NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021026**
Establishment ID No:	**1426**
Name of Establishment:	**Kintullagh Care Home**
Date of Inspection:	**22 January 2015**
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:	Kintullagh Care Home
Type of home:	Nursing Home
Address:	36 Westbourne Avenue Carniny Road Ballymena BT43 5LW
Telephone number:	028 2565 4444
E mail address:	manager.kintullagh@kathrynhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran
Registered Manager:	Ms Jill O'Neill (Acting Manager)
Person in charge of the home at the time of Inspection:	Ms Theresa McNeill (Staff Nurse) and Mr Emerson Kupfuwa (Director)
Categories of care:	NH-LD, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH
Number of registered places:	62
Number of patients accommodated on day of inspection:	53
Date and time of current medicines management inspection:	22 January 2015 11:10 – 15:30
Names of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	31 January 2013 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 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 purpose of this visit was to determine what progress had been made in addressing the four requirements and three recommendations made during the previous medicines management inspection, 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 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 Theresa McNeill (Nurse in Charge) and Mr Emerson Kupfuwa (Director)
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 steps being taken to improve the standards in place for the management of medicines since the previous medicines management 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

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 standard 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

Kintullagh Care Home is a two storey purpose built facility which occupies a spacious site in a quiet residential area convenient to all the facilities of Ballymena.

Kintullagh Care Home was first registered as a nursing home on 5 June 1992 and subsequently re-registered to provide both nursing and residential care.

The home is divided into three areas, namely Beech Suite, Oak Suite and Willow Suite. Bedroom accommodation is provided on both floors. Access to the first floor is via a passenger lift and stairs. Day areas, laundry, catering and sanitary facilities are also provided.

There are car parking facilities at the front of the home, with landscaped gardens to the rear and side.

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

Nursing Care

- I Old age not falling into any other category
- PH Physical disability other than sensory impairment under 65 years
- LD Learning disability

Residential Care

- I Old age not falling into any other category
- MP(E) Mental disorder excluding learning disability or dementia over 65 years
- PH(E) Physical disability other than sensory impairment over 65 years

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Kintullagh Care Home was undertaken by Judith Taylor, Pharmacist Inspector, on 22 January 2015 between 11:10 and 15:30. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to assess the home's level of compliance with the 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 the 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

During the course of the inspection, the inspector met with the nurse in charge of the home, Ms Theresa McNeill, Mr Emerson Kupfuwa, Director, and with the registered nurses/staff on duty. The inspector observed practices for medicines management mainly in the Beech Suite, 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 Kintullagh Care Home are substantially compliant with legislative requirements and best practice guidelines. The outcomes of the inspection found no significant areas of concern although some areas for improvement were noted.

The four requirements and three recommendations made at the previous medicines management inspection on 31 January 2013 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. One requirement has been assessed as compliant, two as substantially compliant and one as moving towards compliance. Two recommendations have been assessed as compliant and one as substantially compliant. One requirement has been restated in the Quality Improvement Plan (QIP).

Most areas of the management of medicines are well controlled and examples of good practice were highlighted and acknowledged; this included ensuring that two trained staff are involved in the transcribing of medicine details on medicine records, recording the date of opening for all medicines, the use of reminder alerts for the safe administration of medicines and specific information charts regarding the prescribing and administration of medicines which are prescribed for administration on a 'when required' basis.

Written policies and procedures for medicines management are in place.

Medicines management training is provided for registered nurses and for the care staff who are responsible for delegated medicine related tasks. There are arrangements in place to evaluate training through supervision, competency assessment and appraisal.

There is an auditing process for the management of medicines. This includes nightly checks on at least three medicines in each of the three suites. There was evidence that liquid medicines and inhaled medicines are audited each month and in addition, a running stock balance is maintained for some inhalers. The outcomes of the audit trails performed at the inspection showed largely satisfactory outcomes. A discrepancy was observed in one liquid medicine (carbocisteine) and close monitoring of the medicine has been recommended.

The management of the ongoing refusal of medicines should be reviewed and revised. One patient had refused the administration of several medicines at four medicine rounds in the last 10 days; three of these four refusals were at 10pm. Some of these medicines require steady state blood levels for optimum efficacy and should not be missed. Although it was acknowledged that there are arrangements in place to encourage compliance due to known refusal, this observation should be reported to the prescriber. The director advised that this would be followed up with the prescriber after the inspection.

The majority of medicine records had been maintained in the required manner. Care staff are responsible for the administration of thickened fluids and external preparations. There is evidence that fluids are thickened prior to administration, however, the required consistency is not recorded on the administration record; this should be implemented and it was agreed that this would be actioned at the earliest opportunity.

There are currently no records in place to document the administration of external preparations which are applied by care staff. Although records had been completed in the past, this practice had stopped. Following discussion at the inspection, it was established that this had been identified during a recent audit by the community pharmacist. A new template has been developed and is to be implemented in the near future. A record of all administered medicines must be maintained on every occasion. As this issue had arisen at the previous medicines management inspection, the requirement has been restated.

The use of anxiolytic/antipsychotic medicines which are prescribed on a 'when required' basis for distressed reactions was examined. For most of the patients' records selected, a care plan was in place and there was evidence of the monthly evaluation. A care plan should be in place for each patient prescribed these 'when required' medicines. The completion of daily notes should be reviewed to ensure that the registered nurse details the reason for and the outcome of the administration on every occasion. One patient is administered this type of medicine on a regular basis. Any increased frequency/ regular administration should be reported to the prescriber. The management of distressed reactions should be reviewed and revised. A recommendation has been made.

