reactions were reviewed during the inspection. Some of the care plans did not detail the circumstances under which the medicines were to be administered. The parameters for administration were recorded on the personal medication records. The medicine administration records indicated that the medicines were being administered in accordance with the prescribers' instructions; for some patients these medicines had been administered on a regular basis. A record of each administration had been maintained along with the reason for and outcome of administration. Records in the residential unit were well-maintained.

The records for a number of patients prescribed medicines for the management of pain (analgesics) were reviewed. These medicines were recorded on the personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on either a regular or "when required" basis. Staff confirmed that all patients have had pain reviewed as part of their admission assessment. Where applicable, there were care plans in place for the management of pain; however, these were not always completed in sufficient detail. Appropriate pain tools had not been completed for those patients who are unable to verbalise pain. From discussion with the registered nurse on duty, it was evident they were aware of the signs, symptoms and triggers of pain in patients and the need for ongoing monitoring to ensure pain is well controlled and the patient is comfortable. Staff were reminded of the connection between inadequate pain management and distressed reactions.

## Areas for Improvement

The registered manager must review and revise the storage arrangements for medicines for external use in the upper and middle floor units of the home. A requirement made at the last medicines management inspection was stated for the second time. The registered manager was reminded that a risk assessment should be completed when medicines for external use and thickening agents are stored in unlocked cupboards in patients' bedrooms.

The registered manager should review and revise the ordering process for medicines to ensure that prescriptions are received into the home and checked against the order before being forwarded to the pharmacy for dispensing. A recommendation made at the last medicines management inspection was stated for the second time. The registered manager was reminded that a copy of current prescriptions should be kept in the home. Staff were also advised that confirmation of a patient's current medication regime should be obtained from the prescriber when patients are admitted from another care home.

The registered manager and staff on duty were reminded that records of the administration of thickening agents should be maintained.

The auditing process in the home should be further developed to ensure it covers all areas of the management of medicines. A recommendation was made.

Bisphosphonate medicines should be administered 30 minutes clear of food and other medicines in accordance with the manufacturer's instructions. A recommendation was made.

The registered manager was advised that records of the disposal of medicines should indicate when a controlled drug has been denatured prior to disposal.

Where medication is prescribed on a "when required" basis for the management of distressed reactions, the care plan should clearly identify the parameters for administration. A recommendation was made.

Comprehensive care plans for pain management should be in place and approved pain tools should be used where appropriate. A recommendation was made.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>5</b>
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## 5.4 Additional Areas Examined

The treatment room on the ground floor nursing unit of the home was noted to be untidy and storage space was very limited; this was made worse by the unnecessarily high stock levels of some medicines in the unit. Storage areas for medicines for external use and dressings were particularly untidy. The registered manager confirmed that this would be addressed without delay.

Some eye drops and creams which do not require to be refrigerated were stored in the refrigerators in the two nursing units. These were removed from the refrigerators during the inspection. Members of staff were reminded that all medicines must be stored at the correct temperature. An insulin pen which had been brought into use had not been labelled and marked with the date of opening. It was also being stored in the refrigerator; members of staff on duty were reminded that insulin pens in use should be labelled, marked with the date of opening and stored at room temperature. Records showed that medicine refrigerators have not always been maintained at the correct temperature.

Some staff did not know how to read and re-set the maximum and minimum thermometer. A requirement made at the last medicines inspection was re-stated.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Julie Taylor, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The DHPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to **pharmacists@rqia.org.uk**.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b> Ref: Regulation 13(4) Stated: Second time To be Completed by: 7 December 2015	The registered manager must review and revise the storage arrangements for medicines for external use in the upper and middle floor units of the home.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Extra storage being provided for treatment rooms and medicines will be re-arranged.
<b>Requirement 2</b> Ref: Regulation 13(4) Stated: Second time To be Completed by: 7 December 2015	The registered manager must ensure that all designated members of staff have been trained and deemed competent to read and re-set the refrigerator thermometers.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> New thermometers purchased. Instructions for use printed and available to all staff. All staff trained how to read & reset.
<b>Recommendations</b>	
<b>Recommendation 1</b> Ref: Standard 37 Stated: Second time To be Completed by: 7 December 2015	The registered manager should review and revise the ordering process for medicines to ensure that prescriptions are received into the home and checked against the order before being forwarded to the pharmacy for dispensing.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Ordering process currently being reviewed
<b>Recommendation 2</b> Ref: Standard 28 Stated: First time To be Completed by: 7 December 2015	The auditing process should be further developed to ensure it covers all areas of the management of medicines in the home.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff advised to audit supplements, creams etc during monthly audit.
<b>Recommendation 3</b> Ref: Standard 30 Stated: First time To be Completed by: 7 December 2015	Bisphosphonate medicines should be administered 30 minutes clear of food and other medicines in accordance with the manufacturer's instructions.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> All residents prescribed bisphosphonates are given tablet 30 mins before food and other medicines.

<b>Recommendations</b>			
<b>Recommendation 4</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time <b>To be Completed by:</b> 7 December 2015	Where medication is prescribed on a “when required” basis for the management of distressed reactions, the care plan should clearly identify the parameters for administration.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Careplans reviewed and adjusted to reflect PRN administration.		
<b>Recommendation 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be Completed by:</b> 7 December 2015	Comprehensive care plans for pain management should be in place and approved pain tools should be used where appropriate.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Careplans presently being reviewed and staff advised re: use of pain tools.		
<b>Registered Manager Completing QIP</b>	Julie Taylor	<b>Date Completed</b>	21.12.15
<b>Registered Person Approving QIP</b>	Therese McGarvey	<b>Date Approved</b>	21.12.15
<b>RQIA Inspector Assessing Response</b>	Helen Mulligan	<b>Date Approved</b>	4 January 2016

\*Please ensure the QIP is completed in full and returned to [pharmacists@rqia.org.uk](mailto: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. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.