# NURSING HOME
# MEDICINES MANAGEMENT INSPECTION REPORT

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| **Inspection No:** | **IN020033** |
| **Establishment ID No:** | **1471** |
| **Name of Establishment:** | **Hockley Private Nursing Home** |
| **Date of Inspection:** | **2 July 2014** |
| **Inspectors' Names:** | **Helen Daly**<br>**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

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|---|---|
| **Name of home:** | Hockley Private Nursing Home |
| **Type of home:** | Nursing |
| **Address:** | 11 Drumilly Road<br>Armagh<br>BT61 8RG |
| **Telephone number:** | (028) 3887 0365 |
| **E mail address:** | hockleylodge@btconnect.com |
| **Registered Organisation/ Registered Provider:** | Elim Trust Corporation<br>Pastor Edwin Michael |
| **Registered Manager:** | Mrs Marion Gertrude Wilson |
| **Person in charge of the home at the time of Inspection:** | Mrs Marion Gertrude Wilson |
| **Categories of care:** | NH-I, RC-I |
| **Number of registered places:** | 60 |
| **Number of patients accommodated on day of inspection:** | 48 (45 nursing and three residential) |
| **Date and time of current medicines management inspection:** | 2 July 2014<br>10:00 – 14:25 |
| **Name of inspectors:** | Helen Daly<br>Paul Nixon |
| **Date and type of previous medicines management inspection:** | 23 May 2011<br>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 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 Marion Wilson, Registered Manager, and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

## HOW RQIA EVALUATES SERVICES

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

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

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

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

An outcome level was identified to describe the service's performance against each criterion that the 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

Hockley Private Nursing Home provides care for a maximum of 60 patients, 28 in The Lodge Wing and 32 in The Mews Wing.

The home is situated in its own landscaped grounds, and is located five miles from Armagh city. The Lodge Wing comprises 16 single bedrooms, six double bedrooms, two sitting rooms, a foyer area to the entrance of the home, a dining room, toilet and washing facilities, staff accommodation and offices.

The Mews Wing comprises 30 single and one double bedroom, two sitting rooms, one dining room, toilet/washing facilities, staff accommodation and offices.

The kitchen and laundry facilities are shared between The Lodge and The Mews Wings.

There are car parking facilities at the front and side of the home.

There is an enclosed garden area in the grounds of the home where patients can relax in secure, tranquil surroundings.

## 4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Hockley Private Nursing Home was undertaken by Helen Daly and Paul Nixon, RQIA Pharmacist Inspectors, on 2 July 2014 between 10:00 and 14:25. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

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

During the course of the inspection, the inspectors met with the registered manager of the home, Mrs Marion Wilson, and the 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 Hockley Private Nursing Home are substantially compliant with legislative requirements and best practice guidelines. However, the management of medication related changes are a significant area of concern.

At the previous medicines management inspection Hockley Private Nursing Home had two separate registrations (Hockley Lodge and Hockley Mews) and hence a separate report and quality improvement plan (QIP) were issued for each of the registered premises. A variation

was completed and the two registrations have now been combined to create Hockley Private Nursing Home. One report and QIP will therefore be issued on this occasion.

The three requirements which were made for Hockley Lodge at the previous medicines management inspection on 23 May 2011 were examined. One requirement is assessed as compliant and one as substantially compliant. The third requirement is assessed as moving towards compliance and has therefore been restated.

The three requirements and two recommendations which were made for Hockley Mews at the previous medicines management inspection on 23 May 2011 were also examined. Two of the requirements are assessed as compliant; the third requirement could not be examined at this inspection and is carried forward to the next inspection. One of the recommendations is compliant and the second recommendation is moving towards compliance. In order to ensure medicines are disposed of at expiry and to facilitate a clear audit trail a revised requirement for recording dates of opening has been made.

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

Satisfactory arrangements were observed to be in place for most areas of the management of medicines. Areas of good practice were acknowledged. However, the registered manager must carry out a risk assessment on the management of dosage changes. The management of dosage changes, records of disposal and dates of opening should be included in the audit process.

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.

There is a programme of training for medicines management.

