



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018464
Establishment ID No: 1482
Name of Establishment: Copperfields
Date of Inspection: 5 February 2015
Inspector's Name: Helen Daly

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Copperfields
Type of home:	Nursing
Address:	1-3 Moore Street Aughnacloy BT69 6AX
Telephone number:	028 8555 7922
E mail address:	copperfieldsprivatenurseinghome@outlook.com
Registered Organisation/ Registered Provider:	Edwards Enterprises N.I. Ltd Mr William Henry Hume Edwards
Registered Manager:	Mrs Cherith McKeown
Person in charge of the home at the time of Inspection:	Mrs Cherith McKeown
Categories of care:	NH-LD, NH-LD(E), NH-DE, NH-I, RC-I,
Number of registered places:	32
Number of patients accommodated on day of inspection:	29
Date and time of current medicines management inspection:	5 February 2015 10:15 – 12:45
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	3 November 2011 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 Cherith McKeown, Registered Manager

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

Copperfields is located in Aughnacloy and comprises 22 single bedrooms and five double bedrooms, three sitting rooms, two dining rooms, a kitchen, a laundry, toilet and washing facilities, staff accommodation and offices.

The home is a two-storey building with access to the first floor via a lift and stairs. There are well-maintained gardens and grounds.

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

The registered manager has been in her current position since 2003.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Copperfields was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 5 February 2015 between 10:15 and 12:45.

This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The 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, Mrs Cherith McKeown. 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 Copperfields are substantially compliant with legislative requirements and best practice guidelines. The outcomes of the medicines management inspection found no significant areas of concern.

The two requirements and the recommendation which were made at the previous medicines management inspection on 3 November 2011 were examined during the inspection. The requirements and the recommendation were assessed as compliant. The inspector's validation of compliance is detailed in Section 5.0.

Several audits were 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. One audit discrepancy in the administration of trimethoprim 200mg tablets was observed. The registered manager advised that this would be discussed with the registered nurses and that the administration of this medicine would be closely monitored.

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 and competency assessment for medicines management.

Medicines records had been maintained in a satisfactory manner.

Storage of medicines was observed to be tidy, organised and secure.

The inspection attracted no requirements or recommendations and therefore a quality improvement plan has not been appended on this occasion.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 3 November 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must ensure that the quantity of medicines received into the home is accurately recorded on all occasions.</p> <p>Stated once</p>	<p>The records which were reviewed at this inspection were found to be accurate.</p>	<p>Compliant</p>
2	13(4)	<p>The registered manager must ensure that current medication regimens are accurately confirmed with a health or social care professional for all new admissions to the home.</p> <p>Stated once</p>	<p>The registered manager advised that this practice is observed. This was evidenced for one recently admitted patient during the inspection.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>The registered manager should closely monitor the administration of paracetamol tablets and lactulose.</p> <p>Stated once</p>	<p>The administration of these medicines is included in the home's monthly audits.</p> <p>The audits which were carried out on these medicines at the inspection produced satisfactory outcomes.</p>	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:

Satisfactory arrangements were observed to be in place for the management of medicines. The registered manager and staff are commended for their ongoing efforts.

Several audits were 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. One audit discrepancy in the administration of trimethoprim 200mg tablets was observed. The registered manager advised that this would be discussed with the registered nurses and that the administration of this medicine would be closely monitored. No further action is required.

The registered manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home; this was evidenced for one patient during the inspection.

The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home and checked against the home's order before being forwarded to the community pharmacy for dispensing.

The management of enteral feeding, thickening agents, warfarin and insulin was examined and found to be satisfactory.

Medicines for Parkinson's Disease and medicines to be administered when required for the management of distressed reactions are not currently in use.

Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place; they had been updated in July 2014.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager advised that update training on the management of medicines is provided for all registered nurses annually by the community pharmacist. The training needs of the staff are discussed with the community pharmacist each year and hence training tailored to the identified needs is provided.</p> <p>Competency assessments are completed with the registered nurses in June each year.</p> <p>Records of the annual training and competency assessments were not examined at this inspection.</p> <p>The registered manager advised that update training on epilepsy awareness, diabetes awareness and syringe drivers is to be arranged for the registered nurses within the coming year.</p> <p>The registered manager confirmed that care staff are trained and have been deemed competent to administer thickening agents. This training is provided as part of care staff induction.</p> <p>A list of the names, signatures and initials of registered nurses authorised to administer medicines was observed. A similar list is also in place for care staff who have been trained and deemed competent to administer external medicines and thickening agents.</p>	<p>Substantially compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there is annual staff appraisal in January and February each year. Supervisions are carried out every six months. Supervisions on the management of medicines are planned for June 2015.</p>	Substantially compliant
<p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>There have been no medication errors.</p>	Compliant
<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that discontinued or expired medicines are returned to a waste management company and that controlled drugs are denatured in the home prior to their disposal.</p> <p>The community pharmacist acts as a witness for the disposal of medicines and denaturing of controlled drugs. Entries in the disposal book were observed to have been signed by the registered manager and community pharmacist.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>Audit trails are performed on a random selection of medicines by one of the registered nurses at approximately monthly intervals. A review of these audits indicated that satisfactory outcomes had been achieved.</p> <p>The registered manager also audits the management of medicines at least monthly.</p> <p>Dates and times of opening had been recorded on most of the medicines which were selected for audit at this inspection.</p>	Compliant

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL Substantially compliant</p>
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STANDARD 38 – MEDICINE RECORDS

STANDARD 38 - MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed:	COMPLIANCE LEVEL
38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	
Inspection Findings:	
Medicine records had been constructed and completed in such a manner as to ensure that there is a clear audit trail.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	
Inspection Findings:	
<p>The personal medication records reviewed at this inspection had been maintained in a satisfactory manner. Two registered nurses verify and sign the personal medication records at the time of writing and at each update. This is good practice.</p> <p>The records of medicines administered, medicines requested and received, medicines transferred out of the home and medicines disposed of which were reviewed had been well maintained.</p> <p>Care staff are responsible for the administration of emollient preparations and thickening agents. Records are maintained on separate recording sheets. The standard of maintenance of these records is monitored by the registered nurses.</p>	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:	
Schedule 2 controlled drugs are not currently prescribed for any patients. The registered manager advised that the controlled drug record book is brought into use when necessary.	Not examined

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Storage was observed to be tidy and organised.</p> <p>The maximum and minimum refrigerator temperatures are monitored and recorded each day. Satisfactory recordings were observed indicating that the temperature is being maintained between 2^oC and 8^oC.</p> <p>The room temperature of the treatment room is monitored and recorded each day; the temperature is maintained below 25^oC.</p> <p>Three oxygen cylinders were available in the home on the day of the inspection. They were stored securely and signage was in place.</p> <p>One insulin pen was available on the medicine trolley. It was labelled and had been marked with the date of opening.</p>	<p align="center">Compliant</p>

STANDARD 39 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The key of the controlled drug cabinet was observed to be held by the nurse-in-charge.</p> <p>Keys to all other medicine cupboards, trolleys and the treatment room were held by both registered nurses on duty.</p> <p>The registered manager has a spare set of keys.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs are not currently prescribed.</p> <p>Schedule 3 controlled drugs and Schedule 4 controlled drugs are reconciled at each handover of responsibility, either twice or three times daily.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

7.0 QUALITY IMPROVEMENT PLAN

As no requirements or recommendations were made following this inspection a Quality Improvement Plan has not been appended on this occasion. The registered manager/provider is asked to complete and return a copy of the comments page at the end of the report for our records by **17 March 2015**.

Enquiries relating to this report should be addressed to:

Helen Daly
Pharmacist Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
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Authority

No requirements or recommendations resulted from the **unannounced medicines management** inspection of **Copperfields** which was undertaken on **5 February 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

Registered Manager has discussed with the registered nurses the discrepancy in the administration of Trimethoprim 200mg tablets and will closely monitorer this medication.

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs C McKeown
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr H Edwards

Approved by:	Date
Mrs C McKeown & Mr H Edwards	03/03/15
Helen Daly	03/03/2015