

NURSING HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN018453
Establishment ID No:	1209
Name of Establishment:	Millcroft
Date of Inspection:	16 September 2014
Inspectors' Names:	Rachel Lloyd Helen Mulligan

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Millcroft
Type of home:	Nursing Home
Address:	66 Mill Street Enniskillen BT74 6DW
Telephone number:	(028) 6632 4000
E mail address:	julesmccaffrey@aol.com
Registered Organisation/ Registered Provider:	Carewell Homes Ltd/ Mrs Carol Kelly
Registered Manager:	Ms Carmel Leonard
Person in charge of the home at the time of Inspection:	Ms Carmel Leonard
Categories of care:	NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)
Number of registered places:	92: 82 nursing 10 residential
Number of patients accommodated on day of inspection:	77: 68 nursing 9 residential
Date and time of current medicines management inspection:	16 September 2014 10:30 – 16:20
Name of inspectors:	Rachel Lloyd Helen Mulligan
Date and type of previous medicines management inspections:	29 November 2011 – Nightingale wing 18 February 2013 – Riverside wing Unannounced inspections

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 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 purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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 Ms Carmel Leonard, Registered 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 the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

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).

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

An outcome level was identified to describe the service's performance against each criterion that the inspectors 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

Millcroft is situated in its own grounds off Mill Street, a short distance from the centre of Enniskillen. The home is owned by Mr and Mrs McCaffery. The registered provider is Mrs Carol Kelly. Ms Carmel Leonard has been the registered manager of the home since January 2012.

The home is divided into two units:

The Riverside Suite is a three storey accommodation with access to each floor via a through floor lift and stairs. Bedroom accommodation is provided over three floors.

Nightingale House is a two storey accommodation with access to the first floor via a through floor lift and stairs. Bedroom accommodation is provided over two floors

Previously registered separately, The Riverside Suite and Nightingale House were re-registered on the 25 October 2013 as one home to provide care for up to 82 patients and 10 residents.

There is a number of sitting areas and dining rooms, a laundry, hairdressing room, kitchen, and various sanitary facilities provided throughout the home.

The grounds around the home are beautifully landscaped and are well maintained. Adequate car parking facilities are provided in the grounds of the home.

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

Nursing Care

NH-I	Old age not falling into any other category
NH-PH	Physical disability other than sensory impairment
NH-PH(E)	Physical disability other than sensory impairment - over 65 years

Residential Care

RC-I	Old age not falling into any other category
RC-PH	Physical disability other than sensory impairment
RC-PH(E)	Physical disability other than sensory impairment - over 65 years

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Millcroft was undertaken by Rachel Lloyd and Helen Mulligan, RQIA Pharmacist Inspectors, on 16 September 2014 between 10:30 and 16:20. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

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

During the course of the inspection, the inspectors met with the registered manager of the home, Ms Carmel Leonard and with staff 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.

This inspection indicated that the arrangements for the management of medicines in Millcroft are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The four requirements and nine recommendations made for Nightingale House at the previous medicines management inspection on 29 November 2011 were examined. Three of the requirements are assessed as compliant and one as substantially compliant. Five of the recommendations are assessed as compliant and four as substantially compliant.

The three requirements and seven recommendations made for The Riverside Suite at the previous medicines management inspection on 18 February 2013 were also examined. The three requirements are assessed as compliant. Four of the recommendations are assessed as compliant and three as substantially compliant. The inspectors' validation of compliance can be viewed in Section 5 of this report.

Since the previous inspection, RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

The management of medicines is controlled in a largely satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection and are detailed in the report.

Policies and procedures for the management of medicines are in place and Standard Operating Procedures for controlled drugs have been developed and implemented.

There is a programme of medicines management training in the home. There is a system of supervision and appraisal and there are regular medicines management competency assessments for registered nurses.

There are procedures in place to audit the management of medicines. The outcomes of the audit trails performed at the inspection showed good correlation between prescribed directions and stock balances of medicines indicating that medicines had been administered in accordance with the prescribers' instructions. However, supplies of prescribed medicines must not be shared.

The medicine records were generally well maintained.

Improvements are necessary in some of the storage arrangements for medicines. Cupboards used for storing prescribed nutritional supplements in the dining room must be kept locked and robust arrangements for medicines requiring refrigerated storage are necessary. Controlled drugs requiring safe custody must be stored in a controlled drugs cupboard.