A range of audits was performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Some audits could not be completed as dates of opening had not been recorded. In order to facilitate a clear audit trail and disposal at expiry the date of opening must be recorded on all medicine containers.

Medicines records had been maintained in a mostly satisfactory manner. However, the records for the disposal of discontinued medicines must be maintained for each individual dose in order to provide evidence that the medicine has not been administered.

Medicine storage areas were observed to be tidy and organised. The registered manager must ensure that the ambient temperature of the treatment rooms is monitored and recorded each day. Temperatures must be maintained at or below 25$^{o}$C. Oxygen cylinders must be stored securely.

The management of warfarin must be reviewed and revised to ensure that there is a clear audit trail for administration.

The inspection attracted five requirements and three recommendations which are detailed in the Quality Improvement Plan.

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

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

**Issues arising during previous medicines management inspection of Hockley Lodge on 23 May 2011:**

| NO. | REGULATION REF. | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTORS' VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | 13(4) | An up to date and complete personal medication record must be in place for each patient.<br><br>**Stated once** | An up to date personal medication record was observed to be in place for each patient. | **Compliant** |
| 2 | 13(4) | A complete record for the administration of thickening agents by care staff must be maintained.<br><br>**Stated once** | Care staff record the administration of thickening agents on separate sheets. These are reviewed at the end of each shift by the registered nurses.<br><br>It was agreed that the required consistency level would be recorded on these records. | **Substantially compliant** |
| 3 | 13(4) | The date of opening must be recorded on the container for all limited shelf-life medicines and medicinal products, including cefalexin suspension, ProCal liquid and glucose control solutions.<br><br>**Stated once** | The date of opening had not been recorded on a number of containers including the limited shelf life medicines ProCal and insulin.<br><br>The date of opening had been recorded on liquid form antibiotics and glucose control solution.<br><br>**This requirement is restated.** | **Moving towards compliance** |

**Issues arising during previous medicines management inspection of Hockley Mews on 23 May 2011:**

| NO. | REGULATION REF. | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | 13(4) | The registered manager must investigate the omission of risedronate to one patient and ensure that appropriate systems are in place to avoid any future omissions.<br><br>**Stated once** | A copy of the investigation was forwarded to RQIA.<br><br>Records for the administration of bisphosphonate medicines at this inspection indicated that these medicines are being administered as prescribed. | **Compliant** |
| 2 | 13(4) | An up to date and complete personal medication record must be in place for each patient.<br><br>**Stated once** | An up to date personal medication record was observed to be in place for each patient. | **Compliant** |
| 3 | 13(4) | The registered manager must ensure that the appropriate records and risk assessments are in place when patients self-administer any medication.<br><br>**Stated once** | The registered manager advised that current patients do not self-administer any medicines.<br><br>**This requirement is carried forward to the next inspection.** | **Not examined** |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | 13(4) | Staff should maintain a permanent record of the dates and times of opening.<br><br>**Stated once** | Omissions were observed in the home's system for recording permanent dates of opening. The date of opening had not been recorded on a number of medicine containers including warfarin tablets which meant that audits could not be completed.<br><br>**The requirement regarding recording dates of opening which is restated for Hockley Lodge is also applicable to the Hockley Mews wing** | **Moving towards compliance** |
| 2 | 13(4) | Staff should identify the action taken to address the occasions when the temperature of the medicines refrigerator falls outside the recommended temperature range.<br><br>**Stated once** | Satisfactory recordings were observed for the refrigerator temperatures. | **Compliant** |

