NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021413**
Establishment ID No:	**1445**
Name of Establishment:	**Fairfields Care Centre**
Date of Inspection:	**25 March 2015**
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 Henry 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-I, NH-DE, NH-LD(E), NH-MP(E), NH-PH RC-DE, RC-I
Number of registered places:	70
Number of patients accommodated on day of inspection:	64
Date and time of current medicines management inspection:	25 March 2015 10:40 – 15:20
Names of inspectors:	Judith Taylor & Helen Daly
Date and type of previous medicines management inspection:	11 December 2014 Unannounced

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

The previous medicines management inspection of this home on 11 December 2014 had shown that robust arrangements for the management of medicines were not in place and improvements were required. At this inspection, four requirements had been restated for the third time. As a result of these findings, a serious concerns meeting was held on 19 December 2014 with the registered persons from Care Circle Limited. It was agreed that RQIA would give Care Circle Limited a period of time to enable improvements to be made in relation to the management of medicines in Fairfields Care Centre.

The purpose of this visit was to determine what progress had been made in addressing the 11 requirements and four recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

Discussion with Mrs Zeana Watson, Nurse Manager, and the 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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

Standard 40: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard that the 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 grounds off the Fairhill Road, Cookstown. The home was re-registered by the current owners on 30 July 2009.

The home is owned and operated by Care Circle Limited, Mr Ciaran Sheehan is the responsible individual. The current manager is Mrs Zeana Watson (pending registration with RQIA).

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

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.

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, residents and relatives are located on both floors.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Fairfields Care Centre was undertaken by Judith Taylor and Helen Daly, RQIA Pharmacist Inspectors on 25 March 2015 between 10:40 and 15:20. This summary reports the position in the home at the time of the inspection.

The previous medicines management inspection of this home on 11 December 2014 had shown that robust systems for the management of medicines were not in place, and improvements were required. As a result of the findings of that inspection, RQIA held a serious concerns meeting with the registered persons. It was agreed that RQIA would give a period of time to enable improvements to be made in relation to the management of medicines.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspectors examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspectors met with the manager of the home, Mrs Zeana Watson 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 Fairfields Care Centre are substantially compliant with legislative requirements and best practice guidelines. There was evidence that significant improvement had been made.

The 11 requirements and four recommendations made at the previous medicines management inspection on 11 December 2014 were examined during the inspection. The inspectors' validation of compliance can be observed in Section 5.0 of the report. Eight requirements and three recommendations have been assessed as compliant, three requirements and one recommendation have been assessed as substantially compliant. The manager and staff were commended for the progress made. The improvements made must be sustained and developed in order to ensure the continued safety and well-being of the patients.

Practices for the management of medicines had been reviewed and new systems had been implemented with regard to governance, record keeping, including care planning and the cold storage of medicines.

Following the previous medicines management inspection, management had provided staff with further training in medicines management. Staff competencies with regard to medicines management had also been assessed and supervision sessions had taken place. The issues raised at the inspection had been discussed with all trained staff and designated care staff as appropriate.

Satisfactory arrangements are in place for the stock control of medicines. The system for ordering and receiving medicines now includes the use of prescriptions, personal medication records (PMRs) and medication administration records (MARs) to ensure that all medicines are available for administration and to ensure the accuracy of the records.

An improvement in the procedures to audit the management of medicines was evidenced at the inspection. Specific areas of medicines management are being audited daily by registered nurses and management are responsible for an overarching audit. Records of the audit outcomes, including the action taken, when areas for improvement had been identified, were readily available. The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a generally satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines.

Medicine records had been well maintained and readily facilitated the audit process. All PMRs had been rewritten following the previous inspection. The good practice of ensuring that two trained staff are involved in the transcribing of medicines details has been embedded into routine practice.

There are suitable arrangements in place for the storage of medicines.

In addition to the examination of the issues detailed in Section 5.0, it was noted that the management of the disposal of Schedule 4 (Part 1) controlled drugs requires review to ensure these medicines are denatured prior to disposal.

