NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18200**
Establishment ID No:	**1378**
Name of Establishment:	**Slemish House**
Date of Inspection:	**29 April 2014**
Inspector's Name:	**Rachel Lloyd**

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

Name of home:	Slemish House
Type of home:	Nursing Home
Address:	28 Broughshane Road Ballymena BT43 7DX
Telephone number:	(028) 2564 9772
E mail address:	dorothy.mckeefry@carecircle.co.uk
Registered Organisation/ Registered Provider:	Slemish House Ltd Mr Ciaran Sheehan
Registered Manager:	Mrs Dorothy McKeefry
Person in charge of the home at the time of Inspection:	Mrs Dorothy McKeefry
Categories of care:	NH-I; NH-PH; NH-PH(E)
Number of registered places:	45
Number of patients accommodated on day of inspection:	42
Date and time of current medicines management inspection:	29 April 2014 10:30 – 14:05
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	25 November 2011 Unannounced inspection

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 Mrs Dorothy McKeefry, Registered Manager, and registered nurses 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 inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Slemish House is a two-storey nursing home, which has been extensively developed and extended to provide accommodation for a maximum of 45 persons requiring nursing care. The home is situated in a quiet suburb of Ballymena, close to the facilities of the town.

Accommodation is provided on two floors with eight double and 29 single bedrooms. Access to the first floor is via a passenger lift or stairs.

Catering and laundry facilities are located on the ground floor with communal lounges and sanitary facilities available throughout the home.

Car parking facilities are provided to the front and rear of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Slemish House was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 29 April 2014 between 10:30 and 14:05. 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, Mrs Dorothy McKeefry, and the registered nurses 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 Slemish House are 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 two requirements and three recommendations made at the previous medicines management inspection on 25 November 2011 were examined during the inspection. Satisfactory compliance with these requirements and recommendations was noted and the inspectors' validation of compliance is detailed in Section 5.0 of the report.

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

Areas of good practice were noted and highlighted during the inspection and staff are commended for their efforts.

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

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

Medicine records are well maintained. However, records of administration of external preparations by designated care assistants must be accurately maintained at all times. A second designated member of staff should sign entries in the record of medicines disposed of, according to the homes own policy.

The outcomes of audit trails, performed on randomly selected medicines, showed that these medicines have been administered in accordance with the prescribers' instructions.

Robust arrangements are in place for the management of controlled drugs.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' instructions. Storage areas were clean, tidy and well organised.

The inspection attracted a total of one requirement and one recommendation. These 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 25 November 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must review the management of the second medicines refrigerator to ensure that: • daily maximum and minimum temperature checks are monitored and recorded • the temperature is maintained within the range of +2^{o}C - +8^{o}C • the refrigerator is locked • the refrigerator is defrosted regularly **Stated once**	The second medicines fridge was removed from use following the previous medicines inspection, as confirmed by the QIP received by RQIA on 3 January 2012. Robust arrangements are in place for the management of the medicines refrigerator in use.	**Not applicable**
2	13(4)	The date of opening must be recorded on all insulin pens in current use in order to facilitate audit and disposal at expiry. **Stated once**	This was evidenced during the inspection.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should review the management of BuTrans patches to ensure these patches are disposed of in accordance with guidance. **Stated once**	This recommendation has been satisfactorily addressed.	**Compliant**
2	38	Records of the administration of external preparations by care assistants should be reviewed and included in the audit process. **Stated once**	These records have been reviewed and are included in the audit process; however these records are not always accurately completed. This had been picked up by the audit system and the registered manager was aware and in the process of following this issue up with the relevant staff. The registered manager stated that this area of medicines management will continue to be included in the audit process.	**Substantially compliant**
3	38	When medicines are being returned for disposal, the date of transfer should be recorded. **Stated once**	This requirement has been satisfactorily addressed. Waste transfer notes are now used when medicines are disposed of via a waste contractor and these are dated and kept on file.	**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 the management of medicines. 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. 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 registered manager stated that copies of prescriptions are kept in the home and that prescriptions are received into the home and checked against the order before being dispensed, which is considered good practice. The management of anticoagulant medicines was reviewed during the inspection. There was evidence that written confirmation of warfarin regimes is obtained from the prescriber. A written procedure for the use of anticoagulants is in place. The management of warfarin includes daily administration and stock counts involving two registered nurses, and the use of a separate warfarin administration record, indicating good practice. The administration of medicines for the management of Parkinson's disease and the administration of thickened fluids were examined and found to be satisfactory.	Compliant

