



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN020454
Establishment ID No:	1435
Name of Establishment:	Massereene Manor
Date of Inspection:	5 February 2015
Inspectors' Names:	Cathy Wilkinson Judith Taylor

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Massereene Manor
Type of home:	Nursing Home
Address:	6 Steeple Road Antrim BT41 1AF
Telephone number:	(028) 9448 7779
E mail address:	olivehall@hutchinsonhomes.co.uk
Registered Organisation/ Registered Provider:	Ms Naomi Carey and Ms Janet Montgomery Massereene Manor
Registered Manager:	Mrs Olive Hall
Person in charge of the home at the time of Inspection:	Mrs Olive Hall
Categories of care:	NH-LD, NH-LD(E), RC-DE, NH-DE, NH-MP, NH- MP(E)
Number of registered places:	74
Number of patients accommodated on day of inspection:	72
Date and time of current medicines management inspection:	5 February 2015 10:30 – 15:00
Name of inspectors:	Cathy Wilkinson Judith Taylor
Date and type of previous medicines management inspection:	4 January 2012 Unannounced monitoring

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 Mrs Olive Hall, Registered Manager, and staff 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 inspectors 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

Massereene Manor was first registered on 27 January 1997 and extended in 2011 with the addition of a further 24 beds. The home is a purpose built residence divided over two buildings, providing care in six separate units. The Broomhill Unit is an additional new residential unit for persons with dementia.

The home is located close to Antrim town convenient to shops and community services. The home provides single bedroom accommodation, some of which have en-suite facilities. All bedrooms in the Edenhill and Maplehill units provide en-suite facilities. Access to the bedroom accommodation on the first floors is via a passenger lift and stairs. Day and dining rooms, bath/shower and toilet facilities are also available on both floors of the home. A kitchen, laundry and staff facilities are provided. A designated car park is available within the home grounds.

The home is currently registered to accommodate not more than 74 persons needing nursing care or social care in the following categories.

DE – Dementia

MP - Mental disorder excluding learning disability or dementia

MP(E) – Mental disorder excluding learning disability or dementia over 65 years

The home is currently registered to provide day care for not more than four persons in this category each day; at the time of inspection no day care patients were using this service.

Mrs Olive Hall is the registered manager.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Massereene Manor was undertaken by Cathy Wilkinson and Judith Taylor, RQIA Pharmacist Inspectors, on 5 February 2015 between 10:30 and 15:00. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The 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 registered manager of the home, Mrs Olive Hall and with 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 Massereene Manor are substantially compliant with legislative requirements and best practice

guidelines. No significant areas of concern were noted during the inspection, although some areas where improvements in the management of medicines are necessary were identified and highlighted during the inspection.

The requirements and recommendations made at the previous medicines management inspection on 4 January 2012 were examined during the inspection. All three of the requirements and one of the two recommendations were assessed as compliant. The other recommendation is no longer applicable. The inspectors' assessment of compliance is detailed in Section 5 of this report.

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

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

Areas of good practice were observed and highlighted. They included: fully and accurately maintained personal medication records and medicine administration records, satisfactory audit outcomes, robust arrangements for highlighting when the next dose of weekly/monthly medicines is due, and a robust system for stock control.

There is a programme of training for medicines management.

A wide range of audits was performed on randomly selected medicines. The outcomes of these audits indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies that were noted during the inspection were discussed with the registered manager. Medicines that are started outside of the 28 day cycle should be marked with the date of opening to facilitate audit.

The audit of warfarin could not be brought to a satisfactory conclusion. The management of warfarin should be reviewed.

It was noted during the inspection that the administration of BuTrans patch to one patient had been omitted. The management of controlled drugs should be closely monitored.

Medicines records had been maintained in a satisfactory manner and the management and staff are commended for their efforts. The management of medicines for distressed reactions should be reviewed to ensure that all of the relevant records are maintained

Storage was observed to be tidy and organised; however, the registered manager must ensure that the refrigerator temperatures are maintained within the required range of 2°C to 8°C and the thermometers are reset daily.

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

The inspectors would like to thank the registered 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 inspection on 4 January 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that all staff are trained and competent in the management, recording and administration of controlled drugs. Stated once	The controlled drugs record books had been fully and accurately maintained.	Compliant
2	13(4)	The registered manager must ensure that medicines are dispensed immediately prior to administration and that the MARs sheets are completed following the administration. Stated once	This practice was observed.	Compliant
3	13(4)	The registered manager must ensure that oxygen masks are covered in accordance with infection control guidance. Stated once	Oxygen masks were observed to be appropriately covered.	Compliant

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	<p>The registered manager should continue to monitor liquid medicines and food supplements to ensure that they are being administered in accordance with prescribed instructions.</p> <p>Stated once</p>	Liquid medicines and food supplements are included in the routine audit process.	Compliant
2	39	<p>The storage of external medicines in patients' bedrooms should be risk assessed.</p> <p>Stated once</p>	External medicines are no longer stored in the patients' bedrooms.	No longer applicable