The inspection attracted a total of one requirement which is 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 inspection on 11 December 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The responsible individual must confirm the dosage instructions for Scopoderm for Patient A and for estradiol for Patient B to RQIA. **Stated once (urgent action)**	The dosage instructions for Scopoderm and estradiol were confirmed by telephone and by email on 12 December 2014. (The audit trails which were performed on these medicines at the inspection, showed satisfactory outcomes.)	**Compliant**
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. **Stated three times**	Significant improvement was evidenced in the standard of maintenance of personal medication records. The sample selected had been accurately maintained.	**Compliant**
3	13(4)	Where care staff are responsible for the administration of external preparations, accurate records of administration must be maintained. **Stated three times**	The records of administration of external preparations had been reviewed. Separate PMRs and MARs specifically for care staff have been developed and these had been well maintained. These records are included in the auditing process.	**Compliant**

NO.	REGULATION	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 three times**	The temperatures for the two medicine refrigerators are recorded and monitored each day. Temperatures had generally been maintained within the accepted range of 2^{o}C to 8^{o}C. There was evidence of the action taken when deviation from the accepted range had occurred.	**Compliant**
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. **Stated three times**	With the exception of one insulin pen, the date of opening was recorded on all of the medicines which were selected at the inspection. This deputy manager had already noted there was no date on this insulin pen and this was replaced at the inspection. There was no evidence of any medicines being administered after the expiry date had been reached.	**Compliant**
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. **Stated twice**	Most of the audit trails which were performed on liquid medicines produced satisfactory outcomes. However, a small number of discrepancies were observed in laxative medicines and close monitoring within the audit process was agreed.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
7	13(4)	The registered manager must put a robust system in place to monitor the management of nutritional supplements. **Stated twice**	There was improvement in the records of prescribing, receipt and administration of nutritional supplements. The date of opening was recorded on multi-dose containers. A specific list of prescribed nutritional supplements is displayed for staff reference. The monitoring arrangements for these medicines are not fully developed; however, a weekly audit is planned to be undertaken.	**Substantially compliant**
8	13(4)	The responsible individual must develop and implement a robust auditing process which covers all aspects of medicines management. **Stated once**	There was evidence that the audit process had been reviewed and revised. New procedures have been implemented and include a daily audit of at least two patient's medicines and medicine records. Details of any areas for improvement which have been identified and the corrective action planned were observed. Some areas are in the process of development (liquids and nutritional supplements) and the manager advised of the planned action.	**Substantially compliant**
9	13(4)	The responsible individual must put robust arrangements in place for the stock control of medicines as detailed in the report. **Stated once**	Satisfactory arrangements are now in place for the stock control of medicines. There was no evidence of any medicines being missed due to out of stock situations. The amount of overstock in the treatment rooms had reduced. Staff confirmed that they have been using current stock before ordering new stock.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
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. **Stated once**	Examination of the records of PMRs and MARs indicated that all transcribing involves two members of trained staff and both staff initial the record on every occasion.	**Compliant**
11	13(4)	The responsible individual must ensure accurate medicine records for the management of thickening agents are maintained at all times. **Stated once**	The care plans, speech and language assessment reports and records of prescribing and administration of thickening agents for five patients were examined. These had been maintained in the required manner.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
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. **Stated once**	Improvement was noted at the inspection. Care plans had been developed and the parameters for administration were clearly stated. The reason for the administration had been recorded, and the outcome had been recorded on some but not all occasions. There was evidence of the evaluation when there had been an increase in the frequency of administration.	**Substantially compliant**
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. **Stated once**	Following the inspection, individual supervision with trained staff had been completed and staff attended a meeting to discuss the inspection outcomes. Medicines management training had been provided in January 2015. The manager confirmed that all staff were competent in medicines management and further advised that competencies are to be closely monitored through appraisal, further supervision and from the outcomes of the audits.	**Compliant**
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. **Stated once**	Staff confirmed that this process is now in place. There was good correlation between the PMRs and MARs that were selected for examination at the inspection.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
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. **Stated once**	Examination of the disposal of medicine records indicated that two members of trained staff are involved in the disposal of each medicine.	**Compliant**

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of medicines

Standard Statement - Medicines are handled safely and securely

A significant improvement in the management and governance arrangements for medicines was evidenced at this inspection. The manager and staff are commended for the progress made. This improvement must now be sustained to ensure the safety and well-being of patients.

Staff had received further training in the management of medicines. A team meeting had been held and all trained staff had been apprised of the issues raised at the previous inspection. In addition, a copy of the previous QIP had been issued to all trained staff. Supervision sessions had also been undertaken. The manager confirmed that the staff are trained and competent in medicines management and advised that staff competencies would continue to be closely monitored through appraisal, ongoing supervision and the outcomes of the audits.

The ordering and stock control process for medicines had been reviewed. The management team confirmed that stock is only ordered as the need arises and currently prescribed medicines are not unnecessarily disposed of. There was no evidence of any missed doses due to the medicine being out of stock and there was improvement in the medicine stock levels in treatment rooms.