**SECTION 6.0**

| STANDARD 37 - MANAGEMENT OF MEDICINES<br>Medicines are handled safely and securely. | |
|---|---|
| **Criterion Assessed:**<br>37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Satisfactory arrangements were observed to be in place for most areas of the management of medicines. A number of areas of good practice were highlighted during the inspection e.g. the standard of maintenance of the personal medication records (PMRs) and medication administration records (MARs), the monitoring systems for delegated tasks and staff knowledge of medication regimens.<br><br>The majority of medicines are now supplied in 'pods' which contain several tablets or capsules. Currently when a dosage change is made staff are required to select the correct medicine, remove it from the pod and dispose of it at each medicine round. For some patients there was a reminder sticker on the tray and on the medication administration records (MARs). Records of each disposal had not been maintained for a number of medicines. A number of audit discrepancies were identified during the audit trails which were carried out on medicines where there had been a change in dose. These discrepancies were discussed with the registered manager and registered nurses on duty. They included mirtazapine 30mg tablets and furosemide 20mg tablets. It is the inspectors' professional opinion that at each administration there is a risk that the discontinued medication is not removed or the wrong medication is removed. A risk assessment must be undertaken to ensure all tablets or capsules supplied in the monitored dosage system used in the home can be positively identified and that robust systems are in place for the management of dosage changes. The registered manager must maintain a copy of the risk assessment which details any action identified and taken. A requirement has been made.<br><br>In addition to the audits which were performed on the medicines which are contained in the monitored dosage system, a range of audits were performed on randomly selected medicines which were supplied in their original containers. The outcomes of the majority of these audits indicated that satisfactory correlations existed between | **Substantially compliant** |

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|---|---|
| the prescribers' instructions, patterns of administration and stock balances of the medicines. However, discrepancies were observed in the administration of ramipril 2.5mg capsules, furosemide 40mg tablets, furosemide 20mg tablets, lidocaine patches, paracetamol 500mg tablets and warfarin 1mg tablets. These audit findings were discussed with the registered manager and staff on duty who agreed to closely monitor the administration of all medicines.<br><br>A significant audit discrepancy was observed in the audit which was performed for memantine 1mg/ml liquid. The registered manager contacted RQIA on 3 July 2014 advising that during her investigation into this discrepancy it was identified that there had been a spillage which had not been recorded. A new supply was ordered to ensure that it did not run out of stock. No further action is required at this time.<br><br>The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home. This was evidenced for one recently admitted patient.<br><br>The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home, checked against the home's order and photocopied before being forwarded to the pharmacy for dispensing.<br><br>The management of warfarin was reviewed for two patients in The Hockley Lodge wing. Dosage directions had been received in writing and records of administration had been maintained on the MARs and a separate administration recording sheet. The audits which were carried out indicated that warfarin had been administered as prescribed. The management of warfarin was reviewed for three patients in the Hockley Mews wing. Dosage directions had been received in writing and records of administration had been maintained on the MARs only. The audits which were carried out for two patients could not be completed as the date of opening had not been recorded. An audit discrepancy was observed for the third patient's warfarin. The registered manager should review and revise the management of warfarin to ensure that a clear audit trail is available e.g. a daily running stock balance should be maintained. A recommendation has been made.<br><br>The management of medicines for Parkinson's disease was reviewed for two patients in Hockley Mews and found to be satisfactory.<br><br>All medicines were available for administration as prescribed on the day of the inspection. | |

## STANDARD 38 – MEDICINE RECORDS

| **Criterion Assessed:**<br>37.2 The policy and procedures cover each of the activities concerned with the management of medicines. | **COMPLIANCE LEVEL** |
|---|---|
| **Inspection Findings:** | |
| Policies and procedures for the management of medicines are in place; they had been updated in November 2014.<br><br>Standard Operating Procedures (SOPs) for the management of controlled drugs had been updated in October 2013. Staff had signed to acknowledge that they had read and understood the SOPs. | **Compliant** |
| **Criterion Assessed:**<br>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 manager advised that all registered nurses who manage medicines in the home have been trained and deemed competent to do so. A sample of records of staff induction was provided for inspection. Competency assessments are completed after induction.<br><br>Update training is provided annually by way of a DVD. The registered manager advised that this training is now due for all registered nurses. Further update training has been requested from the community pharmacist.<br><br>The registered manager confirmed that care staff had been trained and deemed competent to manage external preparations and thickening agents. The most recent training on thickening agents had been provided in May 2014 and further update training is planned.<br><br>There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines. | **Substantially compliant** |

