NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018440**
Establishment ID No:	**1445**
Name of Establishment:	**Fairfields Care Centre**
Date of Inspection:	**11 December 2014**
Inspectors' Names:	**Judith Taylor & Helen Daly**

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:	Fairfields Care Centre
Type of home:	Nursing Home
Address:	80a Fair Hill Road Cookstown BT80 8DE
Telephone number:	(028) 8676 6294
E mail address:	zeana.watson@carecircle.co.uk
Registered Organisation/ Registered Provider:	Care Circle Limited Mr Ciaran Sheehan
Registered Manager:	Mrs Zeana Watson (registration pending)
Person in charge of the home at the time of Inspection:	Mrs Zeana Watson
Categories of care:	NH-MP(E), NH-LD(E), NH-DE, NH-I, NH-PH, RC-DE, RC-I
Number of registered places:	70
Number of patients accommodated on day of inspection:	70
Date and time of current medicines management inspection:	11 December 2014 10:10 – 16:45
Name of inspectors:	Judith Taylor & Helen Daly
Date and type of previous medicines management inspection:	23 February 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 Zeana Watson, Nurse Manager and registered nurses on duty
Discussion with Mr Ciaran Sheehan, Responsible Individual, by telephone on 12 December 2014
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

Fairfields Care Centre is a two storey purpose built home situated in its own beautifully landscaped grounds. The home was re-registered by the current owners on 30 July 2009.

The home is owned and administered by Care Circle Limited. The current manager is Mrs Zeana Watson, who has been in post since October 2014.

The home is currently registered to provide nursing and residential care in the following categories:

- NH - I Old and infirm not falling within any other category
- NH - DE Dementia nursing
- NH - PH Physical disability other than sensory impairment
- NH - MP(E) Mental disorder excluding learning disability or dementia - over 65 years
- NH - LD(E) Learning disability over 65 years
- RC - I Old age not falling within any other category
- RC - DE Dementia residential.

The administrator's office and nurses' station are located at the entrance to the home and an impressive reception area with space for relaxation is adjacent to this area.

Bedroom accommodation is provided on both floors with the majority of bedrooms having en-suite facilities which are completed to a high standard.

Catering and laundry facilities are located on the ground floor and communal lounges and sanitary facilities are interspersed throughout the home. Dining areas are available on both floors and hairdressing rooms and small kitchenettes for use by patients and relatives are located on both floors.

The grounds around the home were well landscaped and enclosed garden areas are available for patients use. There is adequate car parking facilities in the grounds of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Fairfields Care Centre was undertaken by Judith Taylor and Helen Daly, RQIA Pharmacist Inspectors, on 11 December 2014 between 10:10 and 16:45. 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 nurse manager of the home, Mrs Zeana Watson, and with the registered nurses/staff 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 Fairfields Care Centre are moving towards compliance with legislative requirements and best practice guidelines. Significant improvement is required in the management of medicines as areas of concerns were noted.

The nine requirements and four recommendations made at the previous medicines management inspection on 23 February 2012 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. Two requirements have been assessed as compliant, two as moving towards compliance and five as not compliant. Two recommendations have been assessed as compliant, one as moving towards compliance and one as not compliant. It is disappointing to note that there was little evidence of improvement since the previous medicines management inspections. As a result four requirements are being restated for the third time, two requirements for the second time and one recommendation has now been subsumed into a requirement.

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 and any intelligence that may have been received from trusts and other sources.

A robust system for the management of medicines was not evidenced at this inspection and several of the issues raised have been discussed at previous inspections (See Section 5.0). Most of the concerns mainly related to medicines management in one area within the home; management are responsible for ensuring that the appropriate standards for the management of medicines are in place throughout the home.

There was evidence of audit activity, however, the issues raised at this inspection and repeated issues from previous inspections indicate that the audit system is not robust and is not effective in identifying areas for improvement. Suitable governance arrangements for medicines must be developed and implemented. The audit trails on several medicines could not be completed due to the incomplete maintenance of medicine records. Discrepancies were observed in liquid medicines and there is no system in place to audit nutritional supplements. Details regarding the dosage directions for two medicines (Scopoderm and estradiol) could not be clarified at the inspection, with the result that an urgent action letter was written and issued at the inspection; a satisfactory response was received on 12 December 2014.