The inspection attracted a total of four requirements and two recommendations. These are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection of Nightingale House on 29 November 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must:</p> <ul style="list-style-type: none"> Investigate the discrepancy noted in the stock balance of a supply of Valoid injections. Review the management of the supply of Haldol injections which could not be audited. <p>A report of the findings must be forwarded to RQIA, Omagh office.</p> <p>Stated once</p>	A report dated 6 December 2011 was received by RQIA.	Compliant
2	13(4)	<p>Records of the administration of medicines must be accurately maintained.</p> <p>Stated once</p>	Medicine administration records were generally satisfactorily maintained.	Substantially compliant
3	13(4)	<p>The registered manager must review and revise policies and procedures for the management of self-administered medicines.</p> <p>Stated once</p>	Revised policies and procedures were evidenced during the inspection.	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	<p>The registered manager must review and revise policies and procedures for the management of injectable medicines.</p> <p>Stated once</p>	Revised policies and procedures were evidenced during the inspection.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	<p>The registered manager should ensure that written confirmation of warfarin dosage changes is obtained from the prescriber on each occasion.</p> <p>Stated once</p>	This has been addressed and was evidenced during the inspection.	Compliant
2	37	<p>The registered manager should ensure that the names and sample signatures and initials of all members of staff who administer medicines in the home, including care staff, is maintained.</p> <p>Stated once</p>	This has been addressed and was evidenced during the inspection.	Compliant
3	37	<p>The registered manager should ensure that daily balance checks on stocks of liquid medicines, movicol, injectable medicines, supplements and nebulas are undertaken and records of checks are maintained.</p> <p>Stated once</p>	A robust system of audit was observed, which includes a variety of medicine formulations being audited on a regular basis. Records of audits are maintained and these indicated a satisfactory correlation with prescribed directions and stock balances of medicines.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	38	<p>The registered manager should review and revise personal medication records to ensure that self-administered medicines are clearly indicated and variable trade/generic medicine names are accurately recorded.</p> <p>Stated once</p>	<p>No patient was responsible for the self-administration of any medicine at the time of the inspection. The registered manager was advised that in some instances variable trade/generic medicine names are recorded on medicine records and agreed to review this following the inspection.</p>	Substantially compliant
5	38	<p>The registered manager should ensure that:</p> <ul style="list-style-type: none"> • Details of the level of thickening of fluids required by each patient are clearly indicated on the record of administration of thickening agents. • Records of the administration of medicines by care staff are checked and signed and dated by nursing staff on a weekly basis to monitor compliance. <p>Stated once</p>	<p>The level of thickening of fluids is generally recorded on the record of administration of thickened fluids.</p> <p>The registered manager confirmed that records of administration of medicines by care staff are checked regularly by nursing staff but are not always signed.</p> <p>The registered manager agreed to reinforce these issues with all relevant staff following the inspection.</p>	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
6	38	<p>The registered manager should monitor the home's policies and procedures for managing outstanding medicine orders ("owings").</p> <p>Stated once</p>	This has been addressed and was evidenced during the inspection.	Compliant
7	39	<p>The registered manager should ensure that stock control procedures for medicines are reviewed and revised.</p> <p>Stated once</p>	This was evidenced during the inspection. However, some examples of overstocks of medicines were highlighted and discussed.	Substantially compliant
8	39	<p>The registered manager should review the home's storage facilities for medicines to ensure that:</p> <ul style="list-style-type: none"> • There is sufficient storage space for all medicines in the home. • The temperature of the medicines fridge is monitored on a daily basis <p>Stated once</p>	<p>Storage arrangements were reviewed following the previous inspection. Storage space continues to be limited.</p> <p>The temperature of the medicines refrigerator is monitored on a daily basis in Nightingale House; however there was no thermometer in the refrigerator in the Riverside Suite.</p>	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
9	40	<p>The registered manager should increase the frequency of audit of non-prescribed medicines (home remedies).</p> <p>Stated once</p>	This has been addressed and was evidenced during the inspection.	Compliant

