



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 18103
Establishment ID No: 1431
Name of Establishment: Ratheane Private Nursing Home
Date of Inspection: 7 April 2014
Inspectors' Names: Helen Daly
Cathy Wilkinson

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Ratheane Private Nursing Home
Type of home:	Nursing
Address:	58 Mountsandel Road Coleraine BT52 1JF
Telephone number:	028 7034 4299
E mail address:	ratheane@macklingroup.com
Registered Organisation/ Registered Provider:	Ratheane Mr Brian Macklin and Mrs Mary Macklin
Registered Manager:	Ms Araceli Flores (Acting)
Person in charge of the home at the time of Inspection:	Ms Araceli Flores
Categories of care:	NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-
Number of registered places:	79
Number of patients accommodated on day of inspection:	59 – nursing 14 – residential
Date and time of current medicines management inspection:	7 April 2014 11:10 – 15:05
Name of inspectors:	Helen Daly Cathy Wilkinson
Date and type of previous medicines management inspection:	11 October 2012 Unannounced Monitoring Inspection

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Ms Araceli Flores, 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

Ratheane Private Nursing Home was a former hospital which has been extensively renovated and developed to provide nursing home accommodation. This two-storey building occupies a corner site on the outskirts of Coleraine. It is situated in a residential area but is close to the facilities of the town.

Accommodation for patients/residents is provided on both floors of the home. Access to the first floor is via passenger lifts and stairs. Day areas, catering, laundry, and sanitary facilities are provided within the home.

The home is registered to provide care for a maximum of 79 persons. A maximum 16 persons can be accommodated under the residential category of care.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ratheane Private Nursing Home was undertaken by Helen Daly and Cathy Wilkinson, RQIA Pharmacist Inspectors, on 7 April 2014 between 11:10 and 15:05. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors 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 inspectors met with the manager of the home, Ms Araceli Flores, and the registered nurses on duty. The inspectors 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 Ratheane Private Nursing Home are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The requirement which was made at the previous medicines management monitoring inspection on 11 October 2012 was examined during the inspection and assessed as compliant. The improvements which had been implemented at the previous two inspections had been sustained. The manager and staff are commended for their continuing efforts.

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

Largely satisfactory arrangements were observed to be in place for most areas of the management of medicines.

Policies and procedures for the management of medicines, including Standard Operating Procedures, for the management of controlled drugs, are currently being updated.

There is a programme of training for medicines management.

A range of audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines.

Medicines records had been maintained in a mostly satisfactory manner. The manager should review and revise the recording systems for the management of distressed reactions.

Storage was observed to be tidy and organised. The manager must ensure that appropriate corrective action is taken when refrigerator temperatures outside the accepted range are observed.

The inspection attracted one requirement and one recommendation which are detailed in the Quality Improvement Plan.

The inspectors would like to thank the manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management monitoring inspection on 11 October 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Complete records for the administration of thickening agents must be maintained. Stated once	Records for the administration of thickening agents are maintained in the daily food and fluid books.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed:	COMPLIANCE LEVEL
37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	
Inspection Findings:	
<p>Largely satisfactory arrangements were observed to be in place for most areas of the management of medicines. The manager and staff are commended for their continuing efforts. A number of areas of good practice were highlighted during the inspection e.g. running balances for non-blistered medicines and inhalers, double signatures for updates on the personal medication records (PMRs) and medication administration records (MARs), site maps for transdermal patches with daily checks, signatures for the removal of Versatis patches, separate records to record the site of application and removal of transdermal patches and pain scales for patients who are prescribed when required analgesia.</p> <p>A range of audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines.</p> <p>The manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home; this was evidenced during the inspection.</p> <p>The process for obtaining prescriptions has recently been reviewed. The manager advised that prescriptions are now received into the home, photocopied and checked against the home's order before being forwarded to the pharmacy for dispensing.</p> <p>All medicines were available for administration as prescribed on the day of the inspection. The registered nurses confirmed that systems are in place to ensure that supplies of currently prescribed medicines are always available.</p>	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>The management of warfarin was reviewed for two patients and found to be satisfactory. Dosage directions are received via facsimile. Administration is recorded on a separate administration chart and the medication administration recording sheets (MARs). Daily running stock balances are maintained.</p> <p>The records in place for the use of antipsychotic and anxiolytic medicines in the management of distressed reactions were examined for two patients; the findings were discussed in detail with the manager. The parameters for administration were recorded on the personal medication record (PMR) for one patient only. Records of administration had been maintained on the MARs. The reason for administration and outcome had not been accurately recorded in the daily notes for both patients. The manager should review the systems in place for all patients who are prescribed 'when required' antipsychotics and anxiolytics to ensure that:</p> <ul style="list-style-type: none"> • detailed care plans are in place • parameters for administration are recorded on the PMRs • administration is recorded on the MARs • the reason for and outcome of administration is recorded in the daily notes <p>A recommendation has been made.</p>	
<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The manager advised that policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are currently being updated.</p>	Compliant

