



The Regulation and
Quality Improvement
Authority

NURSING HOME UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	IN021294
Establishment ID No:	11078
Name of Establishment:	Three Rivers Care Centre
Date of Inspection:	5 March 2015
Inspectors' Names:	Paul Nixon Cathy Wilkinson

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Three Rivers Care Centre
Type of home:	Nursing Home
Address:	11 Millbank Lane Lisnamallard Omagh BT79 7YD
Telephone number:	(028) 8225 8227
E mail address:	threeriversadmin@zestcarehomes.co.uk
Registered Organisation/ Registered Provider:	Zest Care Homes Ltd / Mr Philip Scott
Registered Manager:	Mrs Janet Dodds (Registration pending)
Person in charge of the home at the time of Inspection:	Mrs Janet Dodds
Categories of care:	NH-I, NH-PH, NH-DE, RC-DE
Number of registered places:	81
Number of patients accommodated on day of inspection:	50: Drumragh Unit (24), Fairywater Unit (9), Strule Unit (17), Camowen Unit is currently closed.
Date and time of current medicines management inspection:	5 March 2015 10:30 – 13:10
Names of inspectors:	Paul Nixon and Cathy Wilkinson
Date and type of previous medicines management inspection:	16 June 2014 Unannounced Monitoring Inspection

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management monitoring inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The previous medicines management inspection of this home, on 16 June 2014, found sustained improvement in the management of medicines and full compliance with the Failure to Comply Notice (FTCNH/11078/2013-14/01). Following discussion with senior management within RQIA, it was decided to withdraw the notice. The purpose of this visit was to ensure that this progress had been continued and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The Nursing Homes Regulations (Northern Ireland) 2005.

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS / PROCESS

Discussion with Mrs Janet Dodds (manager, registration pending), Ms Claire Jones (deputy manager) and nursing staff on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Home Minimum Standards (2008) and to assess progress with the issues raised since the previous inspection:

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage

Standard Statement - Medicines are safely and securely stored

Standard 40: Administration of medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

3.0 PROFILE OF SERVICE

Three Rivers Care Centre is an 81- bedded nursing home, situated in a residential area of Omagh, a short distance away from the town centre and public amenities.

The home offers spacious accommodation for a maximum of 81 persons requiring nursing and residential care. Externally the grounds provide secure areas for the patients and residents with paved patio areas and raised shrub / flower beds. Visitor car parking spaces are available at the front of the home. All areas of the home are wheel-chair accessible.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Three Rivers Care Centre was undertaken by Paul Nixon and Cathy Wilkinson, RQIA Pharmacist Inspectors, on 5 March 2015 between 10:30 and 13:10. This summary reports the position in the home at the time of the inspection. Arrangements for the management of medicines in the Drumragh and Strule Units of the home were inspected.

The previous medicines management inspection of this home, on 16 June 2014, found sustained improvement in the management of medicines and full compliance with the failure to comply notice (FTCNH/11078/2013-14/01). It was, therefore, decided that RQIA would withdraw the notice. The focus of this monitoring inspection was to determine whether the improved standard had been continued and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

The inspectors examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspectors met with the manager of the home, Mrs Janet Dodds (Registration pending), Ms Claire Jones (deputy manager) and registered nurses on duty in the Drumragh and Strule Units of the home. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Three Rivers Care Centre are compliant with legislative requirements and best practice guidelines. The improved standard observed during the previous inspection had been sustained. The manager and staff are commended for their efforts.

The recommendation made at the previous medicines management inspection on 16 June 2014 was examined during the inspection; the inspectors' validation of compliance is detailed in Section 5.0 of this report.

Robust procedures are in place to regularly monitor and audit all areas of the management of medicines to ensure that they are in compliance with legislative requirements and minimum standards. Systems are in place to ensure that any shortfalls are identified and appropriate action taken.

All prescribed medicines were available for administration to patients.

The current written confirmation of warfarin dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained.

The records of four patients who are prescribed 'when required' anxiolytic medicines for the treatment of distressed reactions were examined. Two of the four patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. There were no care plans in place in Strule Unit, however they were written during the inspection. For each patient, the parameters for administration were recorded on the personal medication record and records of administration had been maintained on the medicine administration record sheets. The reason for and outcome of administration were well documented in Strule Unit but were not being consistently recorded in Drumragh Unit. This observation was discussed with the manager who gave an assurance that the matter would be rectified and closely monitored.

The records of medicines requested, received, prescribed, administered and disposed had been maintained in a very satisfactory manner.

Records for the administration, disposal and stock balance reconciliation checks of controlled drugs had been accurately maintained. Opioid transdermal patches had been administered in accordance with the prescribed instructions. Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. Stocks of some Schedule 4 controlled drugs are also reconciled at each handover of responsibility. This good practice is commended.

Medicines are stored safely and securely and in accordance with the manufacturers' instructions. Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. The temperature ranges of the medicine refrigerators and the temperatures of the medicine storage rooms are monitored and recorded each day. Temperatures had been maintained within the recommended ranges.

Discontinued or expired medicines are placed into designated pharmaceutical clinical waste bins by nursing staff. Records indicate that two nurses dispose of the pharmaceutical waste into these bins. The manager and deputy manager denature controlled drugs. The waste bins are removed by the community pharmacist.

A range of audits was performed on randomly selected medicines. These audits indicated that medicines are being administered to patients in accordance with the prescribers' instructions.

The inspection attracted no requirements or recommendations.

The inspectors would like to thank the manager, deputy manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 16 June 2014:

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	<p>The responsible individual should ensure that any remaining stock balances of medicines at the end of each monthly medication cycle are recorded on the medication administration record for each new cycle to facilitate the audit process.</p> <p>Stated twice</p>	<p>All medications remaining at the end of a cycle are now carried over and recorded in the medication administration record for the new cycle to facilitate the audit process.</p>	<p>Compliant</p>

6.0 QUALITY IMPROVEMENT PLAN

As no requirements or recommendations were made following the inspection a Quality Improvement Plan has not been appended on this occasion. The registered manager/provider is asked to please complete and return a copy of the signature page at the end of the report for our records by **16 April 2015**.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the **unannounced medicines management monitoring inspection of Three Rivers Care Centre** which was undertaken on **5 March 2015** and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Janet Dodds
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Philip Scott

Approved by:	Date
Paul W. Nixon	14/04/15