NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020807**
Establishment ID No:	**1388**
Name of Establishment:	**Prospect**
Date of Inspection:	**5 February 2015**
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:	Prospect
Type of home:	Nursing Home
Address:	3 Old Galgorm Road Ballymena BT42 1AL
Telephone number:	028 2564 5813
E mail address:	nursemanager@prospectnursinghome.co.uk
Registered Organisation/ Registered Provider:	Prospect Private Nursing Home Ltd Mr Thomas Mark McMullan
Registered Manager:	Mrs Elizabeth Jane Ross
Person in charge of the home at the time of Inspection:	Mrs Elizabeth Jane Ross
Categories of care:	NH-I, NH-PH
Number of registered places:	52
Number of patients accommodated on day of inspection:	50
Date and time of current medicines management inspection:	5 February 2015 13:30 – 15:45
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	22 May 2014 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 monitoring inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The previous medicines management inspection of this home on 22 May 2014 had shown that robust systems were not in place for some areas of the management of medicines.

The purpose of this inspection was to determine what progress had been made in addressing the six requirements and three recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes (2008) and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

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 Elizabeth Ross, Registered Manager
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 medicines management monitoring inspection was undertaken to examine the steps being taken to improve the standards in place for the management of medicines and address the concerns raised at the previous inspections.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Minimum Standards (2008) and to assess progress with the issues raised since the previous inspection:

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

Standard 40: Administration of medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each 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

Prospect is a two storey nursing home situated in a quiet residential area on the outskirts of Ballymena. The home is surrounded by landscaped gardens and ample car parking is provided.

On entering the home, there is a large reception area which leads to the living and office accommodation. There are three separate dining areas, a number of lounges and private sitting areas, including a conservatory which overlooks the gardens and front entrance.

Bedroom accommodation is provided on both floors in 42 single and five double bedrooms. En-suite facilities are provided in all but one bedroom. The first floor of the home is accessed by stairs and a passenger lift.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Prospect was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 5 February 2015 between 13:30 and 15:45. This summary reports the position in the home at the time of the inspection.

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

The inspector examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

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.

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Elizabeth Ross, and the staff on duty.

This inspection indicated that the arrangements for the management of medicines in Prospect are substantially compliant with legislative requirements and best practice guidelines. Improvements in most of the areas highlighted for attention at the previous medicines management inspection were noted. However, further improvement in the management of insulin and inhaled medicines is required.

The six requirements and three recommendations which were made at the previous medicines management inspection on 22 May 2014 were examined during the inspection. Three of the requirements were assessed as compliant; one as substantially compliant and two as moving towards compliance. One requirement has been restated and one requirement has been partly restated. One of the recommendations was assessed as compliant, one as substantially compliant and one as moving towards compliance. One recommendation is restated.

Policies and procedures for the management of medicines are in place.

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 undertaking delegated medicines tasks.

Medicine records are largely well maintained. The management of medicines which are prescribed for the management of distressed reactions should be further reviewed and revised.

The outcomes of audit trails, performed on randomly selected medicines, showed that the majority of medicines have been administered in accordance with the prescribers' instructions. The management of medicines is systematically audited to ensure compliance with the home's policy and procedures, and corrective action is taken where necessary. However, inhaled medicines and insulin should be closely monitored.

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 two restated requirements and one restated recommendation, which are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 22 May 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that nutritional supplements are managed appropriately with regard to monitoring. **Stated twice**	Revised arrangements have been put into place to monitor the management of nutritional supplements. The amount of overstock is being managed and administration is being monitored.	Compliant
2	13(4)	The registered manager must ensure that practices for the management of medicines are systematically audited to ensure that they are consistent with the home's policy and procedures, and corrective action should be taken where necessary. **Stated twice**	A system of audit is in place, records are maintained and corrective action is taken when necessary. Staff were advised and agreed to include the management of insulin within the audit system.	Substantially compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager must ensure that bisphosphonate medicines and inhaled preparations are being administered according to the prescriber's instructions and that medicine administration records are monitored to ensure compliance. The omissions must be reported to the prescriber and any further discrepancies must be reported to RQIA. **Stated once**	Regular audit of both bisphosphonate and inhaled medicines was evidenced during the inspection. Significant improvements in bisphosphonates were observed. One further discrepancy was reported to RQIA following the previous inspection, appropriate action was taken. Although improvements in the monitoring and record keeping regarding inhaled medicines were observed, two further discrepancies were noted and discussed. **This requirement is restated in relation to inhaled preparations**	Moving towards compliance
4	13(4)	The registered manager must ensure that designated care assistants undertaking delegated tasks are trained and deemed competent, and that a record of the training and competency assessment is maintained. **Stated once**	This has been satisfactorily addressed. Training includes a competency assessment and training records were available for examination.	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The registered manager must ensure that the administration of external preparations and thickening agents by designated care assistants is accurately recorded on every occasion. **Stated once**	Improvements in records of the administration of thickening agents by designated care assistants were noted during the inspection. The registered manager stated that with the exception of creams used during personal care all external preparations are now administered by registered nurses. Records completed by both registered nurses and care assistants were examined and found to be satisfactory.	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	13(4)	The registered manager must ensure that robust arrangements are in place for the management and administration of insulin. Individual insulin pen devices must be labelled with the patients name, marked with the date of opening, stored and used according to the manufacturer's instructions and needles must be used once only and discarded immediately. **Stated once**	A review of the management of insulin was undertaken following the inspection and some improvements were observed. All insulin pen devices were individually labelled and stored appropriately. However, the dose of insulin recorded on the label did not match the current dose correctly recorded on the personal medication record for one patient. This must be addressed. One insulin pen device on the trolley had a needle attached; needles must be discarded immediately following use. More than one of the same insulin pen device was in use for one patient; only one pen should be opened at a time. Insulin pen devices were not marked with the date of opening, this facilitates audit and prevents possible use after expiry. **This requirement is restated**	Moving towards compliance

