NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020823**
Establishment ID No:	**1261**
Name of Establishment:	**Kingsway**
Date of Inspection:	**3 March 2015**
Inspectors' Names:	**Judith Taylor & Rachel Lloyd**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Kingsway
Type of home:	Nursing Home
Address:	299 Kingsway Dunmurry Belfast BT17 9EP
Telephone number:	(028) 9060 9930
E mail address:	stuart.johnstone@carecircle.co.uk
Registered Organisation/ Registered Provider:	Care Circle Limited Mr Ciaran Henry Sheehan
Registered Manager:	Mr Stuart Mathew Johnstone
Person in charge of the home at the time of Inspection:	Mr Stuart Mathew Johnstone
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of registered places:	69
Number of patients accommodated on day of inspection:	64
Date and time of current medicines management inspection:	3 March 2015 10:30 – 15:50
Names of inspectors:	Judith Taylor & Rachel Lloyd
Date and type of previous medicines management inspection:	7 October 2014 Unannounced monitoring

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 monitoring inspection of this home on 7 October 2014 had shown that the improvement noted at the medicine management monitoring inspection on 29 January 2014 had not been sustained and robust systems for the management of medicines were not in place.

The purpose of this visit was to determine what progress had been made in addressing the 14 requirements and 8 recommendations made during the previous medicines management monitoring inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

Discussion with Mr Stuart Johnstone, 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

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 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

Kingsway is a purpose built nursing home situated on the main Belfast to Lisburn Road on the outskirts of Dunmurry village. It can accommodate up to 69 patients.

A range of single and double bedrooms, some with en-suite facilities are provided in the original building. The bedrooms in the extension are all single and have en-suite facilities.

There are a range of sitting rooms, some provided for quiet reflection, and two dining rooms. Bathroom and toilet facilities are well positioned throughout the home.

The home provides a high standard of accommodation.

Mr Stuart Johnstone has been the registered manager of the home since October 2014.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Kingsway was undertaken by Judith Taylor and Rachel Lloyd, RQIA Pharmacist Inspectors on 3 March 2015 between 10:30 and 15:50. This summary reports the position in the home at the time of the inspection.

The previous medicines management monitoring inspection of this home on 7 October 2014 had shown that robust systems for the management of medicines were not in place, and that improvements were required.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspectors examined the arrangements for the 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 registered manager of the home, Mr Stuart Johnstone and with the 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 Kingsway are substantially compliant with legislative requirements and best practice guidelines. The outcomes of the inspection found no areas of concern; however, some areas for improvement were noted.

The 14 requirements and eight recommendations made at the previous medicines management inspection on 7 October 2014 were examined during the inspection. The inspectors' validation of compliance can be observed in the tables following this summary. Four requirements and five recommendations have been assessed as compliant, nine requirements and three recommendations as substantially compliant and one requirement has been assessed as moving towards compliance. This requirement has been restated in the Quality Improvement Plan (QIP). The registered manager and staff were commended for the progress made. The improvements made must be sustained and developed in order to ensure the safety and well-being of the patients.

A significant improvement in the management of medicines was evidenced at this inspection. The registered manager provided confirmation of the auditing system for medicines, which includes daily, weekly and monthly audits. There were details of the action taken when areas for improvement had been identified. A copy of the previous medicines management QIP is displayed for all staff to read and this is used as part of the audit process. This is good practice. Largely satisfactory outcomes were observed in the audit trails performed on a variety of randomly selected medicines at the inspection. However, the audit trails identified that some medicines had been out of stock for more than one dose during the current medicine cycle and this had not been identified and followed up in a timely manner. This was brought to the registered manager's attention at the inspection. On 4 March 2015, the registered manager confirmed by email that the one medicine which had been out of stock was received after the inspection. All prescribed medicines must be available for administration and a system must be implemented to manage any short falls in medicine supplies. A requirement has been made stated.

Policies and procedures pertaining to medicines management had been reviewed and revised and were readily available for staff reference.

All designated staff had been provided with further training in the management of medicines following the previous medicines management inspection and also in January 2015, prior to the implementation of a new medicine system.

The management of warfarin, including blood tests and obtaining warfarin regimes had improved. No further concerns were noted.

There was evidence of the progress made in ensuring that the medicine records are maintained in the required manner. The personal medication records and medication administration records showed good correlation for the majority of medicines. Records of the receipt of incoming medicines had been maintained. The disposal records clearly indicated that two registered nurses are routinely involved in the disposal of medicines.

With regard to controlled drugs, staff must ensure that all Schedule 4 (Part 1) controlled drugs are denatured prior to disposal. This had only occurred for a small number of discontinued Schedule 4 (Part 1) controlled drugs and as a result, the requirement made at the previous medicines management inspection has been restated.