<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The manager advised that update training on the management of medicines is currently being carried out with all nursing staff by a newly recruited nurse manager. The training includes a practical element and knowledge of the home's policies and procedures. Competency assessments are also being completed.</p> <p>The manager confirmed that care staff have been trained deemed competent to manage thickening agents and external preparations.</p> <p>There is a list of the names, signatures and initials of nursing staff authorised to administer medicines.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The manager confirmed that there is annual staff appraisal and that staff have regular supervisions. Medicine related issues are also discussed at the nurses' meetings.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Discontinued or expired medicines are returned to a waste management company. Controlled drugs are denatured in the home prior to their disposal.</p>	<p>Compliant</p>

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:	
<p>Daily stock balances are maintained for medicines which are not contained within the blister pack system and inhaled medicines.</p> <p>The manager completes a monthly audit tool. There is evidence that outcomes are discussed with staff and that action plans are developed. In addition the community pharmacist completes a quarterly audit. These audits are reviewed by one of the registered providers each month to monitor continuing compliance with legislative requirements. This practice is commended.</p> <p>Dates and times of opening had been recorded on the majority of containers audited at this inspection. This is good practice.</p>	<p>Compliant</p>

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 had been constructed and completed in a mostly satisfactory manner. The manager and staff are commended for their efforts.	Compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The majority of the personal medication records (PMRs) had been maintained in a satisfactory manner. The PMRs are currently being re-written. They are being checked and verified by two members of staff. A small number of entries did not correlate with entries on the medication administration records (MARs); these were discussed with the manager who agreed that they would be updated without delay.</p> <p>The MARs had been maintained in a satisfactory manner. Two nurses verify and sign all hand-written updates on the MARs sheets; this is good practice.</p> <p>The manager was reminded that a delay in the administration of levodopa (by as little as five minutes) may affect symptom control in Parkinson's Disease. She confirmed that she would review each patient's regimen and update the PMRs and MARs to accurately reflect the time of prescribing and administration.</p> <p>The majority of records for medicines received into the home which were examined had been maintained in a satisfactory manner.</p>	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

<p>Records for the disposal of medicines were reviewed. Two nurses are involved in the disposal of medicines and both sign the entry in the disposal book. The signature of the recipient of disposed medicines is obtained.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Observation of the controlled drug record books indicated that they had been maintained in a mostly satisfactory manner.</p>	<p>Compliant</p>

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:

Storage was observed to be tidy and organised.

Satisfactory recordings were observed for the temperature of the medicine refrigerator in Zone A. However, temperatures outside the accepted range (2°C – 8°C) were observed in Zone B and in the downstairs treatment room. The manager must ensure that appropriate corrective action is taken when refrigerator temperatures outside the accepted range are observed. A requirement has been made.

The manager was reminded that the room temperature of each treatment room should be monitored and recorded each day to ensure that it is maintained at or below 25°C.

Chains are available to facilitate the secure storage of oxygen cylinders however they were not being used; the manager advised that this would be addressed with all nursing staff without delay. Appropriate signage was in place.

Several blood glucometers are in use. Control checks are performed regularly and records are maintained.

Substantially compliant

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The keys to the controlled drugs cabinet, all other medicine cupboards and the medicine trolleys were observed to be in the possession of the nurse-in-charge of each unit.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.</p>	<p>Compliant</p>

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 **Ms Araceli Flores (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:

Helen Daly
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

RATHEANE PRIVATE NURSING HOME

7 APRIL 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Araceli Flores, 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 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 REQUIREMENTS

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 Residential Care Homes Regulations (NI) 2005.

NO.		REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The manager must ensure that appropriate corrective action is taken when refrigerator temperatures outside the accepted range are observed. Ref. Criterion 39.1	One	Fridge temperatures are checked twice daily by nursing staff. Manager receives a daily report. Manager carries out her own inspection every fortnight. One refrigerator was replaced. Fridge thermometer has been replaced.	9 May 2014

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 manager should review and revise the recording systems for the management of distressed reactions. Ref: Criterion 37.1	One	Policies are in place for managing emergencies. Policy has been updated and all staff informed of procedures to follow.	9 May 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Araceli Flores
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mary Macklin

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	24 June 2014
B.	Further information requested from provider				