NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN18405**
Establishment ID No:	**1484**
Name of Establishment:	**Dunlarg Care Home**
Date of Inspection:	**16 September 2014**
Inspectors' Names:	**Frances Gault and 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:	Dunlarg Care Home
Type of home:	Nursing Home
Address:	224 Keady Road Armagh BT60 3EW
Telephone number:	(028) 3753 0858
E mail address:	dunlarg@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (Bamford) Ltd Mr James McCall
Registered Manager:	Ms Patricia Graham
Person in charge of the home at the time of Inspection:	Ms Leena Mary Correa (Deputy Manager)
Categories of care:	NH-I,NH-DE,NH-PH/PH(E),NH-LD, RC-I, RC-MP(E)
Number of registered places:	58
Number of patients accommodated on day of inspection:	55
Date and time of current medicines management inspection:	16 September 2014 10:00 – 14:45
Names of inspectors:	Frances Gault Paul Nixon
Date and type of previous medicines management inspection:	This is the first medicines management inspection since the home's re-registration on 31 October 2011

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 deputy manager, Ms Leena Mary Correa and the registered nurses on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

Dunlarg Care Home is a purpose built single storey home in close walking distance to the town centre of Keady in County Armagh.

The home can accommodate a maximum of 50 patients and eight residents in the Nursing NH-I, NH-DE, NH-PH, NH-PH(E), NH-LD, and Residential RC (I) and RC-MP(E) categories of care.

The home was re-registered on 31 October 2011. The new provider is Four Seasons Health Care.

There are 58 single bedrooms, three large lounges and three dining rooms available. Bath / shower rooms and toilets are accessible to all communal and bedroom areas throughout the home.

There are adequate car parking facilities at the front of the home.

The grounds around the home are landscaped and central court yards are provided for patients and residents to relax in secure areas.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Dunlarg Care Home was undertaken by Frances Gault, RQIA Senior Pharmacy Inspector and Paul Nixon, RQIA Pharmacist Inspector, on 16 September 2014 between 10:00 and 14:45 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 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 deputy manager of the home, Ms Leena Mary Correa and the registered nurses on duty. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Dunlarg Care Home 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.

Since the home was re-registered, RQIA has monitored the management of medicines 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 members of staff are commended for their efforts. These include the arrangements for staff medicines management training and competency assessments, the routine recording of the dates and times of opening on medicine containers to facilitate audit activity, the additional monitoring arrangements for diazepam and tramadol preparations and the supplementary records in place for the recording of warfarin and transdermal opioid patches.

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 incident where Clexane injection had not been administered to a patient for four days must be investigated and a written response submitted to RQIA.

The recording system for all patients who are prescribed 'when required' medicines for the treatment of distressed reactions should be reviewed.

There should be evidence of professional advice for any unlicensed use of medicines.

The personal medication record sheets (PMRs) must be accurately maintained. The disposals of all medicines must be recorded. Handwritten entries on the medication administration record sheets (MARs) should be signed by two designated staff members.

Medicines were stored safely and securely, in accordance with legislative requirements and the manufacturers' instructions. Insulin stocks should be appropriately managed.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

This was the first medicines management inspection since the home's re-registration on 31 October 2011.

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. These audits indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Clexane injection, prescribed for one patient, had not been administered for four days, with a new supply not having been requested by the registered nurses. Before the inspectors left the home, one of the registered nurses confirmed that the medicine would be available for administration to the patient that evening. The registered person must ensure that this incident is investigated and a written response submitted to RQIA. A requirement is stated. The registered nurses 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 two recently admitted patients. The process for obtaining prescriptions was reviewed. The registered nurses 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. One patient has medication crushed in order to facilitate its administration via the enteral route. There was no evidence of professional advice to cover this arrangement. There should be evidence of professional advice for any unlicensed use of medicines. A recommendation is stated.	Substantially compliant

