NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020982**
Establishment ID No:	**1429**
Name of Establishment:	**The Model Care Centre**
Date of Inspection:	**6 January 2015**
Inspector's Name:	**Rachel Lloyd**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	The Model Care Centre
Type of home:	Nursing Home
Address:	1 Portrush Road Ballymoney BT53 6BX
Telephone number:	(028) 2766 4502
E mail address:	the.model@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (No 8) Limited/ Mr James McCall
Registered Manager:	Mrs Bernadette Kelly
Person in charge of the home at the time of Inspection:	Registered Nurse Vasco Alves
Categories of care:	NH-LD(E), NH-I, RC-I, RC-PH
Number of registered places:	36
Number of patients accommodated on day of inspection:	27
Date and time of current medicines management inspection:	6 January 2015 10:00 – 14:00
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	24 April 2012 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 inspection was to determine what progress had been made in addressing the three requirements and one recommendation 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 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 the registered nurse in charge, Vasco Alves and the staff on duty
The registered manager of The Court Care Home, Mrs Louise McIlwrath, joined the inspector for feedback
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

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

The Model Care Centre is part of Four Seasons Health Care which operates a number of homes in Northern Ireland. It is a two-storey building that has been extensively developed and extended to provide accommodation for those needing nursing care or residential social care. There is a condition of registration in place in respect of three specified bedrooms. The three bedrooms can only accommodate patients/residents without mobility problems, as access to the rooms is via a short flight of stairs.

Bedroom accommodation is provided on both floors; there are 28 single bedrooms and four double bedrooms.

Access to the first floor is via a passenger lift and stairs. Day areas, laundry, catering and sanitary facilities are provided.

The registered manager of the home, Mrs Bernadette Kelly, has been in post since September 2010.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of The Model Care Centre was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 6 January 2015 between 10:00 and 14:00. 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 re-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 registered nurse in charge of the home, Vasco Alves and with the staff on duty. The registered manager of The Court Care Home, Mrs Louise McIlwrath, joined the inspector for feedback. 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 The Model Care Centre 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 three requirements and one recommendation made at the previous medicines management inspection on 24 April 2012 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5.0 of this report. The three requirements were assessed as compliant. The recommendation was assessed as substantially compliant.

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

The management of medicines is largely controlled in a satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection as detailed in the report.

Policies and procedures for the management of medicines are in place. Standard Operating Procedures for controlled drugs are currently under review.

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

The registered manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal and this should be reflected in records of disposal.

There are procedures in place to audit the management of medicines. The outcomes of the audit trails performed at the inspection showed good correlation between prescribed directions and stock balances of medicines indicating that the medicines examined had been administered in accordance with the prescribers' instructions.

The medicine records examined were generally well maintained. Registered nurses should oversee records completed by designated care assistants administering topical medicines.

Medicines prescribed for administration 'when required' in the management of distressed reactions should be detailed in the care plan. The reason for the administration of the medicine and the outcome should also be recorded on each occasion.

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

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

The inspector would like to thank the registered nurse in charge and the 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 24 April 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	A record of the administration of thickening agents administered by care staff must be maintained. **Stated twice**	A food/fluid chart is maintained for each patient and the responsible care assistant signs each entry. For those patients prescribed a thickening agent this was recorded, along with the required consistency, on the front of the chart for those records examined. The registered nurses oversee this delegated task and it was advised that the record should be signed by the registered nurse to evidence this on a regular basis as per the home's own procedure.	**Compliant**
2	13(4)	The management of thickening agents must be reviewed. **Stated once**	There was evidence that the management of thickening agents had been reviewed following the previous inspection. The prescribed thickening agent and the required consistency are recorded on the personal medication record and in the patient's care plan. Records of administration also state the required consistency and in addition a reference list is kept in the kitchen. There are arrangements in place to audit these records.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager must ensure that the receipt of all prescribed medicines is recorded. **Stated once**	A record of receipt was in place for all medicines selected for examination 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 ensure that Standard Operating Procedures (SOPs) are in place for the management of controlled drugs. **Stated once**	Standard Operating Procedures for the management of controlled drugs were developed and implemented following the previous inspection. These were being updated at the time of the inspection to incorporate changes to controlled drugs legislation and Mrs Louise McIlrath advised that these were due to be issued to homes in the coming weeks.	**Substantially 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.

Policies and procedures for the management of medicines are in place. Standard Operating Procedures (SOPs) for the management of controlled drugs were under review at the time of the inspection.