The process for the stock control of medicines requires review. There were four medicines which had not been administered due to be being out of stock recently; this included one medicine which was out of stock on the day of the inspection. This is not acceptable. All medicines must be available and be administered in strict accordance with the prescribers' instructions. There was excess stock of several medicines in the ground floor treatment room and it was noted that currently prescribed medicines were being unnecessarily disposed of.

Whilst there are arrangements in place for medicines management training, this training has had little effect in addressing the concerns raised in previous medicine management inspections. The inspection indicated that there is lack of staff knowledge with regard to medicines and this must be addressed. Staff should be provided with further training tailored to the issues detailed in the report. Management should monitor the effectiveness of the training.

Improvement is required in the standard of record keeping for medicines and in particular, personal medication records, medication administration records and disposal of medicine records. There is no effective system in the home to ensure that personal medication records are kept up to date at all times. Other health care professionals may refer to these records and the information must be accurate to ensure the safe administration of medicines.

The care planning and administration of medicines prescribed for use 'when required' in the management of distressed reactions must be reviewed. The rationale for the administration of 'when required' anxiolytic medicines should be detailed in a care plan. All trained staff should know under what circumstances they should be administered and a record of the outcome should be maintained.

The management of thickened fluids requires review. The records of prescribing and administration must be fully and accurately maintained at all times.

Significant improvements must be made in the management of the cold storage of medicines. Recorded medicine refrigerator temperatures on the ground floor, show continued deviation from the accepted range of 2^{o}C to 8^{o}C for medicines which require cold storage and there was no recorded evidence that this deviation had been recognised or reported to management.

The inspection attracted a total of 11 requirements and four recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

Following the inspection, the inspectors met with Frances Gault, Senior Pharmacy Inspector, to discuss the outcomes of the inspection. It was decided that a serious concerns meeting would be held with the responsible individual for the company. The responsible individual was contacted later and was advised that the meeting would be held on 19 December 2014 in RQIA Belfast Office; he gave assurances that the concerns would be addressed. The nurse manager telephoned RQIA on 12 December 2014 and provided details of the action which had been taken to improve practice since the inspection and the action that was planned.