SECTION 6.0

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

Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings: <p>Satisfactory arrangements were observed to be in place for most areas of the management of medicines</p> <p>The outcomes of the audits which were performed on a range of randomly selected medicines indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies were noted in several liquid medicines and further monitoring of these medicines was advised.</p> <p>The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home.</p> <p>Prescriptions are ordered by the home and a copy is retained for reference.</p> <p>The management of warfarin was reviewed for two patients. Written confirmation of the regime is held on file. The audits of warfarin could not be brought to a satisfactory conclusion and the running balances contained unexplained anomalies. The registered manager advised that this would be investigated following the inspection. An investigation report was received by RQIA by email on 11 February 2015. The transcription of warfarin doses should be verified and signed by two staff members. The management of warfarin should be reviewed and closely monitored to ensure that it is administered as prescribed. A recommendation has been made.</p> <p>During the inspection it was noted that one patient had not been administered their prescribed BuTrans patch on the day it was due. The registered manager investigated this incident and a report was received by RQIA by email on 11 February 2015. The registered manager advised of the steps that were being taken to reduce the chance of this error happening again. The registered manager should continue to monitor the administration of controlled drugs as part of the routine audit process. A recommendation has been made.</p>	<p>Substantially compliant</p>

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager advised that policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are available in the home. They were not examined during this inspection.	Not examined
Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings:	
Update training on the management of medicines is provided regularly for all registered nurses. Competency assessments are also completed regularly. Records were available for inspection. There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that there is annual staff appraisal and that registered nurses have regular supervision.	Compliant

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Two medication related incidents have been reported since April 2014. They were managed appropriately.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are returned to a waste management company.	Compliant

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>Audits are completed regularly and records were available for inspection.</p> <p>The community pharmacist completes quarterly audits.</p> <p>The majority of medicines are opened at the commencement of the medicine cycle. Medicines started outside of this time did not always have the date of opening recorded and therefore could not be audited. The registered manager should ensure that the date of opening is recorded on all medicines that are started outside the 28 day cycle to facilitate the audit process. A recommendation has been made.</p>	Substantially compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
Medicine records had been completed in such a manner as to ensure that there is a clear audit trail.	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:	
The sample of medicine records that were reviewed during this inspection were found to be satisfactory. The registered manager and staff are commended for the standard of record keeping in relation to the management of medicines.	Compliant

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
Observation of the controlled drug record books indicated that records had been maintained in a satisfactory manner.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

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:	
<p>Storage was observed to be tidy and organised. There was sufficient storage space in the medicine trolleys and medicine cupboards.</p> <p>A number of medicine refrigerators are available in the home. The maximum, minimum and current temperatures are monitored and recorded each day. Some of the refrigerator temperatures showed deviation from the acceptable temperature range of 2°C and 8°C. The consistent nature of the temperature recordings also indicated that the thermometers were not always being reset each day. The registered manager must ensure that the temperature of the medicines refrigerators is maintained within the required range and that appropriate action is taken if the temperature deviates from this range. A requirement has been made.</p> <p>It was noted during the inspection that oxygen cylinders were not chained to the wall. The registered manager advised that this was being addressed during the inspection and confirmed by email on 6 February that all oxygen cylinders were safely chained. No further action is required at this time.</p>	Substantially compliant

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	COMPLIANCE LEVEL
Inspection Findings:	
The key to the controlled drugs cabinets, all other medicine cupboards and the medicine trolleys, were observed to be in the possession of the registered nurses (or the senior care assistant in the residential unit) on duty. The controlled drug key is held separately.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of Medicines for Distressed Reactions

The management of medicines for two patients and one resident who were prescribed anxiolytic or antipsychotic medicines for distressed reactions was reviewed. The management of distressed reactions in the Broomhill residential care suite was to be commended, however further attention is needed in the other suites within the home. These medicines and the dosage to be administered were documented on the personal medication records. A care plan to direct the management of distressed reactions and the administration of these medicines was either not in place or required further development. The administration had been recorded on the medicine administration records; however the reason for the administration and the outcome following administration had not always been documented. The registered manager should review the management of medicines for distressed reactions to ensure that all of the relevant records are maintained. A recommendation has been made.

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Olive Hall, 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:

Cathy Wilkinson
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

MASSEREENE MANOR

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 Olive Hall, 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 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 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 the temperature of the medicines refrigerators is maintained within the required range and that appropriate action is taken if the temperature deviates from this range. Ref: Criterion 39.1	One	All Trained Staff have received the necessary training in relation to managing fridge temperatures, including re-setting thermometers and what action to take if the temperature deviates from the normal range. Temperature checking records have been reviewed to include details of the normal temperature range.	7 March 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 review the management of warfarin to ensure that it is administered as prescribed. Ref: Criterion 37.1	One	Warfarin records have been reviewed to include 2 signatures in the creation of the record and 2 persons involvement in the checking and recording stock balances.	7 March 2015
2	37	The registered manager should monitor the administration of controlled drugs as part of the routine audit process. Ref: Criterion 37.1	One	Routine audits will include audits of controlled drugs.	7 March 2015
3	37	The registered manager should ensure that the date of opening is recorded on all medicines that are started outside the 28 day cycle to facilitate the audit process. Ref: Criterion 37.7	One	All Registered nurses have received written instructions as a reminder to include opening dates on all medicines started outside the 28day medicine cycle.	7 March 2015
4	38	The registered manager should review the management of medicines for distressed reactions to ensure that all of the relevant records are maintained. Ref: Section 7	One	Care plans have been reviewed to include appropriate documentation in relation to the management of medicines for patients with distressed reactions. This will also be included in the auditing process.	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 and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Olive Hall
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Janet Montgomery

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		Cathy Wilkinson	03/03/2015
B.	Further information requested from provider		No		