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for four patients. For each patient, the parameters for administration were recorded on the PMRs and records of administration had been maintained on the MARs. The care plans needed to be developed to identify more specifically the triggers and actions to minimise distressed reactions. The reasons for administration and outcomes had often not been recorded in the daily progress notes. The registered person should ensure that the recording system in place for all patients who are prescribed 'when required' medicines for the treatment of distressed reactions is reviewed. A recommendation 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 deputy manager confirmed that staff who manage medicines are trained and competent. 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; these are updated annually. A sample of the staff competency assessments was examined and was observed to have been appropriately completed.	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 returned to two community pharmacies, both of which possess a certificate of registration under The Waste & Contaminated Land (NI) Order 1997. The registered nurses stated that two nurses dispose of all medicines and that denaturing kits are used for controlled drugs	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 had been recorded on the containers in order to facilitate the audit activity.	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 observed to have mostly been constructed and completed in a manner that facilitates audit activity. However, some improvement is needed in the standard of maintenance of the PMRs and disposal of medicines record.	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. Several discrepancies were observed between the PMRs and MARs; these were drawn to the attention of the deputy manager and registered nurses. Discontinued medicine entries (e.g. antibiotic courses) had sometimes not been cancelled on the PMRs. The PMRs must be accurately maintained. A requirement is stated. The MARs examined were fully and accurately completed. It is not routine practice for two registered nurses to sign handwritten entries on the MARs. A recommendation is stated.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

The records of receipts of medicines contained the necessary information. Some medicines awaiting uplift by the pharmacist had not been documented in the disposal of medicines record. From discussion with the registered nurses, it was evident that not all medicines returned to the pharmacies for disposal are recorded. A full record must be maintained of the disposal of medicines. A requirement is stated.	
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 is monitored and recorded each day. Temperatures had generally been maintained within the recommended ranges. Two patients had excessive stocks of insulin. Also, nine boxes of insulin had been returned to the pharmacy for disposal on the previous day. Insulin stocks should be appropriately managed. A recommendation is stated. The need to chain overstock oxygen cylinders to the wall was discussed.	Substantially 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 and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. Stocks of the Schedule 3 controlled drug tramadol and the Schedule 4 (Part 1) controlled drug diazepam 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**
	Substantially 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 Leena Mary Correa (Deputy 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

DUNLARG CARE HOME
16 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 Leena May Correa (Deputy 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 ensure that the incident where Clexane injection had not been administered to a patient for four days is investigated and a written response submitted to RQIA. **Ref: Criterion 37.1**	One	Completed Letter forwarded to RQIA	16 October 2014
2	13(4)	The registered person must ensure that the personal medication record sheets are accurately maintained. **Ref: Criteria 38.1 and 38.2**	One	All medicine recording sheets have now been re-written and will be maintained accurately	16 October 2014
3	13(4)	The registered person must ensure that the disposals of all medicines are recorded. **Ref: Criteria 38.1 and 38.2**	One	All medicines for disposal recorded before returning to pharmacy	16 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	There should be evidence of professional advice for any unlicensed use of medicines. **Ref: Criterion 37.1**	One	Advice obtained following inspection and maintained on file.	16 October 2014
2	37	The registered person should ensure that the recording system for all patients who are prescribed 'when required' medicines for the treatment of distressed reactions is reviewed. **Ref: Criterion 37.1**	One	Nurses now completing reasons for administration of when required medications in progress notes and effects of same.	16 October 2014
3	38	Handwritten entries on the medication administration record sheets should be signed by two designated staff members. **Ref: Criterion 38.2**	One	All hand written entries now with 2 signatures	16 October 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	39	Insulin stocks should be appropriately managed. **Ref: Criterion 39.1**	One	Insulin stocks now manageaged appropriately and not over stocked	16 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	Leena Mary Correa
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall DIRECTOR OF OPERATIONS 24.10.14.

	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	27/10/14
B.	Further information requested from provider		X	Paul W. Nixon	27/10/14