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37,39	The date of opening should be recorded on all medicines including insulin to facilitate a clear audit trail and to ensure that out of date medicines are not administered to patients. **Stated twice**	The date of opening was recorded on all medicines examined with the exception of insulin pen devices in use. **As this recommendation has not been addressed only in relation to insulin pen devices a requirement previously stated has been restated**	Substantially compliant
2	37	The registered manager should ensure that the management of anxiolytic medication prescribed for use 'when required' for distressed reactions is reviewed. Parameters for administration should be documented in the patients care plan and the reason for use and the outcome should be recorded in the daily notes. **Stated once**	Some evidence that this has been addressed was observed during the inspection but it was agreed that this should be further addressed to ensure that parameters for administration are always documented in the patient's care plan and that the reason for use and the outcome are recorded on every occasion. **This recommendation is restated**	Moving towards compliance
3	37	The registered manager should review and revise medicine policies to ensure that they reflect the current procedures for the destruction and disposal of medicines and the current arrangements for the management of controlled drugs. **Stated once**	Policies and procedures have been updated since the previous inspection and were available for examination.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

Most areas of the management of medicines are maintained in accordance with legislative requirements, professional standards and DHSSPS guidance.

A sustained improvement in the management of insulin is necessary (see Section 5) to ensure that the management of dosage changes is robust, that insulin pen devices are marked with the date of opening to facilitate audit and prevent use after expiry, and that needles are removed after use on every occasion. A requirement made at the previous inspection is restated

Policies and procedures for the management of medicines and Standard Operating Procedures (SOPs) for the management of controlled drugs are in place.

Training on medication management, dysphagia and the use of thickening agents have been included in the training programme for registered nurses and designated care assistants since the previous inspection. Records of training, supervision and appraisal, and competency assessment are maintained and were available for examination.

Systems for the audit of medicines have been revised since the previous medicines management inspection. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved. Since a requirement has been restated regarding the management of insulin the registered manager agreed to include this within the audit system.

The management of thickening agents was examined and found to be satisfactory. The registered nurses oversee the records maintained by care assistants undertaking the administration of thickened fluids.

The management of 'when required' anxiolytic medicines in the management of distressed reactions was examined. The parameters for administration are recorded on the personal medication record. A care plan is in place, however the specific medicine prescribed and the parameters for administration are not detailed, these should be included. The reason for the administration of the medicine and outcome should be recorded on every occasion. A recommendation made at the previous inspection is restated.

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

The following records were examined:

- Personal medication records
- Medicine administration records
- Medicines received
- Medicine transferred out of the home

- Medicines disposed of
- Controlled drug record book.

The medicine records reviewed during the inspection were generally found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were maintained in a manner that facilitates audit activity. Obsolete records were securely archived and well organised.

COMPLIANCE LEVEL: Compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Medicines were stored securely under conditions that conform to statutory and manufacturers' requirements. Storage areas were clean, tidy and well-organised.

COMPLIANCE LEVEL: Compliant

6.4 Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

The outcomes of most of the audit trails, performed on randomly selected medicines, showed that these medicines had been administered in accordance with the prescribers' instructions. These results correlate with the results of medicine audits undertaken on a regular basis within the home. However, two discrepancies in inhaled medicines were noted and discussed. Since the administration of inhaled medicines was highlighted at the previous inspection, further improvement is necessary and the requirement made is restated.

COMPLIANCE LEVEL: Substantially 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 Elizabeth Ross, 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
Pharmacist Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

PROSPECT
5 FEBRUARY 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Elizabeth Ross, 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 REQUIREMENTS **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 inhaled preparations are being administered according to the prescriber's instructions and that medicine administration records are monitored to ensure compliance. The omissions must be reported to the prescriber and any further discrepancies must be reported to RQIA. **Ref: Section 5 & 6.4**	Two	Inhaled preparations under review and subject to additional audits along with the auditing arrangements already in place.	7 March 2015
2	13(4)	The registered manager must ensure that robust arrangements are in place for the management and administration of insulin. Individual insulin pen devices must be labelled with the patients name, marked with the date of opening, stored and used according to the manufacturer's instructions and needles must be used once only and discarded immediately. **Ref: Section 5 & 6.1**	Two	Management of insulin subject to additional audits to ensure the correct management and administration. Staff have been further reminded to ensure they comply with the correct management and administration.	7 March 2015

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 the management of anxiolytic medication prescribed for use 'when required' for distressed reactions is reviewed. Parameters for administration should be documented in the patients care plan and the reason for use and the outcome should be recorded in the daily notes. **Ref: Section 5 & 6.1**	Two	Whilst care plans reflect the use of anxiolytic medication these will be expanded to reflect the specific medicines and parameters . Reason for use and outcomes of use are currently reflected in the daily progress notes.	7 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Liz Ross
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr Mark McMullan

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	14/4/15
B.	Further information requested from provider		no	R Lloyd	14/4/15