



## **NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** 18217

**Establishment ID No:** 1302

**Name of Establishment:** Tennent Street  
(Sandringham Suite)

**Date of Inspection:** 1 May 2014

**Inspector's Name:** Judith Taylor

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Tennent Street (Sandringham Suite)
<b>Type of home:</b>	Nursing Home
<b>Address:</b>	1 Tennent Street Belfast BT13 3GD
<b>Telephone number:</b>	(028) 9031 2318
<b>E mail address:</b>	tennent.street@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons Healthcare Mr James McCall
<b>Registered Manager:</b>	Ms Jacquelyn Grace Cairns
<b>Person in charge of the home at the time of inspection:</b>	Ms Jacquelyn Grace Cairns
<b>Categories of care:</b>	NH-I ,NH-PH ,NH-PH(E) ,NH-TI
<b>Number of registered places:</b>	17
<b>Number of patients accommodated on day of inspection:</b>	16
<b>Date and time of current medicines management inspection:</b>	1 May 2014 11:00 – 13:50
<b>Name of inspector:</b>	Judith Taylor
<b>Date and type of previous medicines management inspection:</b>	1 November 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 Jacquelyn Cairns (Registered Manager) and the registered nurse 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 inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

**Table 1: Compliance statements**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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**

Tennent Street is a care centre located off the Crumlin Road in Belfast. Care is provided in four suites, namely Balmoral, Hampton, Sandringham and Sandhurst.

There are shops, churches and amenities nearby. The care centre describes itself as “within the heart of the community”. Many of the residents come from the local area. The care centre has three suites, individually registered as homes. The kitchen, laundry and staff facilities are located centrally and accessed by all suites.

This report refers to the Sandringham Suite which is currently registered to provide nursing care under the following categories:

- Old age not falling within any other category
- Physical disability under 65 years
- Physical disability over 65 years
- Nursing care for people with terminal illness.

The Sandringham Suite is a small, single storey unit of 17 single rooms, all with en suite facilities.

The Certificate of Registration issued by (RQIA) was appropriately displayed in the entrance hall of the home

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Tennent Street (Sandringham Suite) was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 1 May 2014 between 11:00 and 13:50. 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 Jacquelyn Cairns and with the registered nurse 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 Tennent Street (Sandringham Suite) are compliant with legislative requirements and best practice guidelines.

The recommendation which was made at the previous medicines management inspection on 1 November 2011 was examined during the inspection. This had been fully complied with.

The management of medicines was well controlled and practices are maintained in accordance with legislative requirements, professional standards and guidance.

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

Areas of good practice were noted throughout the inspection.

Written policies and procedures for medicines management and standard operating procedures for controlled drugs are in place.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

Care plans pertaining to diabetes and enteral feeding were in place. For one patient a care plan regarding the administration of medicines for distressed reactions was not in place. This should be developed.

Suitable arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited on a monthly basis and daily stock balances are maintained for a number of medicines. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection, indicated medicines had been administered in accordance with the prescribers' instructions. The registered manager and staff are commended for their efforts.

The medicine records which were selected for examination had been maintained in the required manner.

Medicines are stored safely and securely. Satisfactory arrangements are in place to monitor the temperature of medicine storage areas. Key control was appropriate.

The inspection attracted a total of one recommendation. The recommendation is 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 1 November 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	39	The blood glucose meter quality control solutions should not be used beyond their expiry date.  <b>Stated once</b>	The control solutions in current use were within the manufacturer's date and had been opened on 8 April 2014. The registered nurse advised that the control solutions are replaced every three months in accordance with the manufacturer's instructions.	<b>Compliant</b>

## SECTION 6.0

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

<b>Criterion Assessed:</b> 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The registered manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.</p> <p>There was evidence that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home.</p> <p>The process for obtaining prescriptions was reviewed. All prescriptions are received into the home and checked against the order before being forwarded to the community pharmacy for dispensing.</p> <p>The management of warfarin was examined. Warfarin dosage regimes are confirmed by facsimile. Two nurses are involved in recording new regimes onto a separate personal medication record. A warfarin administration record is maintained and includes a daily stock balance record for warfarin. No discrepancies were observed in the audit trails performed on warfarin during this inspection.</p> <p>The outcomes of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. These satisfactory outcomes were acknowledged.</p> <p>Staff have access to up to date medicine reference sources.</p>	<p>Compliant</p>

## STANDARD 37 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Written policies and procedures for the management of medicines including Standard Operating Procedures for the management of controlled drugs are in place.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that registered nurses and care staff have been trained and deemed competent for the work that they perform. Records of training are maintained. Staff competencies in the management of medicines are assessed annually.</p> <p>General medicines update training had been provided within the last year and included the completion of e-learning modules for registered nurses.</p> <p>A list of the names, signatures and initials of the registered nurses and designated care staff authorised to administer medicines is maintained.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 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><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager stated that she evaluates the impact of medicines management training on the registered nurses and care staff through supervision and observation of practice. Staff appraisal is completed each year and one to one staff supervision is undertaken throughout the year.</p>	<p>Compliant</p>

