NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18371**
Establishment ID No:	**1386**
Name of Establishment:	**Three Islands**
Date of Inspection:	**16 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

Name of home:	Three Islands
Type of home:	Nursing Home
Address:	62-66 Main Street Toomebridge BT41 3NJ
Telephone number:	(028) 7965 0650
E mail address:	three.islands@virgin.net
Registered Organisation/ Registered Provider:	Mr D McAteer and Mrs A McAteer
Registered Manager:	Mr David Joseph McAteer
Person in charge of the home at the time of Inspection:	Mr David Joseph McAteer
Categories of care:	NH-LD ,NH-LD(E)
Number of registered places:	40
Number of patients accommodated on day of inspection:	40
Date and time of current medicines management inspection:	16 May 2014 10:15 – 14:00
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	11 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 Mr David Joseph McAteer (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) 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

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

Three Islands is a nursing home situated in the centre of Toomebridge village. It is registered to provide accommodation for 40 adults with learning disability.

The home is a modern purpose built building, which has a large reception area, ancillary area with offices and storage rooms, and four patient accommodation modules. Each module has ten single bedrooms, lounges and dining rooms, kitchen, bathrooms, nursing office and store rooms.

All patient accommodation is provided on ground floor level, whilst the ancillary block which comprises two storeys, accommodating nursing and administration offices, staff changing areas, store rooms, and an en-suite bedroom for relatives / staff.

The home is surrounded by landscaped gardens and features a memorial garden. Car parking is available at the front and side of the home.

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

Nursing Care

LD	Learning disability under 65 years
LD (E)	Learning disability over 65 years

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Three Islands was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 16 May 2014 between 10:15 and 14:00. 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, Mr David Joseph McAteer and with 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 Three Islands are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The two requirements and one recommendation made at the previous medicines management inspection on 11 November 2011 were examined during the inspection. Each of these had been fully complied with.

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

Areas of good practice were noted throughout the inspection. The registered manager and staff are commended for their efforts.

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.

The management of medicines prescribed on a 'when required' basis for distressed reactions should be reviewed to ensure that the relevant records are being maintained.

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

Practices for the management of medicines are audited on regular basis. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection indicated that the medicines had been administered in strict accordance with the prescribers' instructions. These satisfactory outcomes are acknowledged.

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

The administration of bisphosphonate medicines must be reviewed to ensure these are administered in accordance with the manufacturer's instructions.

Medicines are stored safely and key control was appropriate. The management of the cold storage of medicines should continue to be monitored.

The inspection attracted a total of one requirement and one recommendation. The requirement and recommendation are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 11 November 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The necessary arrangements must be made in the completion of personal medication records to ensure that the patient's drug allergy status is recorded and full dosage directions are recorded when medicines are prescribed on a 'when required' basis. **Stated once**	The selection of personal medication records examined at the inspection indicated that the necessary details had been recorded.	**Compliant**
2	13(4)	The records of the administration of external preparations and thickening agents must be fully and accurately maintained on every occasion. **Stated once**	The selection of administration records pertaining to external preparations and thickening agents had been maintained in the required manner.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	39	The stock control of medicines should be reviewed to ensure that currently prescribed medicines, which are remaining at the end of each medicine cycle, are used where possible and not returned for disposal. **Stated once**	There was no evidence that any currently prescribed medicines had been disposed of. Any remaining medicines which are not supplied in 28-day monitored dosage packs are carried forward for use in the next medicine cycle.	**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:	
The system for the management of medicines is maintained in a satisfactory manner, in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged, as detailed in the report. 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. The registered manager and staff are commended for their efforts. Staff confirmed that written documentation of each new patient's medicine regime is obtained at/or prior to admission to the home. There had been no recent admissions. The process for the ordering and receipt of medicines was examined. All prescriptions are received into the home and checked against the order before being sent to the community pharmacy for dispensing. This is in accordance with the Health and Social Care Board recommendations. A copy of prescriptions is kept in the home. Staff have access to up to date medicine reference sources (BNF 67 March 2014).	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines are in place and include Standard Operating Procedures (SOPs) for controlled drugs. There was evidence that the registered nurses had read and signed the SOPs. Protocols regarding the specified method of administration of some medicines and the administration of emergency medicines in the management of diabetes and epilepsy are in place. A sample was observed at the inspection.	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:	
There is a programme of medicines training in the home. The registered manager confirmed that registered nurses and care staff who manage medicines are trained and competent. Comprehensive records of training and competency assessments were provided for examination at the inspection. Staff competencies in the management of medicines are assessed annually. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are arrangements in place to evaluate the impact of medicines management training on the registered nurses and care staff. This occurs through annual appraisal, annual competency assessment and supervision every six months. Team meetings are also used to raise any medicine related issues with registered nurses and care staff.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in this home. These are reported in accordance with the home's policies and procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are placed into special waste bins by two registered nurses and both registered nurses sign the record of disposal. This is best practice. The waste bins are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines. The good practice of attaching the waste transfer note to the disposal of medicines records was acknowledged.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
There was evidence of a robust system to audit all aspects of the management of medicines. As part of this audit process, registered nurses continue to record running stock balances for medicines which are not supplied in 28-day monitored dosage packs and also nutritional supplements. A carried forward stock balance is also recorded at the beginning of each new medicine cycle. This is good practice.	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:	
Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. All records pertaining to medicines had been filed appropriately and obsolete records were readily retrievable for inspection.	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:	
Each of the above records is maintained in the home. A sample was selected for examination and these were found to be mostly satisfactory. The registered manager and staff are commended for their efforts. It was noted that bisphosphonate medicines are prescribed for a small number of patients. These medicines must be administered at separate times from food or other medicines as per the manufacturer's instructions. The time of administration must be accurately recorded. A requirement has been made.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

