NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN18402**
Establishment ID No:	**1465**
Name of Establishment:	**Cairngrove**
Date of Inspection:	**4 September 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:	Cairngrove
Type of home:	Nursing Home
Address:	Balmoral Avenue Rathfriland Road Newry BT34 1JZ
Telephone number:	(028) 3026 6442
E mail address:	cairnhillhomes@hotmail.co.uk
Registered Organisation/ Registered Provider:	Cairnhill Home 'A' Ltd Mr Charles Anthony Digney
Registered Manager:	Ms Lisa Mary Austin
Person in charge of the home at the time of Inspection:	Ms Kayleigh Gowing (Registered Nurse)
Categories of care:	NH-LD, NH-LD(E)
Number of registered places:	23
Number of patients accommodated on day of inspection:	23
Date and time of current medicines management inspection:	26 August 2014 10:00 – 13:00
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	28 July 2011 Unannounced 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 nurse, Ms Kayleigh Gowing
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

The Southern Health and Social Services Board initially registered Cairngrove in August 1992.

The facility which is located central to Newry City is comprised of 23 single bedrooms, two sitting rooms, a relaxation room, a dining room, kitchen and laundry, toilet / washing facilities, a passenger lift, staff accommodation and offices. The home is set within its own grounds and car parking space is available.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Cairngrove was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 4 September 2014 between 10:00 and 13:00 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 nurse on duty, Ms Kayleigh Gowing. 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 Cairngrove 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.

No requirements or recommendations were made at the previous medicines management inspection, on 28 July 2011.

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.

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 the medicines had broadly been administered in accordance with the prescribers' instructions. Three medicines were highlighted which the registered manager should closely monitor. The management of bisphosphonates (e.g. alendronic acid, risedronate) must be closely monitored in order to ensure compliance with the prescriber's instructions and their accurate recording on the medication administration record sheets (MARs).

Where a patient is prescribed a ‘when required’ anxiolytic or antipsychotic medicine for the treatment of distressed reactions, the care plan should specify the circumstances under which the medicine is to be administered.

The prescriber should be requested to review diazepam rectal tubes, prescribed for one patient.

Evidence of professional advice should be in place for any crushing of medication.

The arrangements for the disposal of medicines must be reviewed.

The medicine records had been constructed and completed in a largely satisfactory manner. Two designated staff members should sign entries in the disposal of medicines record and handwritten entries on the MARs.

The storage arrangements for medicines were satisfactory.

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

The inspector would like to thank the registered nurse for her assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 28 July 2011:

No requirements or recommendations were made at the previous medicines management inspection.

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 the majority of the audits which were performed on a range of randomly selected medicines indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. However, two audits on alendronic acid and one audit on levothyroxine 25mcg tablets produced unsatisfactory outcomes. The administrations of these three medicines need to be closely monitored. In particular, the management of bisphosphonates (e.g. alendronic acid, risedronate) must be closely monitored in order to ensure compliance with the prescriber's instructions. A requirement is stated. The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for two patients. Neither patient's care plan detailed the circumstances under which the medicine should be administered. Where a patient is prescribed a 'when required' anxiolytic or antipsychotic medicine for the treatment of distressed reactions, the care plan should specify the circumstances under which the medicine is to be administered. A recommendation is stated. For each patient, the parameters for administration were recorded on the personal medication record and records of administration had been maintained on the MARs. The reasons for administration and outcomes had generally been recorded in the daily progress notes. Audits on warfarin produced satisfactory outcomes. Dosage directions are received in writing and daily stock balance checks are maintained. One patient has a tablet crushed in order to facilitate its administration. There was no recorded evidence that professional advice had been sought regarding this arrangement. A recommendation is stated.	Substantially compliant