At the serious concerns meeting, it was agreed that RQIA would give the responsible individual a short period of time to address the issues raised at the inspection and a further monitoring inspection would be undertaken to ensure compliance with legislative requirements and professional standards. The responsible individual was advised that if the necessary standards were not in place at the next inspection, further enforcement action would be considered.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 23 February 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must put robust systems in place to ensure that personal medication records are fully and accurately maintained at all times. **Stated twice**	Several of the personal medication records which were examined at the inspection were not accurate. There was no evidence of any monitoring system to review these records. **This requirement is restated for the third time**	**Moving towards compliance**
2	13(4)	Where care staff are responsible for the administration of external preparations, accurate records of administration must be maintained. **Stated twice**	Although a separate recording system is in place for care staff to record the administration of external preparations, these records were incomplete and there was no evidence that all of the medicines had been administered as prescribed. **This requirement is restated for the third time**	**Not compliant**
3	13(4)	The registered manager must put robust systems in place to ensure that medicines are stored at the correct temperature. **Stated twice**	At the previous inspection some medicines which required cold storage were observed to be stored at room temperature and vice versa. This inspection indicated that medicines which require storage at room temperature or in the medicine refrigerator were stored in the correct areas.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must put robust systems in place to ensure that refrigerator temperatures are maintained between +2^{o}C to +8^{o}C. **Stated twice**	Although arrangements for the cold storage of medicines were satisfactory for one of the two medicine refrigerators, continued deviation from the accepted temperature range was noted for the medicine refrigerator on the ground floor of the home. **This requirement is restated for the third time**	**Moving towards compliance**
5	13(4)	The necessary arrangements must be made to ensure that current blood glucometer control solutions are in date and are removed from stock once expiry is reached. **Stated twice**	The staff on duty confirmed that control solutions are replaced every three months. There were no control solutions in current use at the time of the inspection. It was noted that a new supply had just been received.	**Compliant**
6	13(4)	The date of opening must be recorded on all limited shelf life medicines to ensure removal if expiry is reached and to facilitate the audit process. **Stated twice**	The date of opening was recorded on eye drops, however, was not recorded on one insulin pen and multi-dose containers of nutritional supplements (Calogen liquid and Procal Shot liquid). The audit trails could not be concluded. These same medicines had been highlighted at previous medicines management inspections. **This requirement is restated for the third time**	**Not compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
7	13(4)	The registered manager must review the management of external preparations to ensure these medicines are administered as prescribed. **Stated once**	The records of administration of most of the external preparations which are administered by registered nurses had been maintained in the required manner. However, the dosage directions and administration of two external preparations requires further information and an urgent action was identified. Improvement is required in the records of administration which are completed by care staff. **An urgent action letter has been written and issued**	**Not compliant**
8	13(4)	The registered manager must closely monitor the administration of liquid medicines to ensure these are administered as prescribed. Any further discrepancies must be investigated and reported to RQIA. **Stated once**	Further discrepancies were observed in the outcomes of the audit trails performed on liquid medicines. **This requirement is restated for the second time**	**Not compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
9	13(4)	The registered manager must put a robust system in place to monitor the management of nutritional supplements. **Stated once**	There was no evidence of any monitoring arrangements for nutritional supplements. Discrepancies in the prescribing records and administration records pertaining to nutritional supplements were observed at this inspection. **This requirement is restated for the second time**	**Not compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	38	Two staff should be involved in recording new medicine details onto personal medication records and medication administration records on every occasion. **Stated twice**	This practice is not embedded throughout the home and was not evidenced on several occasions when new medicine details had been added to these records. A number of inaccurate entries were noted on the personal medication records. **This recommendation is now subsumed into a requirement**	**Not compliant**
2	37	The registered manager should put systems in place to ensure that written confirmation of medicines regimes is obtained for all new admissions to the home. **Stated once**	There was evidence that written confirmation of medicine regimes is obtained for new patients.	**Compliant**
3	38	The registered manager should closely monitor the process for the receipt of medicines and ensure that a record of all incoming medicines is fully maintained on every occasion. **Stated once**	With the exception of nutritional supplements, satisfactory records for the receipt of medicines were observed.	**Moving towards compliance**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	40	The registered manager should closely monitor the labelling of medicine containers to ensure each medicine is labelled in such a way that enables the identification of each patient's/resident's supply and the dosage directions are fully recorded. **Stated once**	All of the medicines selected for examination at the inspection had been labelled in the required manner.	**Compliant**

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:	
The outcomes of this inspection indicated that robust arrangements are not in place for the management of medicines. Some areas of the management of medicines are maintained in accordance with legislative requirements, professional standards and best practice guidance; however, a number of areas for improvement were noted and discussed with the recently appointed nurse manager. This included auditing, record keeping and storage. Management must address the concerns raised during the inspection in order to ensure that satisfactory standards for the management of medicines are in place. The improvements made must be sustained in order to ensure the safety and well-being of patients. The current auditing process for medicines management is not effective in identifying areas for improvement and ensuring corrective action is sustained. Although the outcomes of some of the audits trails on the medicines selected at the inspection were satisfactory, discrepancies were observed in liquid medicines. This issue had been raised at the previous medicines management inspection and the requirement is restated. The audit trails attempted on several other medicines could not be concluded due to the incomplete maintenance of medicine records. This included nutritional supplements and the requirement made at the previous medicines management inspection is restated. Three doses of one patient's supply of simvastatin 40mg had not been administered; this had not been noted by the staff and indicates that staff were not following the correct procedures for the administration of medicines. Staff could not provide a reason for the non-administration of this medicine. The dosage directions for two medicines (Scopoderm and estradiol) could not be clarified by staff at the time of the inspection and an urgent action letter was written and issued at the inspection. A verbal and written response was received by RQIA on 12 December 2014. It was established that the Scopoderm had not been administered since it was prescribed in October 2014. The nurse manager confirmed that the dosage directions for both medicines had now been shared with all relevant staff and the personal medication records updated. Following discussion at the serious concerns meeting, it was agreed that the ongoing non-administration of Scopoderm,	Not compliant