The storage arrangements for medicines had been reviewed with regard to oxygen, cold storage and nutritional supplements. The temperature of the treatment rooms is recorded and monitored on a daily basis.

The inspection attracted a total of two requirements which are detailed in the Quality Improvement Plan.

The inspectors would like to thank the registered 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 monitoring inspection on 7 October 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The responsible individual must review the management of medicines prescribed for Patient A and provide assurances that this patient's medicines are being administered in accordance with the prescribers instructions; staff are aware of the patients care plan; nutritional supplements are available for administration and records of the administration are fully and accurately maintained. **Stated once**	Confirmation and assurances regarding Patient A's medicines were provided by telephone on 8 October 2014 and confirmed by email on 10 October 2014.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
2	13(4)	The registered manager must put robust arrangements in place for the management of eye preparations. **Stated twice**	Improvement in the administration and storage of eye preparations was evidenced at the inspection. Records of administration were well maintained and indicated that most eye preparations had been administered as prescribed. Eye drops were being stored at the correct temperature. The date of opening was recorded on all eye preparations and there was no evidence of any eye preparations being used after the expiry date had been reached. It was however, noted that there was no stock of one eye preparation and another had been out of stock for several doses before a new supply was received. **A requirement in relation to ordering and managing short falls in medicine supplies has been stated**	**Substantially compliant**
3	13(4)	The registered manager must put robust arrangements in place to ensure that liquid medicines are administered as prescribed. **Stated twice**	The outcomes of the audit trails performed on liquid medicines showed satisfactory outcomes.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must put robust arrangements in place for the management of medicines for new admissions to the home. **Stated once**	The management of two patients who were discharged from hospital and recently admitted to the home was examined. Largely satisfactory arrangements were observed. However, it was noted that one patient had been prescribed three eye preparations, two of which had been supplied at the time of admission. The third eye preparation had not been supplied and as result four doses had been missed. This was brought to the staff and registered manager's attention at the inspection and was further discussed. The registered manager advised of the new system which would be implemented with immediate effect for recording and checking hospital discharge medicine supplies. A supply was ordered during the inspection. The registered manager confirmed by email on 4 March 2015 that the patient's prescriber had been contacted and that the supply had been received later on the evening of the inspection.	**Substantially compliant**
5	13(4)	The registered manager must confirm that an epilepsy management plan is in place for the patient identified at the inspection. **Stated once**	An epilepsy management plan was in place.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
6	13(4)	The registered manager must put robust arrangements in place for the management of anticoagulant therapy. **Stated once**	Improvement was observed in the management of anticoagulant medicines. There was evidence of the written confirmation of warfarin dosage regimes, daily stock balance checks and also that blood tests had been completed and results obtained on the dates specified.	**Compliant**
7	13(4)	The registered manager must further develop the auditing process to ensure this is effective and covers all aspects of medicines management. **Stated once**	A programme of auditing of all areas of medicines management has been implemented. This includes daily, weekly and monthly audits. Some areas to further develop were identified and discussed at the inspection.	**Substantially compliant**
8	29(5)	The responsible individual must submit a copy of the Regulation 29 monitoring reports to the pharmacy inspector each month. **Stated once**	Copies of the Regulation 29 monitoring reports dated 21 October 2014, 18 November 2014 and 10 December 2014 were forwarded to RQIA. At the inspection, a copy of the report for January 2015 was provided. The report for the February visit is in the process of being prepared.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
9	13(4)	The registered manager must ensure that personal medication records are fully and accurately maintained at all times. **Stated once**	Significant improvement was evidenced in the standard of maintenance of personal medication records. The majority sampled were up to date and included the necessary details. There was evidence that these records are included in the internal audit process. A small number of areas to correct were highlighted and discussed at the inspection.	**Substantially compliant**
10	13(4)	The registered manager must ensure that medication administration records are fully and accurately maintained at all times. **Stated once**	The audit trails indicated that these records were being well maintained. With regard to the administration records for external preparations, some further improvement is necessary and it was acknowledged that this is currently being monitored and addressed through the registered manager's audits and Regulation 29 monitoring visits.	**Substantially compliant**
11	13(4)	The registered manager must ensure robust arrangements are in place for the management of nutritional supplements. **Stated once**	There was evidence of the improvements made in the auditing, storage and administration of nutritional supplements. A daily stock balance is maintained for each nutritional supplement and the registered manager advised that an overarching audit is underway and is planned to be completed by the deputy manager each month. Most of the audit trails on nutritional supplements provided satisfactory outcomes; however, one discrepancy was observed and discussed.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