Diazepam rectal tubes were in stock for one patient. This medicine was not recorded on the patient's personal medication record sheet. The registered nurse stated that it has never been administered. The prescriber should be requested to review it. A recommendation is stated. There was an individualised care plan in place for one patient who is prescribed buccal midazolam.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The policies and procedures detailing the arrangements for the management of medicines were not examined during the inspection.	Not examined
Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered nurse stated that staff who manage medicines are trained and competent. She described the arrangements for staff medicines management training and competency assessments and confirmed that records of these activities are held by the registered manager. Because the registered manager was not on duty, the training and competency assessment records could not be accessed for inspection.	Not examined
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered nurse stated that medicines management competency assessments are completed at the end of the induction process and are updated, initially after three months and annually thereafter.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered nurse advised that 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:	
The registered nurse stated that discontinued or expired medicines are returned to the community pharmacist, who possesses a certificate of registration under The Waste & Contaminated Land (NI) Order 1997. Only one registered nurse is involved in the disposal of medicines. Controlled drugs are not denatured on the premises prior to their disposal. Pharmaceutical clinical waste disposal bins are not used. The arrangements for the disposal of medicines must be reviewed to ensure that two registered nurses dispose of all medicines and record this action, controlled drugs are denatured on the premises and pharmaceutical clinical waste bins are used. A requirement is stated. Guidance on the disposal of pharmaceutical waste is available on the RQIA website.	Moving towards compliance
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:	
The registered manager stated that regular audits are performed on randomly selected medicines each month, using the dates of opening of the medicine containers as the base levels for this activity. Dates and times of opening are recorded on the containers to facilitate the audit activity. This is good practice.	Compliant

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

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 majority of medicine records had been constructed and completed in a satisfactory manner. However, some improvements are required, as detailed in 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:	
The medicine records had been constructed and completed in a largely satisfactory manner. Entries in the disposal of medicines record are only signed by one registered nurse. Two designated staff members should sign all entries in the disposal of medicines record (also see Criterion 37.6) Handwriten entries on the MARs were generally not signed by two registered nurses. A recommendation is stated. Bisphosphonates are recorded as having been administered at 08:00 hours, during the morning medicine round. The registered nurse stated that these medicines are administered one hour before breakfast and in advance of the morning medicine round. The times of administration of bisphosphonates must be accurately recorded on the MARs (also see Criterion 37.1).	Substantially compliant

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:	
There have been no Schedule 2 controlled drugs since the previous inspection. The controlled drugs record had been used for recording the management of temazepam and diazepam preparations. It was observed to have been maintained in the required manner. Medicine quantities matched the stock balances recorded in the controlled drugs record book. One patient had been prescribed the Schedule 3 controlled drug buprenorphine patches. This medicine had been discontinued on 11 July 2014. It was not recorded in the controlled drug record book. The registered nurse stated that this is the only patient who has been prescribed buprenorphine patches. As a matter of best practice, buprenorphine patches should be recorded in the controlled drug record book. This was discussed with the registered nurse.	Not applicable

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 trolley and medicine cupboards. The temperature range of the medicine refrigerator and the temperature of the medicine storage room are monitored and recorded each day. Temperatures had been maintained within the recommended ranges. The need to store Daktacort cream in the medicine refrigerator was discussed with the registered nurse.	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 nurse.	Compliant

STANDARD 39 - MEDICINES 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:	
There were no Schedule 2 controlled drugs. The stocks of temazepam and diazepam preparations are reconciled each day by two registered nurses. Records of these stock balance checks were inspected and found to be satisfactory.	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 Kayleigh Gowing (Registered Nurse),** 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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CAIRNGROVE
4 September 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 Kayleigh Gowing (Registered Nurse)**, 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 closely monitor the management of bisphosphonates in order to ensure compliance with the prescriber's instructions and their accurate recording on the medication administration record sheets. **Ref: Criteria 37.1 and 38.2**	One	Bisphosphonates are audited regularly and administered as per perscribers instructions. MAR sheets now include these instructions.	4 October 2014
2	13(4)	The registered person must review the arrangements for the disposal of medicines, as detailed in Criterion 37.6. **Ref: Criterion 37.6**	One	Denaturing kits and pharmaceutical clinical waste bins have been received from community pharmacist.	4 October 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	Whenever a patient is prescribed a 'when required' anxiolytic or antipsychotic medicine for the treatment of distressed reactions, the care plan should specify the circumstances under which the medicine is to be administered. **Ref: Criterion 37.1**	One	Care plans have been developed as per reccommendation.	4 October 2014
2	37	Evidence of professional advice should be in place for any crushing of medication. **Ref: Criterion 37.1**	One	Professional advice was received on hospital discharge form. Copy available upon request.	4 October 2014
3	37	The prescriber should be requested to review diazepam rectal tubes, prescribed for one patient. **Ref: Criterion 37.1**	One	Reviewed by GP and discontinued on the 9th September 2014.	4 October 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	Two designated staff members should sign handwriten entries on the medication administration record sheets. **Ref: Criterion 38.2**	One	Two staff members sign hand written entries.	4 October 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	Lisa Austin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Charles Digney

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	12/09/14
B.	Further information requested from provider		X	Paul W. Nixon	12/09/14