A table stating the prescribed times for each type of insulin and the site of injection has been implemented to aid the safe administration of insulin. A chart to record the site of application of controlled drug patches is also in place. These areas of good practice were also acknowledged.	
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:	
Schedule 2 controlled drugs were not prescribed for any current patients or held in stock. These medicines have not been prescribed for any patient since the previous medicines management inspection.	Not applicable

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 are stored safely and securely and in accordance with the manufacturer's instructions. The temperature of the clinical room is monitored and recorded each day and records indicated temperatures had been maintained below the upper acceptable limit of 25^{o}C. The management of the cold storage of medicines was examined. This was mostly satisfactory; however, there were a few occasions when the temperatures had deviated outside the accepted range of 2^{o}C to 8^{o}C. The registered manager advised that this had already been identified and the medicine refrigerator had been serviced and repaired in the recent past. It was agreed that this would continue to be closely monitored. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Storage areas were tidy and well organised. There are satisfactory systems in place to ensure that all medicines are available for administration as prescribed. Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinet. Oxygen is managed appropriately and signage is in place. Dates and times of opening are recorded on limited shelf-life medicines. The good practice of recording the date of expiry on medicines which are not in regular use was acknowledged.	Substantially 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 and is held by the nurse-in-charge. The registered manager is responsible for the management of spare 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 are not prescribed for any patients in this home. Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of the stock balances are maintained in the controlled drugs record book. No discrepancies were observed in the record or stock balances of controlled drugs.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines for distressed reactions

The management of distressed reactions for four patients who are prescribed anxiolytic medicines on a 'when required' basis was examined. The patients' personal medication record, care plan, daily notes and medicine administration records were reviewed. These showed that some records were incomplete and this was discussed with the registered nurses and registered manager at the inspection. The need to record the reason for and the outcome of the administration of the anxiolytic medicine was discussed. It was acknowledged that these medicines are infrequently administered.

The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained. A recommendation has been made.

Management of medicines administered via enteral feeding tubes

One patient is administered medicines via an enteral feeding tube. The personal medication record included the name of the enteral feed, the daily dose and the appropriate route of administration of medicines. Written policies and procedures are in place and registered nurses had received training. There was evidence of written instructions from the health care professional to administer the medicines 'via PEG'.

The patient's fluid intake is recorded and indicates that the administration of medicines is accompanied by flushes of water. The daily fluid intake required is recorded in the dietician's report. It was advised that the total daily fluid intake should be recorded to ensure this corresponds with the requirements in the dietician's report. It was agreed that this would be implemented from the date of the inspection onwards.

Thickening agents

The records for thickening agents were examined at this inspection. A care plan and speech and language therapist report is in place. A record of the prescribing, receipt and administration is maintained.

The required consistency level of thickened fluid is recorded on the personal medication record and care staff refer to the speech and language therapist reports which are displayed in the kitchen area. In accordance with best practice, the required consistency level should be recorded on the administration records completed by the care staff. It was agreed that his would be implemented after the inspection.

Blood glucometers

Blood glucometers are in use in this home. Quality control checks using control solutions are performed on a regular basis by registered nurses and records of checks are maintained. The date of opening is recorded on the control solutions and the registered manager confirmed that solutions 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 **Mr David Joseph McAteer**, **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 INSPECTION

THREE ISLANDS
16 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 **Mr David Joseph McAteer, 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 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 make the necessary arrangements to ensure that bisphosphonate medicines are administered in accordance with the manufacturer's instructions. **Ref: Criterion 31.2**	One	The Manager discussed with the Pharmacist the best time to give the bishphonate medicines, and has updated the Kardex with more precise information for staff rearding the time and preparation for administration.	17 June 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	37,38	The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained. **Ref: Section 7.0**	One	The Manager is reviewing the care plans of all patients requiring prn mediction for distressed reactions so that it is clearer to staff how much to give and when it is necessary to give it. He will also continue to review the documentations to ensure the appropriate information is documented	17 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	David Joseph McAteer
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Anne McAteer

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	12/06/14
B.	Further information requested from provider				