12	13(4)	The registered manager must ensure that Schedule 4 (Part 1) controlled drugs are denatured before disposal. **Stated once**	The records examined indicated that only a small number of discontinued Schedule 4 (Part 1) controlled drugs had been denatured prior to disposal. This was discussed with regard to the legislation, Kingsway policies and procedures and staff knowledge. **This requirement is restated**	**Moving towards compliance**
13	13(4)	The registered manager must make the necessary arrangements to ensure that staff record the date of opening on limited shelf life medicines in order to facilitate removal and replacement when expiry is reached. **Stated once**	The date of opening was recorded on medicines which have a limited shelf life once opened. This included, eye drops, multi-dose bottles of nutritional supplements and five of the seven insulin pens selected at the inspection. These medicines had not passed the expiry date. There was evidence that the audit process includes a check on the insulin pens and the last check had been mid February 2015. It was agreed that the registered nurses would be further reminded to record the date of opening on all insulin pens.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
14	13(4)	The registered manager must put robust arrangements in place for the cold storage of medicines. **Stated once**	An improvement in the cold storage of medicines was evidenced at the inspection. Daily maximum and minimum refrigerator temperatures are monitored and recorded. Temperatures within the accepted range of 2^{o}C to 8^{o}C were observed for three of the four medicine refrigerators. Some low minimum temperatures were noted for the fourth medicine refrigerator and this was discussed with the registered manager. He advised that this had already been identified and was being addressed.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	38	The registered manager should closely monitor the processes for the receipt of medicines to ensure a record of all incoming medicines is maintained on every occasion. **Stated twice**	The outcomes of the audit trails showed that a satisfactory record of incoming medicines is maintained.	**Compliant**
2	37	The registered manager should provide medicines management training for the relevant staff. **Stated once**	Following the previous inspection, medicines management training had been provided internally and also in January 2015 prior to the implementation of the new medicine system.	**Compliant**
3	37	The registered manager should ensure that prescriptions are received into the home and checked before being forwarded for dispensing. **Stated once**	The registered manager confirmed that a copy of each prescription is received and checked prior to the medicine being dispensed by the community pharmacist.	**Compliant**
4	37	The registered manager should review the stock control arrangements for medicines to ensure that medicines are only ordered as the need arises, in order to prevent unnecessary wastage. **Stated once**	Some improvement was noted in the stock control of medicines. However, there were a small number of medicines which had been disposed of, but remained currently prescribed. This was further discussed and it was agreed that this would monitored within the audit process.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
5	38	The registered manager should develop an effective system which ensures correlation between patients' personal medication record and corresponding medication administration records, at the beginning of each medicine cycle. **Stated once**	An improvement was noted at the inspection. There was evidence that these records are checked regularly; usually one patient's records are monitored and the outcome recorded each day. There was good correlation between the records selected at the inspection. A few anomalies were highlighted and discussed for corrective action.	**Substantially compliant**
6	39	The registered manager should ensure that staff place the medicines in the clinical waste bins at the time of disposal. **Stated once**	Medicines which are discontinued or are deemed unfit for use are now placed in the clinical waste bins. There was evidence that two registered nurses are involved in this process. However, in both treatment rooms, the clinical waste bins were overflowing and this was discussed.	**Substantially compliant**
7	39	The registered manager should ensure that records pertaining to oxygen stock checks are maintained. **Stated once**	Oxygen stock levels are monitored on a weekly basis and records of this activity are maintained.	**Compliant**
8	40	The registered manager should ensure that staff record the date of opening on all medicine containers which are not supplied in the 28 day blister packs, to facilitate the audit process. **Stated once**	There was evidence that maintaining a record of the date of opening for all medicines has been embedded into routine practice.	**Compliant**

6.0 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 **Mr Stuart Johnstone**, **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:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

KINGSWAY
3 MARCH 2015

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 **Mr Stuart Johnstone, 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 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**
1	13(4)	The registered manager must ensure that Schedule 4 (Part 1) controlled drugs are denatured before disposal. **Ref: Section 4.0 & 5.0**	Two	A current listing of Schedule 4 (Part 1) controlled drugs has been provided by the Groups Pharmacy Provider and is available for all staff to peruse and act upon when denaturing medications. The Groups protocol has been ameneded to reflect these governing changes.	4 April 2015
2	13(4)	The registered manager must make the necessary arrangements to ensure that all medicines are available for administration as prescribed and any short falls in medicines supplies are identified and followed up in a timely manner. **Ref: Section 4.0 & 5.0**	One	The Manager will once a week conduct a random audit to identify medication shortfalls and in turn notify the Deputy Manager or Nurse in Charge to ensure adequate supplies are available. All nursing staff will be reminded to adhere to current protocol re checking admission and discharge medications. Daily and monthly medication audits will continue.	4 April 2015

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 and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mr Stuart Johnstone
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	**14/4/15**
B.	Further information requested from provider		x		