



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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**NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT**

Inspection No: 18468
Establishment ID No: 1301
Name of Establishment: Spa Nursing Home
Date of Inspection: 4 June 2014
Inspector's Name: Helen Daly

1.0 GENERAL INFORMATION

Name of home:	Spa Nursing Home
Type of home:	Nursing
Address:	77-79 Grove Road Ballynahinch BT24 8PW
Telephone number:	(028) 9756 2578
E mail address:	Jocelyn.leyson@spanursing.co.uk
Registered Organisation/ Registered Provider:	Spa Nursing Homes Ltd Mr Chris Arnold (Registration Pending)
Registered Manager:	Ms Jocelyn Leyson-Bagood
Person in charge of the home at the time of inspection:	Ms Jocelyn Leyson-Bagood
Categories of care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI, RC-I, RC-PH, RC-PH(E)
Number of registered places:	36
Number of patients accommodated on day of inspection:	24
Date and time of current medicines management inspection:	4 June 2014 11:10 – 14:50
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	15 April 2011 Unannounced

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 Jocelyn Leyson-Bagood, 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) 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

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

Spa Nursing Home is registered to accommodate a maximum of 36 people.

Bedroom accommodation is provided over three floors. Two lounges are located on the ground floor. A further lounge is available on the first floor which is used as the designated smoking area for patients. The home is situated in extensive well maintained grounds in a rural setting about one mile from Ballynahinch. There is car parking available to the front and the side of the premises.

The certificate of registration was appropriately displayed.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Spa Nursing Home was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 4 June 2014 between 11:10 and 14:50. 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 inspector 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 inspector met with the registered manager of the home, Ms Jocelyn Leyson-Bagood, and the staff on duty. The inspector 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 Spa Nursing Home are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The seven requirements which were made at the previous medicines management inspection on 15 April 2011 were examined during the inspection. Six are assessed as compliant and one is assessed as substantially compliant.

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

Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The registered manager and staff are commended for their efforts.

The Spa Nursing Homes Ltd policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.

There is a programme of training for medicines management.

A range of audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines.

Medicines records had been maintained in a mostly satisfactory manner. In the interests of safe practice two nurses should verify and sign all updates on the PMRs.

Medicine storage areas were observed to be tidy and organised.

The management of medicines for distressed reactions should be further developed.

The inspection attracted two recommendations which are detailed in the Quality Improvement Plan.

The inspector 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 inspection on 15 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must closely monitor the administration of inhaler devices.</p> <p>Stated once</p>	<p>The date of opening is recorded on all inhaled medicines and they are included in the audit process.</p> <p>One patient is prescribed a Seretide evohaler; the audit which was performed on this device produced a satisfactory outcome.</p>	Compliant
2	13(4)	<p>The registered manager must ensure that the following improvements are made on the personal medication records:</p> <ul style="list-style-type: none"> • In the absence of the prescriber's signature, two nurses must initial or sign all handwritten updates on the personal medication record. • The times recorded for the prescribing and administration of bisphosphonate medicines must be accurately recorded on both the personal medication record and medication administration record sheets. • When medicines are prescribed on an "as required" basis the frequency of administration and/or maximum daily dose must be recorded. <p>Stated once</p>	<p>In the absence of the prescriber's signature, two nurses do not routinely initial or sign handwritten updates on the PMRs.</p> <p>The times recorded for the prescribing and administration of bisphosphonate medicines was observed to be accurately recorded on both the personal medication records (PMRs) and medication administration record sheets (MARs).</p> <p>The frequency of administration and/or maximum daily dose had been recorded on the majority of medicines which are prescribed on an 'as required' basis.</p> <p>A recommendation has been made.</p>	Substantially compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	<p>The registered manager must ensure that a complete record of the administration of thickening agents is maintained.</p> <p>Stated once</p>	<p>One patient is prescribed a thickening agent which must be administered by nursing staff only. A separate record of administration is maintained.</p>	Compliant
4	13(4)	<p>The receipt, administration and disposal of all Schedule 2 controlled drugs must be recorded in the controlled drug record book.</p> <p>Stated once</p>	<p>The controlled drug record book had been maintained in a satisfactory manner.</p>	Compliant
5	13(4)	<p>The refrigerator thermometer must be re-set each day.</p> <p>Stated once</p>	<p>The refrigerator temperature recordings indicate that the thermometer is being reset each day.</p>	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	13(4)	<p>Insulin pens in current use must be stored at room temperature.</p> <p>Each insulin pen must be individually labelled to denote ownership.</p> <p>The date of opening must be recorded on insulin pens in order to facilitate audit and disposal at expiry.</p> <p>Stated once</p>	<p>Insulin pens in current use were observed to be stored at room temperature.</p> <p>Each insulin pen had been individually labelled to denote ownership.</p> <p>The date of opening had been recorded on insulin pens.</p>	Compliant
7	13(4)	<p>Medicine labels must not be amended. A system must be in place to alert staff of a change in dosage.</p> <p>Stated once</p>	<p>The registered manager advised that this has been addressed and medicine labels are no longer amended by nursing staff.</p>	Compliant

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:

Satisfactory arrangements were observed to be in place for most areas of the management of medicines. A number of areas of good practice were highlighted during the inspection e.g. the checking system for prescriptions and medicines received into the home, highlighting weekly medicines on the PMRs, prompts for three monthly injections and the permanent records for dates of opening of medicine containers.

A range of audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Some minor discrepancies were discussed with the registered manager.

The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home.

The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home, photocopied and checked against the home's order before being forwarded to the pharmacy for dispensing.