Following the previous medicines management inspection, management had reviewed the systems in place for the management of medicines and had developed and implemented a new auditing system. In addition to the good practice of recording running stock balances for several medicines which are not supplied in 28 day blister packs, the registered nurses undertake a daily audit which includes medicine records, storage and administration. A specific pharmacy monitoring form has been implemented for this purpose. These audits occur throughout the home and the forms are collated in a folder, which was readily accessible at the inspection. The outcomes are reviewed by management and actioned as necessary. As part of the new auditing arrangements, the stock balance of any solid dosage medicines remaining from the previous medicines cycle is carried forward on the new MARs. This is good practice and readily facilitates the audit process. The systems in place to audit nutritional supplements have not been fully developed and were discussed with the manager. A weekly audit is planned to be implemented.

During the inspection, it was noted that Schedule 4 (Part 1) controlled drugs had been not been denatured prior to disposal. This was discussed with regard to the legislation, DHSSPS guidance and the organisation's policies and procedures. The responsible individual must ensure that all Schedule 4 (Part 1) controlled drugs are denatured prior to disposal. A requirement has been made.

Satisfactory arrangements are in place for the management of thickening agents.

Improvement was evidenced in the use of medicines prescribed on a 'when required' basis for the treatment of distressed reactions. Staff were reminded that the outcome of the administration should be recorded on every occasion.

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine records

Standard Statement - Medicine records comply with legislative requirements and current best practice

There was evidence of improvement since the previous medicines management inspection. The samples of each of the records below which were selected for examination, showed that the records had been constructed and completed in the required manner and had been maintained in such a way that facilitated at clear audit trail.

Personal medication records (PMRs)

All personal medication records had been rewritten and signed by two registered nurses. All transcribed updates had also been signed by two registered nurses. There was good correlation between the PMRs and the MARs which were selected for examination. In the instances where a thickening agent had been prescribed, this was clearly recorded on the PMR and included the prescribed consistency level.

Medication administration records (MARs)

These had been well maintained and handwritten entries had been signed by two registered nurses. Improvement was noted in the records of the administration of external preparations and thickening agents.

When a medicine had been prescribed as a variable dose e.g. one or two, the actual quantity of medicine administered was recorded on each occasion.

Records of medicines received

The receipt of incoming medicines is recorded on the MARs. These records had been well maintained and there was evidence that staff now record the receipt of nutritional supplements.

Disposal of medicines records

The disposal of medicines process had been reviewed; two registered nurses are responsible for the recording and disposal of medicines. It was discussed that these records should clearly state when a controlled drug has been denatured prior to disposal.

Currently the disposal records are loose pages kept in a folder. It was suggested that the pages should be bound and/or numbered.

COMPLIANCE LEVEL: Compliant

6.3 Storage of medicines

Standard Statement - Medicines are safely and securely stored

Medicines are stored safely and securely and in accordance with the manufacturer's instructions.

Improvements were evidenced in the management of the cold storage of medicines. Medicine refrigerator temperatures are monitored and recorded twice per day; the records indicated that temperatures are maintained within the accepted range of 2^{o}C to 8^{o}C. There was evidence that any deviation from the accepted range had been recognised and addressed.

The date of opening is routinely recorded on medicines with a limited shelf life once opened. There was no evidence of any medicines being administered after the expiry date had been reached.

Oxygen signage is displayed in each treatment room. The need to ensure that all oxygen cylinders are chained securely, to prevent them from falling over was discussed. The manager agreed to action this at the earliest opportunity.

COMPLIANCE LEVEL: Compliant

6.4 Administration of medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

The outcomes of the majority of audits which were performed on a variety of randomly selected medicines showed that medicines had been administered as prescribed. Although most of the audit trails on liquid medicines produced satisfactory outcomes, a few discrepancies were noted in laxative medicines, and were discussed at the inspection. The manager agreed to closely monitor these medicines as a focus within the new audit process.

COMPLIANCE LEVEL: Substantially compliant

7.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

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

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

FAIRFIELDS CARE CENTRE
25 MARCH 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Zeana Watson, Nurse 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 the requirement contained within the Quality Improvement Plan is addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENT **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The responsible individual must ensure that all Schedule 4 (Part 1) controlled drugs are denatured prior to disposal. **Ref: Section 6.1**	One	New documentation implimented for the transfer of custody and destruction of medication.	25 April 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	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	20 May 2015
B.	Further information requested from provider				