## STANDARD 37 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A system is in place to manage and report any medicine errors or incidents should they occur in this home.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>All discontinued or expired medicines are placed into special waste bins by two staff. The waste bins are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines.</p> <p>A copy of the waste transfer note is located with the record of the disposal of medicines.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager has a system in place to audit the management of medicines. Registered nurses undertake daily and weekly audits on a variety of medicines and running stock balances are maintained. These stock balances include liquid medicines and nutritional supplements. This is good practice. An audit, which covers other areas of medicines management, is performed by the registered manager at monthly intervals and records are maintained. An audit is undertaken by a representative from the community pharmacist every three months.</p> <p>The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers.</p>	<p>Compliant</p>

**STANDARD 38 - MEDICINE RECORDS**

**Medicine records comply with legislative requirements and current best practice.**

<p><b>Criterion Assessed:</b> 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged and this included:</p> <ul style="list-style-type: none"> <li>• the transcribing of medicine details on personal medication records and medication administration records involves two registered nurses</li> <li>• the date of the next administration of injections is clearly recorded</li> <li>• there are alerts in place for patients with the same or similar names.</li> </ul> <p>It was agreed that the filing of obsolete medication administration records would be reviewed to ensure these were easily retrievable for audit.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b> 38.2 The following records are maintained:</p> <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>Each of the above records is maintained in the home. A sample was selected for examination and these were found to be satisfactory. The good standard of record keeping was acknowledged.</p>	<p align="center">Compliant</p>

## STANDARD 38 - MEDICINE RECORDS

<b>Criterion Assessed:</b> 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  Observation of the controlled drugs record book indicated records were being maintained in a satisfactory manner. Quantities of controlled drugs matched balances recorded in the controlled drug record book.  Balances are brought to zero when the complete supply of a controlled drug is transferred out of the home. The denaturing of controlled drugs is clearly marked in the controlled drugs record book by the two registered nurses involved.	Compliant

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

<b>Criterion Assessed:</b> 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Medicines are stored safely and securely and in accordance with the manufacturer's instructions. There was sufficient storage space for medicines in the medicine trolley and medicine cupboards.</p> <p>Appropriate arrangements were in place for the temperature monitoring of medicine storage areas.</p> <p>Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinet.</p> <p>Oxygen is stored and managed appropriately and signage is in place.</p> <p>Dates and times of opening were routinely recorded on limited shelf-life medicines.</p>	<p align="center">Compliant</p>

## STANDARD 39 - MEDICINES STORAGE

<p><b>Criterion Assessed:</b> 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><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys by the nurse in charge.</p> <p>The registered manager is responsible for the management of spare keys.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 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><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. The stock balance checks continue to include diazepam, (Schedule 4); this is good practice. The records of balance checks were inspected and found to be satisfactory.</p>	<p>Compliant</p>

## 7.0 ADDITIONAL AREAS EXAMINED

### Management of medicines administered via enteral feeding tubes

One patient's medicines are administered via an enteral feeding tube. Written policies and procedures are in place and registered nurses had been provided with training. The personal medication record included the rate of flow of the enteral feed and the route of administration of each medicine. A care plan is in place. Records are maintained which indicate that the administration of medicines is accompanied by flushes of water. A daily total fluid intake is maintained.

### Management of medicines prescribed on a 'when required' basis for distressed reactions

One patient is prescribed diazepam for distressed reactions at night time as required. The dosage directions were clearly marked on the personal medication record and the registered manager confirmed that this patient had been recently reviewed by the general practitioner. A care plan was not in place and this was advised. The medicine is rarely administered to this patient. It was recommended that a care plan pertaining to medicines which are prescribed on a 'when required' basis for distressed reactions is developed.

### Thickening agents

The records for thickening agents prescribed for one patient were examined at this inspection. A care plan was in place and the required consistency level corresponded with the details recorded on the personal medication record and administration records. A monthly assessment regarding the management of dysphagia is undertaken.

### Blood glucometers

Blood glucometers are in use in this home. Quality control checks using control solutions are performed on a regular basis and the outcomes are recorded. The date of opening was recorded on the current supply of control solutions. The registered nurse confirmed that these are replaced every three months.

## 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 Jacquelyn Cairns (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**



**FILE COPY**

**QUALITY IMPROVEMENT PLAN**

**NURSING HOME**

**UNANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**TENNENT STREET**  
**(SANDRINGHAM SUITE)**  
**1 MAY 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 Jacquelyn Cairns (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 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.

No requirements were made following this inspection.

<b>RECOMMENDATION</b>					
This recommendation is 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.					
<b>NO.</b>	<b>MINIMUM STANDARD REFERENCE</b>	<b>RECOMMENDATION</b>	<b>NUMBER OF TIMES STATED</b>	<b>DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)</b>	<b>TIMESCALE</b>
1	37	The registered manager should develop a care plan regarding the management of distressed reactions.  Ref: Section 7.0	One	This has been actioned-a care plan regarding the management of distressed reactions was developed.	1 June 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Jackie Cairns
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jim McCall <i>Carol Cousins</i> CAROL COUSINS

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>Janet Taylor</i>	<i>24/6/14</i>
B.	Further information requested from provider				