NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN18409**
Establishment ID No:	**1454**
Name of Establishment:	**Rathmena**
Date of Inspection:	**7 October 2014**
Inspector's Name:	**Paul Nixon**

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:	Rathmena Care Home
Type of home:	Nursing Home
Address:	26 Rathmena Gardens Ballyclare BT39 9HU
Telephone number:	(028) 9332 2980
E mail address:	rathmena.m@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Ms Wendy McMaster
Person in charge of the home at the time of Inspection:	Ms Wendy McMaster
Categories of care:	NH-I, NH-LD, NH-LD(E), NH-PH, NH-PH(E), RC-I
Number of registered places:	29
Number of patients accommodated on day of inspection:	24
Date and time of current medicines management inspection:	7 October 2014 09:50 – 13:40
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	19 July 2011 Unannounced Medicines Management inspection

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

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

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

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with the registered manager, Ms Wendy McMaster
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

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

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

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

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

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Rathmena Private Nursing Home is situated in a quiet residential area of Ballyclare. Patients' facilities are on the ground floor with staff facilities on the first floor.

Bedroom accommodation is provided in double and single rooms. There is a large communal lounge and a dining area. Toilet, bathroom and shower facilities are also provided.

The home is surrounded by landscaped gardens and a patio area for patients is provided at the rear of the home. Car parking is available at the front and side of the home.

The home is part of Four Seasons Health Care Ltd. The home is registered to accommodate 29 persons, and to provide nursing and residential care for persons under the following categories of care: -

The registered manager of the home is Ms Wendy McMaster, who has held this position since April 2013.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rathmena was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 7 October 2014 between 09:50 and 13:40 hours. 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 inspector 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 inspector met with the registered manager of the home, Ms Wendy McMaster. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Rathmena are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted. The registered manager and staff are commended for their efforts.

The four requirements and two recommendations which were made at the previous medicines management inspection, on 19 July 2011, were examined during the inspection. Each of the requirements and recommendations are assessed as compliant.

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

Areas of good practice were noted and highlighted during the inspection and the registered manager and members of staff are commended for their efforts. These include the robust arrangements for staff medicines management training and competency assessments, the recording of the dates and times of opening of medicine containers in order to facilitate audit, the double signing of handwritten entries on the personal medication record sheets (PMRs) and medication administration record sheets (MARs) and the additional records in place for the recording of antibiotic courses, transdermal opioid patches and warfarin.

There is a programme of staff training in the home. There are annual medicines management competency assessments for staff members who manage medicines.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions.

The registered person should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines for the treatment of

distressed reactions includes detailed care plans and the recording of the reason for and outcome of each administration.

The prescribers should be requested to review those topical medicines which are prescribed for regular application but which are only being used on a ‘when required’ basis.

Medicine records had been maintained in a largely satisfactory manner. The registered person must review the recording on the MARs of medicines prescribed to be administered ‘when required’ in order to ensure that the entry is always clear and unambiguous.

Medicines were stored safely and securely, in accordance with legislative requirements and the manufacturers’ instructions.

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

The inspector 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 19 July 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	The registered manager must ensure that there is complete correlation between the entries on the personal medication records and those on the medicine administration records (MARs sheets). **Stated once**	A good correlation was observed between the PMRs and MARs.	Compliant
2	Reg. 13(4)	The registered manager must ensure that the date of transfer is included on the records of medicines returned to patients or their representatives. **Stated once**	This practice is now observed.	Compliant
3	Reg. 13(4)	The registered manager must ensure that all medicines can be positively identified prior to administration. **Stated once**	Each medicine selected could be positively identified.	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	Reg. 13(4)	The registered manager must ensure that the control solutions for the glucometers are dated when opened and any remaining contents discarded after 90 days. **Stated once**	The glucometer control solutions were dated and within their expiry dates.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should include lactulose and salbutamol nebules in future audits to ensure that they are administered as prescribed. **Stated once**	These medicines are included in the organisation's audits.	**Compliant**
2	38	Hand written entries on the medicine administration records should be signed by two registered nurses. **Stated once**	This practice was observed.	**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:	
A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. With one exception, these audits indicated that the medicines selected are being administered to patients in accordance with the prescribers' instructions. The audit trail on ranitidine liquid, prescribed for one patient, indicated that an unsatisfactory correlation existed between the prescribed instruction and the pattern of administration. The registered manager agreed to closely monitor the administrations of this medicine in order to ensure compliance with the prescribed instructions. The registered manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Evidence of the confirmation of dosage regimes was examined for one recently admitted patient. The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing. The current written confirmation of warfarin dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained. The records in place for the use of 'when required' anxiolytic medicines in the management of distressed reactions were examined for three patients. In each instance, the care plan in place for the management of distressed reactions did not specify the medicine's administration as a possible intervention treatment or the circumstances when it should be administered. For each patient, the parameters for administration were recorded on the PMR and records of administration had been maintained on the MARs. However, the reasons for administration and outcomes had mostly not been recorded. The registered person should ensure that the	Substantially compliant

recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines for the treatment of distressed reactions includes detailed care plans and the recording of the reason for and outcome of each administration. A recommendation is stated. Several topical medicines prescribed for regular application were only being used on a 'when required' basis. The prescribers should be requested to review these medicines. A recommendaion is stated.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are written policies and procedures detailing the arrangements for the management of medicines. These were not examined in detail during the inspection. There are Standard Operating Procedures for the management of controlled drugs.	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:	
There is a programme of staff medicines management training in the home. The registered manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and was observed to have been appropriately completed. A record of the medicines management training and development activities completed by the staff is maintained.	Compliant

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:	
There are medicines management competency assessments for staff members who manage medicines. Competencies are updated annually for all relevant staff.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	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 placed into designated clinical waste bins by nursing staff. The registered manager advised that two nurses dispose of all pharmaceutical waste into these bins. Two nurses denature controlled drugs. The waste bins are removed by a waste disposal contractor.	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 was recorded evidence that practices for the management of medicines are audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary. The dates and times of opening are recorded on the medicine containers in order to facilitate the audit activity. This good practice is commended. The merits of increasing the number of medicine audit trails completed each month were discussed with the registered manager.	Compliant

INSPECTOR'S 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:	
The medicine records were largely observed to have been constructed and completed in a manner that facilitates audit activity. However, entries on the MARs for medicines prescribed to be administered on a 'when required' basis were sometimes unclear (see Criterion 38.2)	Substantially compliant
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 randomly selected sample of the above medicine records was assessed. These records had been maintained in a largely satisfactory manner. The PMRs examined contained the required information and the entries had been signed by two registered nurses. There was good correlation between the PMRs and MARs. Entries on the MARs for medicines prescribed to be administered on a 'when required' basis were sometimes unclear. The registered manager stated that she had made this observation during a recent medication audit. The registered person must review the recording on the MARs of medicines prescribed to be administered 'when required' in order to ensure that the entry is always clear and unambiguous. A requirement is stated.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

The records of receipts and disposals of medicines contained the necessary information.	
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:	
A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially 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:	
Medicines were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements. Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. The temperature range of the medicine refrigerator and the medicine storage room are monitored and recorded each day. Temperatures had been maintained within the recommended ranges.	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 medicine keys were observed to be in the possession of the registered nurses on duty. The controlled drug cabinet key was observed to be carried by the designated registered nurse, separately from the other medicine keys.	Compliant

STANDARD 39 - MEDICINE STORAGE

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:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. Stocks of the Schedule 4 (Part 1) controlled drug, zopiclone are also reconciled at each handover of responsibility. This good practice is commended.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

None

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 **Ms Wendy McMaster (Registered Manager),** during the inspection, 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:

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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

RATHMENA
7 October 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Wendy McMaster (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 REQUIREMENT

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered person must review the recording on the MARs of medicines prescribed to be administered 'when required' in order to ensure that the entry is always clear and unambiguous. **Ref: Criteria 38.1 and 38.2**	One	The entry in relation to "when required medication " is now only made in relation to the administration of the medication,resulting in the record being clear and unambiguous.	6 November 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered person should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines for the treatment of distressed reactions includes detailed care plans and the recording of the reason for and outcome of each administration. **Ref: Criterion37.1**	One	The residents who are prescribed "when required anxiolytic and antipsychotic medicines for the treatment of distressed reactions now have a detailed care plan in place. It states the reasons for administration of the medication and the effectiveness of each administration.	6 November 2014
2	37	The prescribers should be requested to review those topical medicines which are prescribed for regular application but which are only being used on a 'when required' basis. **Ref: Criterion 37.1**	One	The prescriber has been asked to review the topical medicines in use which are prescribed for regular application and are only being used on a when required basis.	6 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Wendy McMaster
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	JP for Jim McCall Jim McCall DIRECTOR OF OPERATIONS 29-10-14

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

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	**31/10/14**
B.	Further information requested from provider		X	Paul W. Nixon	**31/10/14**