The management of warfarin was reviewed for one patient and was found to be satisfactory. The community nurses carry out the INR test and record the dosage directions in the yellow anticoagulant book. Administration is recorded on a separate administration chart and the MARs. Daily running stock balances are maintained. The registered manager advised that this system is changing on 23 June 2014. The community nurses will no longer

Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>carry out the INR test. The registered manager was reminded that dosage directions should be received in writing from the surgery when the new system is introduced.</p> <p>Three patients are prescribed medicines for the management of Parkinson's disease. The registered manager and registered nurse on duty stated that all nurses were aware that a delay in the administration of levodopa (by as little as five minutes) may affect symptom control in Parkinson's Disease.</p>	
<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The Spa Nursing Homes Ltd policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.</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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager advised that all nurses who manage medicines in the home have been trained and deemed competent to do so. A sample of training records was provided for inspection.</p> <p>Training on the management of medicines is provided by the community pharmacist annually.</p> <p>Competency assessments are completed after induction and at least annually thereafter.</p> <p>The registered manager confirmed that care staff had been trained and deemed competent to manage external preparations. They are supervised by the registered nurses and records of application are maintained on the personal hygiene charts.</p> <p>There is a list of the names, signatures and initials of nursing staff who are authorised to administer medicines.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there is annual staff appraisal and regular supervision. Records were made available for inspection.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Discontinued or expired medicines are returned to a waste management company. They are segregated from currently prescribed stock and then placed in the disposal bin by the community pharmacist and a member of the nursing team. Staff confirmed that controlled drugs are denatured in the home prior to their disposal.</p>	<p>Compliant</p>

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: Audit trails are performed on a random selection of medicines at monthly intervals by the registered nurses on night duty. These audits are reviewed by the registered manager and action is taken when necessary. The registered manager also monitors the management of medicines when she carries out medication rounds. Dates and times of opening had been recorded on the majority of containers audited at this inspection.	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 majority of medicine records had been constructed and completed in a satisfactory manner. The registered manager and staff are commended for their efforts.	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:	
<p>The majority of the personal medication records (PMRs) had been maintained in a satisfactory manner. However, two nurses do not routinely verify and sign updates on the PMRs. In accordance with safe practice two registered nurses should verify and sign all updates on the PMRs. A recommendation has been made.</p> <p>The medication administration records (MARs) had been maintained in a satisfactory manner. The time recorded for the administration of bisphosphonate medicines indicates that these medicines are being administered in accordance with the manufacturers' instructions.</p> <p>The records for medicines received into the home which were examined had been maintained in a satisfactory manner. A copy of the home's order, receipt and prescription are held on file for each individual patient.</p> <p>Records for the disposal of medicines were reviewed. The community pharmacist and a registered nurse are</p>	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

involved in the disposal of medicines and both sign the entry in the disposal book. The signature of the person who collects disposed medicines is obtained.	
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:	
Observation of the controlled drug record book indicated that it had been maintained in a satisfactory manner.	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>The treatment room was observed to be tidy and organised.</p> <p>Satisfactory recordings were observed for the current, maximum and minimum temperatures of the medicine refrigerator and the ambient temperature of the treatment room. The registered manager and registered nurse on duty were reminded of the correct storage directions for ProCal.</p> <p>Five oxygen cylinders are available in the home. They are stored in the treatment room but are not secured by a chain. The maintenance man was in the home on the day of the inspection and corrective action was commenced.</p> <p>One spacer device needed to be cleaned or replaced; a replacement device was ordered during the inspection.</p> <p>One blood glucose meter is in use. Control checks are performed at weekly intervals and records are maintained. The registered manager was reminded that the date of opening should be recorded on the control solution in order to facilitate disposal at expiry.</p>	<p align="center">Substantially compliant</p>

STANDARD 39 – MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The key to the controlled drugs cabinet, all other medicine cupboards and the medicine trolleys, were observed to be in the possession of the registered nurse on duty. The controlled drug key is held separately from all other keys.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs are not currently prescribed. Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.</p> <p>A number of discontinued controlled drugs were segregated in the controlled drug cupboard awaiting denaturing. These were not being counted as part of the handover checks. During the inspection, the registered manager counted these medicines and placed them in a tamper proof container. They were then locked in a separate controlled drugs cabinet until denaturing and disposal can be arranged with the community pharmacist. The registered manager was advised that as only she holds the key and has access to this second controlled drug cabinet she has sole responsibility for its contents.</p>	<p>Compliant</p>

7.0 OTHER AREAS EXAMINED

Management of distressed reactions

The records in place for the use of anxiolytic medicines in the management of distressed reactions were examined for two patients; the findings were discussed in detail with the registered manager. A care plan was in place for each patient. The parameters for administration were recorded on the PMRs. Records of administration had been maintained on the MARs for one patient, there had been no recent administration for the second patient. The reason for administration and outcome had not been recorded in the daily notes for the patient. It is recommended that the reason for administration and the outcome are recorded in the daily notes for all administrations of 'when required' medicines for the management of distressed reactions. A recommendation has been made.

8.0 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 Jocelyn Leyson-Bagood (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:

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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

SPA NURSING HOME
4 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. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Jocelyn Leyson-Bagood, 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 all 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.

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote 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	38	The registered manager should ensure that two members of trained staff verify and sign all updates on the personal medication records. Ref: Criterion 38.2	One	Following after the inspection, two nurses signed , checked and verified the updates on the personal medication records of the residents.	4 July 2014
2	37	The registered manager should ensure that the reason for the administration of medicines for the management of distressed reactions and subsequent outcome are recorded in the patient's daily progress notes on every occasion. Ref: Section 7.0	One	All nurses are made aware to record on the resident's daily progress notes the reason and subsequent outcome of administration of medicines for the management of distressed reactions on every occasion..	4 July 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	JOCELYN BAGOOD
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	CHRIS ARNOLD

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen DAly	1 July 2014
B.	Further information requested from provider				