Issues arising during previous medicines management inspection of the Riverside Suite on 18 February 2013:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	Records of the administration of prescribed thickening agents must be maintained. Stated once	This has been addressed and was evidenced during the inspection. Records were generally well maintained.	Compliant
2	13(4)	The registered manager must review and revise the arrangements in place for the storage of and management of oxygen cylinders. Stated once	This has been addressed and was evidenced during the inspection.	Compliant
3	20(1)	The registered manager must ensure that all care staff who administer medicines in the home are trained and deemed competent to do so. A list of the sample signatures and initials of care staff trained and competent to administer medicine should be maintained. Stated once	There was evidence care staff have received training on the administration of medicines. The sample signature list for trained care staff was in place.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	<p>The registered manager should ensure that supplies of Movicol sachets are subject to regular monitoring and auditing.</p> <p>Stated once</p>	There was evidence that supplies of Movicol are included in the auditing and monitoring procedures in the home. However, some overstocks of Movicol were noted during the inspection. The registered manager agreed to address this with the relevant staff following the inspection and no further action is required at this time.	Substantially compliant
2	37	<p>The registered manager should ensure that Standard Operating Procedures for controlled drugs are in place.</p> <p>Stated once</p>	Standard Operating Procedures are in place and were available for inspection.	Compliant
3	37	<p>The registered manager should implement additional monitoring and auditing arrangements for supplies of medicines prescribed on an "as required" basis.</p> <p>Stated once</p>	This has been addressed and was evidenced during the inspection.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	38	<p>The registered manager should ensure that all medicine entries on personal medication records are verified and signed by two designated members of staff.</p> <p>Stated once</p>	<p>Entries on personal medication records are signed by two members of staff.</p>	Compliant
5	39	<p>The registered manager should review the current storage arrangements for medicines to ensure that sufficient space is available.</p> <p>Stated once</p>	<p>Storage arrangements were reviewed following the previous inspection. Storage space continues to be limited. Extra cupboard space has been put in place for nutritional supplements in the dining room; these cupboards must be kept locked. A requirement has been stated.</p>	Substantially compliant
6	40	<p>The registered manager should ensure that masks on "spacer" devices are kept covered when not in use.</p> <p>Stated once</p>	<p>Spacer devices are covered when not in use, this was evidenced during the inspection.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
7	37	<p>The registered manager should review and revise the management of thickening agents to address the issues highlighted in Section 7.0.</p> <p>Stated once</p>	<p>The management of thickening agents was reviewed following the previous inspection. The required level of thickening is recorded on medication administration records; the registered manager agreed to include this detail on personal medication records. Thickening agents are included in audit procedures.</p>	<p>Substantially compliant</p>

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed:

37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.

COMPLIANCE LEVEL**Inspection Findings:**

The registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.

The outcomes of audit trails, performed on a range of randomly selected medicines, showed that these medicines had been administered in accordance with the prescribers' instructions. These results correlate with the results of medicine audits undertaken on a regular basis within the home.

The admissions process with respect to medicines was reviewed during the inspection. It was noted that written confirmation of current medication regimes is obtained for patients on admission.

The process for the ordering and receipt of medicines was examined. All prescriptions are received into the home and checked against the order before being forwarded to the community pharmacy for dispensing. This is in accordance with Health and Social Care Board recommendations.

The arrangements for the management of anticoagulant medicines were examined and found to be satisfactory. Dosage instructions are obtained in writing from the prescriber and a stock balance record is maintained for warfarin tablets. This is good practice.

The management of 'when required' anxiolytic medicines in the management of distressed reactions was examined for three patients. Care plans are in place; these are reviewed on a monthly basis. For each patient, the parameters for administration were recorded on the personal medication record and records of administration had been maintained. The reason for administration and the outcome was sometimes recorded; this should be recorded on every occasion. A recommendation is stated.

Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place. There was evidence that these are reviewed on a regular basis.</p>	<p>Compliant</p>
Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The registered manager provided evidence that registered nurses who manage medicines in the home are trained and competent to do so. Medicines management training is provided for designated members of staff on an annual basis by the Western Health and Social Care Trust. There was evidence that staff had received training on dysphagia, syringe drivers, subcutaneous fluids, challenging behaviour and the administration of medicines via PEG tube since the previous inspection.</p> <p>Evidence that training on the management of dysphagia and thickening fluids, and the administration of external preparations has been provided for care staff was observed.</p> <p>A list of the names, sample signatures and initials of registered nurses and designated care staff authorised to administer medicines is in place.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that the competency of registered nurses, with respect to the management of medicines, is evaluated and reviewed on a regular basis through supervision and annual appraisal, and that records are maintained. These records were available for examination.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
Medication errors and incidents are reported to RQIA, in accordance with procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are stored in a secure waste container and records of disposal are maintained. This waste is periodically uplifted by a licensed waste contractor. The record of disposal is signed by two registered nurses. Controlled drugs are denatured by two registered nurses prior to disposal in line with DHSSPS guidance and legislative requirements.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The registered manager provided evidence that medicine audits are performed on a regular basis. Records of this auditing activity were observed and it was noted that satisfactory outcomes had been achieved. The registered manager performs an audit on the procedures in place for medicines management every six months. This results in the development of an action plan regarding any necessary action which is shared with all relevant staff.</p> <p>The audit process is readily facilitated by the good practice of recording the date of opening on most medicine containers.</p>	Compliant
INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 38 - MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings: The medicine records reviewed during the inspection were generally found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were generally noted to be maintained in a manner that facilitates audit activity. Obsolete records had been securely archived. It was noted that several bottles of liquid laxative preparations had been relabelled with another patients name and therefore the dose on the label was incorrect and a clear audit trail was not possible. Registered nurses stated that this had been done when the medicine was no longer required for the original patient or there was overstock. Prescribed medicines must only be administered to the patient for whom they were prescribed. A requirement is stated.	Substantially compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings: Each of the above records is maintained in the home. A sample was selected for examination and these were mostly found to be satisfactory. The registered manager was reminded to include the required consistency of thickened fluids on the patients' personal medication records.	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
The controlled drugs record book for each unit was observed to be well maintained.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Storage areas were clean and tidy; however storage space available for medicines continues to be limited. Storage arrangements were reviewed following the previous inspection. Cupboards for nutritional supplements are now in use in the dining room, however these are not locked. A requirement is stated.</p> <p>Oxygen was stored appropriately and appropriate signage was in place.</p> <p>Arrangements for storing medicines requiring refrigeration were examined. In Nightingale House, refrigerator temperatures are recorded on a daily basis and were found to be within the accepted range during the inspection. A new refrigerator had been in use since 2 September 2014; prior to this, deviation from the maximum accepted temperature of 8°C had been noted and stock had been stored in the refrigerator in the Riverside Suite. In the Riverside Suite, no refrigerator had been in use since 4 September 2014 and prior to this records indicated that temperatures had not been maintained within the necessary range. Robust arrangements must be in place for medicines requiring refrigeration. A requirement is stated.</p> <p>The temperature of the treatment rooms was found to be satisfactory at the time of the inspection. The room temperature should be monitored and recorded daily. A recommendation is stated.</p> <p>Dates of opening were routinely recorded on the majority of medicines; registered nurses were reminded that nutritional supplements should routinely be marked with the date of opening to facilitate audit and disposal at expiry.</p> <p>Most controlled drugs were stored appropriately. However, Temazepam liquid was not stored in the controlled drugs cupboard in Nightingale House due to space limitations. All controlled drugs subject to the Safe Custody Regulations must be stored in a controlled drugs cupboard. A requirement is stated. At the time of the inspection it was agreed that the supplies would be moved to the controlled drugs cupboard in the Riverside Suite until such time that larger controlled drugs cupboards could be installed.</p>	<p>Substantially compliant</p>

STANDARD 39 - MEDICINES STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	COMPLIANCE LEVEL
Inspection Findings:	
The controlled drug cabinet key and other medicine cupboard keys are held separately by the registered nurse in charge of the shift. The registered manager is responsible for spare medicine cupboard keys.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of balance checks were inspected and found to be satisfactory.	Compliant
INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially 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 **Ms Carmel Leonard, Registered Manager**, 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:

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Riverside Tower
5 Lanyon Place
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QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

MILLCROFT

16 SEPTEMBER 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. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Carmel Leonard, Registered Manager**, 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 the 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 action 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
1	13(4)	The registered manager must ensure that supplies of prescribed medicines are only administered to the patient for whom they are prescribed. Ref: Criterion 38.1	One	adAll nursing staff informed that prescribed medicines are only administered to the patient for whom they are prescribed.	13 October 2014
2	13(4)	The registered manager must ensure that all cupboards used for storing prescribed medicines are kept locked. Ref: Section 5.0 and Criterion 39.1	One	Locks supplied for all cupboards including those containing supplements and nurses reminded they are to be kept locked.	13 October 2014
3	13(4)	The registered manager must ensure that robust arrangements are in place for medicines requiring refrigeration. Ref: Criterion 39.1	One	Fridge in Unit 2 serviced and new thermometer obtained.	13 October 2014
4	13(4)	The registered manager must ensure that all controlled drugs subject to Safe Custody Regulations are stored in a controlled drugs cupboard. Ref: Criterion 39.1	One	Additional controlled drugs cupboard ordered. All controlled drugs are stored in a controlled drugs cupboard.	13 October 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. This 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(S)	TIMESCALE
1	37	The registered manager 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. Ref: Criterion 37.1	One	All nursing staff reminded that the reason for and the outcome of the administration of 'when required' anxiolytic medicines is recorded on every occasion.	13 October 2014
2	39	The registered manager should ensure that the treatment room temperatures are monitored and recorded daily. Ref: Criterion 39.1	One	New thermometers obtained for treatment rooms. Documentation for recording treatment room temperatures updated. All nurses reminded to record daily.	13 October 2014

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	Carmen Leonard
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Carol Kelly

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		R Lloyd	28/10/14
B.	Further information requested from provider		no	R Lloyd	28/10/14