**STANDARD 38 – MEDICINE RECORDS**

| **Criterion Assessed:**<br>37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff. | **COMPLIANCE LEVEL** |
|---|---|
| **Inspection Findings:** | |
| The registered manager confirmed that there is annual staff appraisal and six monthly supervisions for all nursing staff. Records were made available for inspection. | **Compliant** |
| **Criterion Assessed:**<br>37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. | **Compliant** |
| **Criterion Assessed:**<br>37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Discontinued or expired medicines are returned to a waste management company. Staff confirmed that controlled drugs are denatured in the home prior to their disposal. The community pharmacist assists in the disposal of medicines. | **Compliant** |

**STANDARD 38 – MEDICINE RECORDS**

| **Criterion Assessed:**<br>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 management of medicines and audit trails are completed by the nursing sisters at approximately monthly intervals. Copies of these audits and resultant action plans were provided for inspection. The findings of this inspection indicate that the management of dosage changes, records of disposal and dates of opening should be included in the audit process. A recommendation has been made.<br><br>The home has two systems for recording dates of opening, one is on the container and the second is on separate sheets. However, omissions in both systems were observed. Dates of opening had not been recorded on several medicines including warfarin, insulin, ProCal and eye preparations. The date of opening must be recorded for all medicines in order to facilitate a clear audit trail and disposal at expiry. The requirement which was made at the previous inspection is restated. | **Moving towards compliance** |

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

**STANDARD 38 – MEDICINE RECORDS**

| **STANDARD 38 - MEDICINE RECORDS**<br>**Medicine records comply with legislative requirements and current best practice.** | |
|---|---|
| **Criterion Assessed:**<br>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. The registered manager and staff are commended for their efforts. However, in order to evidence that discontinued medicines have been removed from the medicine pods on all occasions a record of each individual disposal must be maintained. A requirement has been made. | **Substantially Compliant** |
| **Criterion Assessed:**<br>38.2 The following records are maintained:<br>• Personal medication record<br>• Medicines administered<br>• Medicines requested and received<br>• Medicines transferred out of the home<br>• Medicines disposed of. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| The personal medication records (PMRs) had been maintained in a satisfactory manner. Two registered nurses routinely verify and sign these records at the time of writing and at each update.<br><br>The majority of the medication administration records (MARs) had been maintained in a satisfactory manner. It is the expected practice that two registered nurses verify and sign all hand-written updates on the MARs and this had been done for the majority of hand-written entries.<br><br>The records for medicines received into the home which were examined at this inspection were found to be satisfactory. | **Substantially compliant** |

**STANDARD 38 – MEDICINE RECORDS**

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|---|---|
| It was noted that the disposal of each medicine dose had not been recorded for a number of discontinued medicines and hence there is no evidence that the discontinued medicine had been removed and discarded. As stated in Criterion 38.1, in order to evidence that discontinued medicines are being removed from the medicine pod registered nurses must record the disposal of each medicine.<br><br>Records for the administration of thickening agents and external medicines by care staff were found to be maintained in a mostly satisfactory manner. These records are checked by the registered nurses at the end of each shift. This practice is commended. It was agreed that the required consistency level would be recorded on the administration records which are maintained by care staff; no further action is required at this time. | |
| **Criterion Assessed:**<br>38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Observation of the controlled drug record books indicated that they had been maintained in a satisfactory 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<br>Medicines are safely and securely stored. | |
|---|---|
| **Criterion Assessed:**<br>39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| The treatment rooms were observed to be tidy and organised.<br><br>Satisfactory recordings were observed for the temperatures of the medicine refrigerators in both wings. However, the consistent recordings for the maximum and minimum temperatures of the refrigerator in the Hockley Lodge treatment room for several days in May 2014 suggest that the thermometer had not been reset each day and this finding was discussed. The registered nurses were reminded that Glucogel and Dextrogel should be stored at room temperature.<br><br>The ambient temperature of the treatment rooms is not recorded. It is recommended that the ambient temperature of the treatment rooms is monitored and recorded each day to ensure that they do not exceed 25 $^{o}$C.<br><br>The oxygen cylinders in the Hockley Lodge wing were not securely chained to a wall. In the interests of staff and patient safety oxygen cylinders must be securely chained to a wall. A requirement has been made.<br><br>There is evidence that control checks are performed on blood glucose meters when in use.<br><br>The date of opening had not been recorded on a number of medicine containers including limited shelf life medicines i.e. eye preparations, ProCal, insulin. Where the date of opening had been recorded on some eye preparations the expiry date had been exceeded. The registered nurses were reminded that eye preparations must be removed from use once their expiry date is reached. | **Substantially compliant** |