would be reported to the designated officer for safeguarding within the trust. It was noted that four prescribed medicines had not been administered as prescribed, due to the unavailability of the medicines. This is unacceptable and was discussed with staff and the nurse manager. Three of the medicines had since been supplied. The deputy manager confirmed that the other medicine was to be delivered later on the day of the inspection. It was reiterated that staff are responsible for ensuring that prescribed medicines are available at all times. The process for the stock control of medicines must be reviewed. In addition to the out of stock medicines identified at the inspection, there were excessive stocks of several medicines in the ground floor treatment room and the records of the disposal of medicines indicated that currently prescribed medicines had been unnecessarily disposed of. Although staff advised of the ongoing difficulty in obtaining some medicines, it was found that prescriptions are not received into the home and checked for accuracy prior to dispensing. A photocopy of each prescription is kept in the home; however, this prescription is not used to check the order or corresponding personal medication record (See Criterion 38.2). This was further discussed with reference to the Health and Social Care Board recommendations. A requirement regarding the stock control of medicines is made. There was evidence that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. The management of medicines prescribed on a 'when required' basis for distressed reactions was examined. A care plan should be developed for the relevant patients. The parameters for administration were not always recorded in full, on the personal medication records selected. The reason for the administration of the medicine and effect of the administration is not recorded. This should be recorded on every occasion. The record keeping for distressed reactions should be reviewed. A recommendation is made. Satisfactory arrangements are in place for the management of controlled drugs, warfarin and bisphosphonates.	

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
A folder containing Care Circle Limited policies and procedures for medicine management is available in the home. This was not examined at the inspection.	Compliant
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:	
A record of medicines management training is kept in the home. Staff confirmed that the training had been received in 2013. There was evidence that staff competencies in medicines management had been completed for some, but not all designated staff. Due to the findings at this inspection, as detailed in the report, the responsible individual should provide further training and competency assessment for staff. A recommendation is made.	Moving towards compliance

STANDARD 37 - MANAGEMENT OF MEDICINES

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 nurse manager advised that this was an area that had been identified for improvement and she planned to commence staff appraisal and supervision as soon as possible. She stated that staff appraisal should be undertaken annually, and supervisions sessions should be completed throughout the year, however, this had not been carried out for all trained staff. It is recommended that the responsible individual should ensure that a system is in place to evaluate the impact of medicines management training. The need for a robust auditing process was emphasised.	Moving towards compliance
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff confirmed that medication errors and incidents would be routinely reported to RQIA in accordance with policies and procedures. There had been no medicine related incidents reported since 2012.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are placed into a special waste container. The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines. There was recorded evidence that registered nurses denature controlled drugs prior to disposal.	Compliant

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:	
There is no effective system in place to audit the practices for the management of medicines. Although management confirmed that medicines management is reviewed as part of the Regulation 29 monitoring and there was evidence of some audit trails, the outcomes of the inspection (as detailed in the report) indicate that a robust audit system which covers all aspects of medicines management must be developed and implemented. This system must readily identify areas for improvement. A requirement is made. It was suggested that the Quality Improvement Plan from previous medicines management inspections should form part of the audit process to ensure sustained improvement.	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards compliance

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:	
The outcomes of the inspection indicated that records are not always maintained in such a way that readily facilitates the audit process. Several inaccurate and incomplete records were noted and discussed with the nurse manager and staff at the inspection. (See Criterion 38.2)	Moving towards compliance
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A significant improvement is required to ensure that all medicine records are maintained in accordance with legislative requirements, DHSSPS standards and professional guidance. Several of the personal medication records which were selected for examination on the ground floor of the home contained inaccurate entries. This included the incorrect strength of the medicine, incomplete dosage directions or no entry for the medicine. As these records may be used by other health care professionals, these must be kept up to date at all times. It was emphasized that incorrect information may be a potential risk to the patient. The completion of personal medication records has been raised at the previous medicines management inspections and the requirement is restated for the third time.	Moving towards compliance