Training on medication management, dysphagia and the use of thickening agents have been included in the training programme for nursing 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 were examined and found to be satisfactory. They include records of running stock balances for medicines which are not supplied in the 28 day blister packs. This is good practice. An overarching audit is completed by the manager on a regular basis and a representative from the community pharmacy also completes audits. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved.

The good practice of recording the date and time of opening on medicine containers was acknowledged. This readily facilitates the audit process.

The management of thickening agents was examined and found to be satisfactory. Registered nurses oversee the records maintained by care assistants undertaking the administration of thickened fluids and it was advised that the record should be signed by the registered nurse to evidence this as per the home's own procedure.

The use of 'when required' anxiolytic medicines in the management of distressed reactions was examined. The medicine prescribed and the parameters for administration are detailed on the personal medication record. A care plan is in place; however the specific

medicine prescribed should be detailed. The reason for the administration of the medicine and the outcome should also be recorded on every occasion. A recommendation is stated.

Schedule 2 and 3 controlled drugs and some Schedule 4 (Part 1) controlled drugs are denatured by two registered nurses prior to disposal. However, there was no evidence that medicines recently added to Schedule 4 (Part 1) are denatured appropriately before disposal. All Schedule 4 (Part 1) controlled drugs must be denatured prior to disposal and this should be clearly recorded in the record of disposal. A requirement and a recommendation are stated.

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.

Areas of good practice were acknowledged and included the following:

- two registered nurses are involved in the writing and updating of personal medication records
- reminder alerts for the administration of bisphosphonate medicines are in place
- the number of units of insulin and the volume of liquid medicines administered are recorded on each occasion
- stock balances are carried forward for medicines not supplied in the monitored dosage system

- the use of body maps to ensure rotation of patch application and/or injection site.

Controlled drug record books and records of stock reconciliation of Schedule 2 and 3 controlled drugs were well maintained.

Separate medicine administration records are used by care assistants administering topical medicines. These had not always been fully and accurately completed. It was acknowledged that this had been noted by the registered manager during a recent audit. These records should be overseen by the registered nurses delegating this task to ensure accuracy in completion. A recommendation is stated.

COMPLIANCE LEVEL: Substantially 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.

Discontinued or expired medicines are stored in a secure waste container and records are maintained. This waste is periodically uplifted by a licensed waste contractor and waste transfer notes are kept on file. Examination of the disposal of medicines record indicated that two registered nurses are involved in the disposal of medicines.

Arrangements for monitoring the medicines refrigerator temperature and treatment/storage room temperatures were examined; temperatures are recorded daily. Records were examined and found to be satisfactory.

The controlled drug cabinet key and other medicine cupboard keys are held separately by the registered nurse in charge of the shift. The manager is responsible for spare medicine cupboard keys.

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.

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 audit trails, performed on a range of 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.

COMPLIANCE LEVEL: 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 **the registered nurse in charge of the home, Vasco Alves** and with **Louise McIlwrath, Registered Manager of the adjacent Court Care Home,** 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:

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The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

THE MODEL CARE CENTRE
6 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 **Registered Nurse in Charge Vasco Alves** and **Mrs Louise McIlwrath, Registered Manager of The Court Care Home**, 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 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 ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal. **Ref: Section 6.1**	One	Standard operating procedures relating to the management of controlled drugs now in place. Advisory visit form Boots Parmacy on 13/1/15 included up to date advice on legislation regarding Schedule 3 and 4 controlled drugs.	4 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 registered manager should ensure that the destruction of controlled drugs is clearly recorded in the record of disposal. **Ref: Section 6.1**	One	See above. Destruction of controlled drugs reviewed by Boots pharmacist during her scheduled visit on 21/1/15.This is now compliant	4 February 2015
2	37	The registered manager should ensure that when a medicine is administered 'when required' for the management of distressed reactions, the reason for the administration and the outcome are recorded on every occasion. **Ref: Section 6.1**	One	Review of use of PRN administration of anxiolytics undertaken during above visit. No issues identified. Face to face supervision carried out with qualified staff to discuss outcome of inspection and identify requirements and recommendations.	4 February 2015
3	38	The registered manager should ensure that when care assistants administer topical medicines, that there are arrangements in place to oversee the completion of records; and evidence of this review. **Ref: Section 6.2**	One	Monthly review of TMAR records undertaken. Training session for care staff requested from local Boots store - dates to be confirmed.	4 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	B.M. Kelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall MANAGING DIRECTOR 13.3.15.

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Lloyd	24/3/15
B.	Further information requested from provider		NO	Lloyd	24/3/15