## STANDARD 39 – MEDICINES STORAGE

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

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

## 7.0 OTHER AREAS EXAMINED

Management of distressed reactions

A number of patients are prescribed anxiolytic medicines for the management of distressed reactions. The records for two patients were examined. Detailed care plans were in place for each patient and the parameters for administration were recorded on the PMRs. There had been no recent administrations for one patient and two recent administrations for the second patient. Records of these administrations had been maintained on the MARs. The reason for only one of the administrations had been recorded in the daily notes. The registered nurses were reminded that the reason for administration and the outcome should been recorded in the daily notes on all occasions.

## 8.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Marion Wilson (Registered Manager)**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

**Helen Daly**
**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

## HOCKLEY PRIVATE NURSING HOME
## 2 JULY 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 **Mrs Marion Wilson, 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.

**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 date of opening must be recorded on the container for all limited shelf-life medicines and medicinal products, including cefalexin suspension, ProCal liquid and glucose control solutions.<br><br>**Ref: Section 5.0, Criteria 37.1, 37.7, 39.1** | Two | An audit shows that dates of opening are being recorded on containers. | 1 August 2014 |
| 2 | 13(4) | The registered manager must ensure that the appropriate records and risk assessments are in place when patients self-administer any medication.<br><br>**Ref: Carried forward from Section 5.0** | One | Current patients do not self-administer any medicines. | Ongoing |
| 3 | 13(4) | A risk assessment must be undertaken to ensure all tablets or capsules supplied in the monitored dosage system used in the home can be positively identified and that robust systems are in place for the management of dosage changes.<br><br>**Ref: Criterion 37.1** | One | Advice was received from the Pharmacy that supplies the monitored dose system. A Standard Operating Procedure regarding the processing of mid-cycle changes to medication has been provided. | 1 August 2014 |

| NO. | REGULATION REFERENCE | REQUIREMENT | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|---|---|---|---|---|---|
| 4 | 13(4) | In order to evidence that discontinued medicines have been removed from the medicine pods on all occasions a record of each individual disposal must be maintained.<br><br>**Ref: Criteria 37.1, 38.1 and 38.2** | One | A record is made each time a medicine is removed from a pod. | 1 August 2014 |
| 5 | 13(4) | Oxygen cylinders must be stored securely.<br><br>**Ref: Criterion 39.1** | One | The cylinders have been secured. | 1 August 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 manager should review and revise the management of warfarin to ensure that a clear audit trail is available.<br><br>**Ref: Criterion 37.1** | One | A Warfarin Administration Record that includes a daily running stock balance is in place. | 1 August 2014 |
| 2 | 37 | The management of dosage changes, records of disposal and dates of opening should be included in the audit process.<br><br>**Ref: Criterion 37.7** | One | These are now included in the audit process. | 1 August 2014 |
| 3 | 39 | The ambient temperature of the treatment rooms should be monitored and recorded each day to ensure they do not exceed 25 $^{o}$C.<br><br>**Ref: Criterion 39.1** | One | The temperature of the treatment rooms is recorded on a daily basis. To date the temperature has not exceeded 25 degrees C. | 1 August 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:**

| | |
|---|---|
| **NAME OF REGISTERED MANAGER COMPLETING QIP** | Marion Wilson |
| **NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP** | Edwin Michael & Elaine Hill |

| **QIP Position Based on Comments from Registered Persons** | | | | **Inspector** | **Date** |
|---|---|---|---|---|---|
| | | **Yes** | **No** | | |
| A. | Quality Improvement Plan response assessed by inspector as acceptable | Yes | | Helen Daly | 22 August 2014 |
| B. | Further information requested from provider | | | | |