STANDARD 38 - MEDICINE RECORDS

When a new medicine is prescribed, two staff are not routinely involved in the transcribing of medicine details on these records and medication administration records. This is safe practice and has been raised at previous medicines management inspections and the recommendation is now subsumed into a requirement. It is recommended that a system is implemented to ensure that personal medication records and the corresponding medication administration records are checked and verified for accuracy at the beginning of every medicine cycle. Several patients are prescribed thickened fluids for the management of swallowing difficulty. The records which were selected for examination with regard to the prescribing and administration of thickened fluids were not satisfactory and this must be addressed. One patient's records indicated that the incorrect consistency was being administered as the new information in the care plan had not been recorded on other medicine records; and for another patient, the administration records indicated that thickened fluids were being administered; however, they were not currently prescribed on the patient's personal medication record. A record of each administration must be accurately maintained. Robust arrangements must be put in place for the management of thickening agents and a requirement is made. The majority of administration records which had been completed by the registered nurses and senior care assistants had been maintained in a satisfactory manner. However, omissions in administration were observed and on some occasions, the audit trails indicated that the medicine had been administered, but the entry had not been signed. The records of administration of external preparations by care staff were often incomplete and it could not be confirmed if the external preparation had been administered as prescribed. This issue had been raised at the previous medicines management inspection and the requirement is restated for the third time. Examination of the records of the receipt of medicines indicated these had been maintained in a largely satisfactory manner. However, incoming supplies of all nutritional supplements are not routinely recorded and therefore the audit trails could not be completed. This must be reviewed and the need for a robust system to monitor the management of nutritional supplements is reiterated. (See also Criterion 37.1) With the exception of controlled drugs, two trained staff are not involved in the disposal of medicines. This is best practice and both staff members should sign the disposal record on every occasion. A recommendation is made.	

STANDARD 38 - MEDICINE RECORDS

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:	
Satisfactory arrangements were observed for the record keeping of Schedule 2 controlled drugs.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards compliance

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:	
The majority of medicines are stored safely and securely and in accordance with the manufacturers' instructions. However, the management of medicines which require cold storage is still unsatisfactory and must be reviewed to ensure medicines are stored within the accepted temperature range of 2^{o}C to 8^{o}C. On the ground floor, temperatures below 0^{o}C had been frequently recorded and there was no evidence that this had been recognised as unsatisfactory. This issue had been raised at the previous medicines management inspection and is restated for the third time. Oxygen cylinders are held in the two treatment rooms. Daily stock level checks are monitored and recorded. Signage is displayed in the ground floor treatment room only and it was agreed that signage would be displayed on the first floor treatment room after the inspection. Dates and times of opening were recorded on some but not all medicines with a limited shelf life once opened. This was not recorded on one insulin pen and multi-dose containers of nutritional supplements. It could not be determined if these medicines had been administered after expiry. The date must be recorded to ensure removal and replacement once the in use/ manufacturers' expiry date has been reached. This issue has been raised at previous medicines management inspections and the requirement is restated for the third time.	Moving towards compliance

STANDARD 39 - MEDICINES STORAGE

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 controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the registered nurse in charge of the shift on each floor of the home. The management of spare keys was not examined at this inspection.	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 at each handover of responsibility. Records of this activity are maintained. The good practice of including Schedule 4 controlled drugs in the daily stock reconciliation checks was acknowledged.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards compliance

7.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Zeana Watson, Nurse Manager** and **Mr Ciaran Sheehan**, **Responsible Individual**, 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 INSPECTION

FAIRFIELDS CARE CENTRE
11 DECEMBER 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. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Zeana Watson, Nurse Manager**, during the inspection visit and **Mr Ciaran Sheehan**, **Responsible Individual**, after the inspection.

