NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**17445**
Establishment ID No:	**11078**
Name of Establishment:	**Three Rivers Care Centre**
Date of Inspection:	**16 June 2014**
Inspectors' Names:	**Helen Mulligan** **Paul Nixon**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

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:	Mr Philip Scott Zest Care Homes Ltd
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-MP, NH-DE, RC-DE, RC-I
Number of registered places:	81
Number of patients accommodated on day of inspection:	51
Date and time of current medicines management inspection:	16 June 2014 10:30 to 14:10
Names of inspectors:	Helen Mulligan Paul Nixon
Date and type of previous medicines management inspection:	Monitoring Inspection 6 May 2014

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

A medicines management inspection of this home on 27 January 2014 had shown that robust systems for the management of medicines were not in place; immediate and sustained improvements were needed in the standards for the management of medicines. Following this medicines management inspection, RQIA held a meeting with the registered persons on 4 February 2014 and, after discussion, advised that a Failure to Comply Notice (FTC Ref No: FTC/NH/11078/2013-14/01) would be issued due to their failure to comply with the following regulation:

Regulation 13 (4) (b) and (c), The Nursing Homes Regulations (Northern Ireland) 2005

> Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –
> (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and
> (c) a written record is kept of the administration of any medicine to a patient.

An inspection to assess compliance with the Failure to Comply Notice was undertaken on 31 March 2014. At this inspection it was noted that full compliance had not been achieved with the Failure to Comply Notice, and following discussion with senior management within RQIA, the Failure to Comply Notice was extended to 5 May 2014.

An inspection of the home on 6 May 2014 deemed that compliance had still not been achieved. As a result of the continued non-compliance a decision was taken by RQIA to serve a Notice of Proposal to impose conditions on the registration of Three Rivers Care Centre.

The purpose of this inspection was to determine compliance with the matters detailed in the failure to comply notice.

METHODS/PROCESS

Discussion with Mrs Janet Dodds (registered manager, registration pending), Ms Claire Jones (deputy manager) and 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

This unannounced inspection was undertaken to examine compliance with the failure to comply notice served on 4 February 2014.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and 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 standard that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Three Rivers Care Centre is an 81- bedded Nursing and Residential Care 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.

The home is registered to provide care for persons under the following categories of care:

Nursing Care

NH - I	Old age not falling into any other category
NH - DE	Dementia
NH - PH	Physical Disability
NH - MP	Mental disorder excluding learning disability or dementia.

Residential Care

RC - DE	Dementia
RC - I	Old age not following into any other category (one identified resident)

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Three Rivers Care Centre was undertaken by Helen Mulligan and Paul Nixon, RQIA Pharmacist Inspectors, on 16 June 2014 between 10:30 and 14:10 hours. This summary reports the position in the home at the time of the inspection. Arrangements for the management of medicines in all four units of the home were inspected.

The focus of this unannounced medicines management monitoring inspection was to determine compliance with the matters detailed in the failure to comply notice (FTC Ref No: FTC/NH/11078/2013-14/01), and to determine if the safety and well-being 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. 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.

The six requirements and five recommendations made at the previous medicines management monitoring inspection on 6 May 2014 were examined during the inspection. Compliance with the six requirements and four of the recommendations was noted. The home was moving towards compliance with the fifth recommendation. Staff should ensure that the balance of medicines is carried forward at the beginning of each new medicine cycle to facilitate the audit process. This recommendation is re-stated in this report. The inspectors' validation of compliance is included in Section 5.0 below.

The outcome of this inspection 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 that RQIA would not impose the notice of proposal due to compliance with the matters detailed in the Failure to Comply Notice (FTC Ref No: FTC/NH/11078/2013-14/01).

During the inspection, the members of staff on duty were reminded that they are required to ensure continued compliance with the legislative requirements and minimum standards relevant to Three Rivers Care Centre.

The inspection attracted one re-stated recommendation. The recommendation is detailed in the Quality Improvement Plan.