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines are in place. These have been reviewed and updated since the previous medicines inspection. Standard Operating Procedures for controlled drugs are in place.	Compliant
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:	
The registered manager and registered nurses on duty confirmed that staff who manage medicines are trained and competent. Records of staff training are maintained and were available for inspection. Registered nurses have recently attended training on the administration of medicines via PEG tube, diabetes and Parkinson's disease, in addition to medicines management training on the medicines system provided by the supplying pharmacy. The registered manager advised that designated care assistants are trained on the administration of external preparations, dysphagia and thickening fluids. Training records are maintained. A list of sample signatures and initials for registered nurses and designated care assistants is maintained.	Compliant
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 staff competency, with respect to the management of medicines, is evaluated and reviewed on a regular basis through supervision and appraisal, and that records are maintained.	Compliant

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager stated that 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 discarded by the registered nurses into designated bins and records maintained. These bins are periodically uplifted and replaced by a contractor, who possesses a waste disposal license. The medicines disposal container is stored securely. Controlled drugs are denatured by two registered nurses prior to disposal and a record is maintained. A second designated member of staff should witness and sign the record for the disposal of all other medicines in accordance with good practice and the homes own policy. A recommendation is made.	Substantially compliant
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:	
There was evidence that medicines are being audited on a regular basis. Monthly audits on many aspects of medicines management are undertaken including nutritional supplements, warfarin, external and eye preparations, liquid medicines and bisphosphonate medicines. A global audit of medicines management is also undertaken monthly by the registered manager, resulting in the production of an action plan for any issues arising. Records are maintained and were available for examination.	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 found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were noted to be maintained in a manner that facilitates audit activity.	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
Personal medication records and records of medicines administered were well maintained. Additional administration and stock balance records were in place for antibiotics, warfarin and other medicines prescribed for use with varying administration intervals. This is good practice. The administration of external preparations by designated care assistants was not always accurately recorded on every occasion. A requirement is stated. Records of medicines ordered and received and medicines disposed of/ transferred out of the home were well maintained.	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:	
Observation of the controlled drugs record book indicated records are being maintained in a satisfactory manner. Records of the receipt, administration and disposal of controlled drugs had been documented and signed by two registered nurses. Quantities of a randomly selected sample of controlled drugs matched the corresponding balances recorded in the controlled drug record book.	Compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines were found to be stored securely under conditions that conform to statutory and manufacturers' requirements. Storage areas were clean, tidy and well organised. Robust arrangements for the stock control of medicines were observed. Oxygen is stored and managed appropriately and appropriate signage is in place. Arrangements for monitoring the medicines refrigerator temperature were examined. Temperature records for the refrigerator were examined and although temperatures were found to be within the accepted range of 2°C to 8°C on the day of inspection, some deviations from this range had been recorded over recent months, however improvements were evident over recent weeks. The registered manager stated that all registered nurses had been trained recently in the use of the refrigerator thermometer and agreed to remind staff that the medicines refrigerator thermometer must be reset daily after recording temperatures. Records are maintained of the weekly calibration of blood glucose meters. The temperature of the treatment room is monitored and recorded on a daily basis. Dates and times of opening were generally recorded on medicine containers in use, including limited shelf-life medicines. This is good practice.	Compliant

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 is held separately from other medicine cupboard keys. Medicine keys are held by the 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

7.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Dorothy McKeefry, 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:

Rachel Lloyd
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

SLEMISH HOUSE
29 APRIL 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 **Mrs Dorothy McKeefry, 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 requirement and recommendation 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 REQUIREMENT

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 the administration of external preparations by designated care assistants is accurately recorded on every occasion. **Ref: Criterion 38.2**	One	Care Assistants will receive training in application and recording of external preparations on 5th June 2014.	28 May 2014

RECOMMENDATION

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.

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 a second designated member of staff witnesses and signs the record for the disposal of medicines. **Ref: Criterion 37.6**	One	Two members of staff will sign the record for disposal of all Medicines.	28 May 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	Doroothy McKeefry
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	Yes		R Lloyd	10/6/14
B.	Further information requested from provider		No	R Lloyd	10/6/14