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 responsible individual must confirm the dosage instructions for Scopoderm for Patient A and for estradiol for Patient B to RQIA. **Ref: Criterion 37.1 & Urgent Action Letter**	One	Actioned the day following the inspection and an email sent to the RQIA to inform of the outcome	12 December 2014
2	13(4)	The registered manager must put robust systems in place to ensure that personal medication records are fully and accurately maintained at all times. **Ref: Section 5.0 & Criterion 38.2**	Three	All Kardexes re written to ensure they correspond with current scripts(scripts filled in new folder for current scripts) MAR sheets all checked with scripts to ensure no discrepencies and any discrepincies queried with GP	12 January 2015
3	13(4)	Where care staff are responsible for the administration of external preparations, accurate records of administration must be maintained. **Ref: Section 5.0 & Criterion 38.2**	Three	Staff training has been commenced and is ongoing. All kardexes re written with scripts and MAR sheets checked	12 January 2015
4	13(4)	The registered manager must put robust systems in place to ensure that refrigerator temperatures are maintained between 2^{o}C to 8^{o}C. **Ref: Section 5.0 & Criterion 39.1**	Three	Fridge temperatures to be checked twice daily. Issues to be reported to manager. Daily fridge temperature checklist devised to be used by manager/nurse in charge to ensure any issues dealt with promptly	12 January 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	13(4)	The date of opening must be recorded on all limited shelf life medicines to ensure removal if expiry is reached and to facilitate the audit process. **Ref: Section 5.0 & Criterion 39.1**	Three	Notices placed on fridge and checklist implimented. Checkes are carried out on a regular basis(daily) to ensure date/time and signature aer written onto opened suppliments. Checklist also implimented for medications. Training with pharmasist to ensure staff aware of rationale for this.	12 January 2015
6	13(4)	The registered manager must closely monitor the administration of liquid medicines to ensure these are administered as prescribed. Any further discrepancies must be investigated and reported to RQIA. **Ref: Section 5.0 & Criterion 37.1**	Two	Staff liasing with GP's to change liquid medication to tablet form if possible for as many residents who are prescribed liquid medication. Checks will be carried out on pharmacy audit forms of liquid medications and any issues raised with the RQIA. Pharmacist to supply new bottle measures	12 January 2015
7	13(4)	The registered manager must put a robust system in place to monitor the management of nutritional supplements. **Ref: Section 5.0, Criteria 37.1 & 38.2**	Two	Pharmacy monitoring forms introduced. Weekly checks carried out to ensure all suppliments are being checked in on MAR sheets	12 January 2015
8	13(4)	The responsible individual must develop and implement a robust auditing process which covers all aspects of medicines management. **Ref: Criteria 37.1, 37.4 & 37.7**	One	Pharmacy monitoring forms introduced to audit residents medications. These will be used on an ongoing basis to audit medication management.	12 January 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
9	13(4)	The responsible individual must put robust arrangements in place for the stock control of medicines as detailed in the report. **Ref: Criterion 37.1**	One	Liasing with pharmacist to ensure when ordering medications scripts are checked and any medication not required for the month are not being ordered	12 January 2015
10	13(4)	To ensure that a safe system is in place for transcribing medicine details, the responsible individual must make sure that all handwritten updates on personal medication records and medication administration records involves two members of trained staff. **Ref: Criterion 38.2**	One	Staff training undertaken and ongoing to ensure all staff aware of the need for 2 staff signatures. Pharmacy audit form in use to check any issues and address as required.	12 January 2015
11	13(4)	The responsible individual must ensure accurate medicine records for the management of thickening agents are maintained at all times. **Ref: Criterion 38.2**	One	New recording sheets implimented following training and discussion with pharmasist for the recording of thickners. List of all residents who require thickened fluids placed in all Kardexes and fluid balance charts detailing how many scoops are needed for each consistency required.	12 January 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, 38	The responsible individual should review the management of medicines prescribed for distressed reactions to ensure that care plans are developed, records of the reason and outcome are maintained and changes to the frequency of administration are monitored and reported to the prescriber as necessary. **Ref: Criterion 37.1**	One	Procedures undertaken to ensure staff monitor use of distressed reaction medication and outcomes noted so that any issues raised are reported to GP appropriately. Care plans being revised for all residents on PRN medications.	12 January 2015
2	38	The responsible individual should review the procedures in place for the training and competency of staff to ensure further training in the management of medicines is provided; staff are competent for the work that they perform and there are systems in place to evaluate the impact of training. **Ref: Criteria 37.3 & 37.4**	One	Staff training undertaken and ongoing to ensure staff competent in the managemen of medications. To monitor effectivness of training assessment competency checklist implimented to be able to evaluate staff competency on a regular basis.	12 January 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	38	The responsible individual should ensure that personal medication records and medication administration records are checked for accuracy at the beginning of every medicine cycle. **Ref: Criterion 38.2**	One	Liasing with the pharmasist to develop new system for checking medications into the home at the beginning of medication cycle.	12 January 2015
4	38	The responsible individual should ensure that two trained staff are involved in the disposal of medicines and both staff should sign the disposal record on every occasion. **Ref: Criterion 38.2**	One	New pharmacy returns books implimented following discussion with pharmacy with provisions in place for 2 nurses signatures. Staff training with pharmasist to ensure staff aware of this.	12 January 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	Zeana Watson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

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	25 February 2015
B.	Further information requested from provider				