There is a system in place to ensure quality control checks are performed on blood glucometers. However, it was noted that the control solutions used for glucometers in the Beech Suite had expired. This was discussed with the registered nurse and director and it was agreed that this would be reviewed within the audit process. New control solutions were ordered after the inspection.

Satisfactory arrangements are in place for the storage of medicines.

The inspection attracted a total of one restated requirement and two recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the director, registered nurses, 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 31 January 2013:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Medicines must continue to be closely audited; in particular, liquid and inhaled formulations. **Stated twice**	There was evidence that liquid and inhaled medicines are included in the monthly audit process. There are also running stock balances for liquid analgesic medicines and inhalers fitted with a counting device. With the exception of one liquid medicine, satisfactory audit outcomes were found for liquids and inhaled medicines.	**Substantially compliant**
2	13(4)	The registered manager must make the necessary arrangements to ensure that personal medication records are fully and accurately maintained at all times. **Stated once**	A significant improvement was noted in the standard of maintenance of personal medication records. These had been maintained in the required manner and there was evidence that all updates are written and verified by two registered nurses.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager must put robust arrangements in place for the administration of external preparations and eye drops. **Stated once**	An improvement was noted in the management of eye drops. Dates of opening had been recorded, there were no eye drops in current use which had passed the expiry date and most of the eye drops had been administered as prescribed. A small number of doses of chloramphenicol eye drops had been omitted and this was discussed at the inspection. However, where the administration of external preparations has been delegated to care staff, there are no records available for care staff to sign that they had administered the external preparation. On discussion with care staff, they advised that this had been done in the past but had lapsed for several months and further advised that a new record to document administration was to be implemented; this had not occurred. The director stated that this record was to be implemented in the near future. A record of all medicines administered must be maintained. **One element of this requirement is restated**	**Moving towards compliance**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must ensure that robust arrangements are in place for the management of blood glucometers. **Stated once**	Staff advised that quality control checks are performed on blood glucometers on a weekly basis in each of the three suites. A sample of the records for the Willow Suite was made available at the inspection. In the Beech Suite, the folder containing the records of the checks could not be located at the time of the inspection and it was noted that two containers of control solutions had passed the expiry date. The director confirmed by email on 23 January 2015 that a full audit had been completed on all of the blood glucometers in the home. The folder with this information for the Beech Suite had been located after the inspection. New control solutions have been ordered.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	A list of the names, signatures and initials of care staff responsible for delegated medicine related tasks should be put in place. **Stated once**	This list had been developed and was clearly displayed.	**Compliant**
2	37	The registered manager should further develop the audit process to ensure all areas of the management of medicines are included. **Stated once**	There was evidence of the auditing programme which is in place. This includes a detailed monthly audit completed by the community pharmacist, nightly audit checks on at least three medicines per suite and the daily audits on controlled drugs including Schedule 4 (Part 1), running stock balances for analgesics and medicine record checks. However, there was no evidence of any audit of the records completed by care staff. The director confirmed that this will be reviewed following the implementation of the new administration sheets.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	37	The care plan entries, personal medication records and records of the administration of thickening agents should be updated to ensure these include the required consistency level of thickened fluid prescribed. **Stated once**	For patients prescribed a thickening agent, there was evidence that the required consistency level was recorded in the patient's care plan and personal medication record. This was not recorded on the fluid intake charts completed by the care staff; however, they did clearly indicate that the fluid was thickened. Staff stated they refer to the laminated sheet in the patient's bedroom. This was further discussed and it was agreed that the fluid intake charts would be reviewed to include a section to state the required consistency level.	**Substantially compliant**

6.0 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 Theresa McNeill**, **Nurse in Charge**, and **Mr Emerson Kupfuwa**, **Director**, 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 MONITORING INSPECTION

KINTULLAGH CARE HOME
22 JANUARY 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. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Theresa McNeill**, **Nurse in Charge**, and **Mr Emerson Kupfuwa**, **Director**, 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.

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 put robust arrangements in place for the administration of external preparations. **Ref: Sections 4.0 & 5.0**	Two	Creams/external preparation form/sheet with clear instructions of where to be applied is now in place for each resident prescribed creams/external preparations and care assistants have been instructed to ensure that they sign for all preparations at the point of application. Nurses have also been instructed to sign off these at the end of each shift to ensure compliance.	23 February 2015

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The responsible individual should closely monitor the administration of carbocisteine liquid. Any further discrepancies should be investigated and reported to RQIA if necessary. **Ref: Section 4.0 & 5.0**	One	Nightly random drug audits currently in place have been revised and updated to ensure that staff also carry out full audits on the carbocisteine at least once a week to ensure compliance. Any disrepancies will be thoroughly investigated and reported to RQIA where necessary	23 February 2015
2	37, 38	The responsible individual should review the management of medicines prescribed for distressed reactions to ensure the relevant records are maintained as detailed in the report. **Ref: Section 4.0**	One	Nurses have been instructed to ensure that any resident prescribed medicines for distressed reactions and any as required medication have an appropriate care plan and protocol in place. Manager will check and monitor compliance during monthly self audits	23 February 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 and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Jill O'Neill - Acting Manager
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan Logeswaran

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	4 March 2015
B.	Further information requested from provider				