The inspectors would like to thank the management and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management monitoring inspection on 6 May 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The responsible individual must review and revise the maintenance of personal medication records to address the issues highlighted in Section 6.2. **Stated four times**	Personal medication records have been reviewed and updated and were noted to be maintained to a satisfactory standard.	**Compliant**
2	13(4)	The responsible individual must ensure that all medicines are administered in accordance with the prescriber's instructions. **Stated three times**	The results of medicine audits undertaken during the inspection and a review of medicine audits undertaken by staff in the home would indicate that medicines are being administered in accordance with the prescriber's instructions.	**Compliant**
3	13(4)	The responsible individual must ensure that robust arrangements are in place for the management of controlled drugs. **Stated three times**	Improvements were noted in the arrangements in place for the management of controlled drugs.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The responsible individual must review and revise the arrangements in place for the management of anxiolytic medicines to address the issues highlighted in Section 6.1. **Stated once**	The management of anxiolytic medicines was satisfactory.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The responsible individual must ensure that a robust system for auditing medicines is in place. **Stated once**	A robust system is in place for auditing medicines.	**Compliant**
6	13(4)	The responsible individual must review and revise the management of topical medicines to ensure they are administered as prescribed and appropriate records are maintained. **Stated once**	The management of topical medicines has been reviewed and revised. Records are well maintained and indicate that topical medicines are being administered as prescribed. There was evidence that care staff have received update training on the administration of topical medicines.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The responsible individual should review and revise the management of nutritional supplements and ensure supplies are included in the home's auditing procedures for medicines. **Stated once**	There was evidence that the management of nutritional supplements in the home has been reviewed and revised and additional monitoring and auditing arrangements are now in place.	**Compliant**
2	37	The responsible individual should ensure that there is a robust procedure in place for reconciling stocks of anticoagulant medicines. **Stated once**	The management of anticoagulant medicines was reviewed during the inspection. No discrepancies were noted. Anticoagulant medicines are included in the home's daily and weekly audits.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	38	The responsible individual should ensure that any remaining stock balances of medicines at the end of each monthly medicine cycle are recorded on the medication administration record for each new cycle to facilitate the audit process. **Stated once**	Not all remaining stock balances had been carried forward at the beginning of the monthly medicines cycle. This recommendation is re-stated.	**Moving towards compliance**
4	38	The responsible person should continue to monitor the disposal of medicines in the home, including the maintenance of medicine disposal records. **Stated once**	Records of the disposal of medicines were appropriately maintained. Disposal records are reviewed as part of the home's weekly medicine auditing procedures.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	39	The responsible person should ensure masks and spacer devices for delivering doses of inhaled medicines are kept covered when not in use and cleaned on a regular basis in accordance with the manufacturer's instructions. **Stated once**	Masks and spacer devices are cleaned on a weekly basis and kept covered when not in use.	**Compliant**

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

Significant improvements were noted in the arrangements in place for the management of medicines. The management and staff are commended for their continuing efforts.

Significant improvements were noted in the home's arrangements for monitoring and auditing medicines; these improvements were highlighted and acknowledged during the inspection.

Records show that controlled drugs, including controlled drug patches have been administered on time and in accordance with the prescriber's instructions.

Randomly selected samples of medicines were audited in all four units of the home; these produced satisfactory results, indicating that medicines are being administered as prescribed.

Improvements were noted in the management and monitoring of anticoagulant medicines.

The management of anxiolytic medicines prescribed on an "as required" basis for distressed reactions has been reviewed and revised. All care plans have been updated.

COMPLIANCE LEVEL: Compliant

6.2 Medicine Records

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

Medicine records were reviewed during the inspection. These were well-maintained, in accordance with DHSSPS guidance. The improvements noted in the maintenance of medicine records were acknowledged and highlighted during the inspection.

On some occasions, the balance of remaining medicines at the end of the monthly cycle had not been carried forward and recorded on the medication administration record. This should be addressed to facilitate the audit process. A recommendation made at the previous inspection is re-stated.

COMPLIANCE LEVEL: Substantially compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Medicines are stored safely and securely and in accordance with the manufacturer's instructions. New medicine refrigerators have been installed in the home.

COMPLIANCE LEVEL: Compliant

6.4 Administration of Medicines

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

The results of audits undertaken during the inspection evidenced that medicines are safely administered in accordance with the prescribing practitioner's instructions.

COMPLIANCE LEVEL: Compliant

7.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers / managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with Mrs Janet Dodds (Registered Manager, registration pending) as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Helen Mulligan
Pharmacist Inspector
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

THREE RIVERS CARE CENTRE
16 JUNE 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Janet Dodds, Registered Manager (registration pending)**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

STATUTORY REQUIREMENTS This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.					
NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE

There are no requirements

RECOMMENDATION

This recommendation is based on the Nursing Homes Minimum Standards (2008), research or recognised sources. It promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON	TIMESCALE
1	38	The responsible individual should ensure that any remaining stock balances of medicines at the end of each monthly medicine cycle are recorded on the medication administration record for each new cycle to facilitate the audit process. **Ref: Section 5.0**	Two	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.	30 days

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

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

	QIP Position Based on Comments from Registered Persons	**Yes**	**No**	**Inspector**	**Date**
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			5/8/14
B.	Further information requested from provider		✓		