



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018471

Establishment ID No: 1492

Name of Establishment: Nightingale Care Centre

Date of Inspection: 9 October 2014

Inspectors' Names: Helen Daly
Cathy Wilkinson

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Nightingale Care Centre
Type of home:	Nursing
Address:	34 Old Eglish Road Dungannon BT71 7PA
Telephone number:	028 8775 2666
E mail address:	nightingale@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (Bamford) Ltd Mr James McCall
Registered Manager:	Mrs Hazel Black
Person in charge of the home at the time of inspection:	Mrs Hazel Black
Categories of care:	NH-PH, RC-PH, NH-I, NH-MP, RC-I
Number of registered places:	48
Number of patients accommodated on day of inspection:	38
Date and time of current medicines management inspection:	9 October 2014 10:25 – 13:05
Name of inspectors:	Helen Daly Cathy Wilkinson
Date and type of previous medicines management inspection:	29 September 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 Hazel Black, 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 inspectors 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

Nightingale Care Centre is a purpose built single storey building located centrally to Dungannon. It comprises 44 single bedrooms and two double bedrooms, two sitting rooms, a foyer, two dining rooms, a kitchen, a laundry, toilet / washing facilities, staff accommodation and offices.

Suitable car parking facilities are available at the front of the premises and an enclosed landscaped area is to the rear.

The registered manager has been in the home for over three years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Nightingale Care Centre was undertaken by Helen Daly and Cathy Wilkinson, RQIA Pharmacist Inspectors, on 9 October 2014 between 10:25 and 13:05. 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 Hazel Black, 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 Nightingale Care Centre are substantially compliant with legislative requirements and best practice guidelines.

The five requirements which were made at the previous medicines management monitoring inspection on 29 September 2011 were examined. Four of the requirements were assessed as compliant. The remaining requirement is moving towards compliance and is therefore restated.

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.

The Four Seasons (Bamford) Ltd policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are

available in the home. The registered manager must ensure that temazepam tablets are stored in the controlled drugs cabinet.

There is a programme of training for medicines management.

A range of audits was performed on randomly selected medicines. The outcomes of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines.

Medicines records had been maintained in a satisfactory manner.

Storage was observed to be tidy and organised; however, the registered manager must ensure that the refrigerator thermometer is reset each day.

The inspection attracted two requirements 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 on 29 September 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	<p>The home manager must ensure that the following improvements in the standard of maintenance of the personal medication records are achieved:</p> <ul style="list-style-type: none"> • The dose of each medicine must be recorded in a clear and unambiguous manner • Medicines must be discontinued in a timely manner • Thickening agents must be accurately recorded <p>Stated once</p>	<p>The personal medication records which were reviewed at this inspection had been maintained in a satisfactory manner.</p> <p>The required improvements had been implemented.</p>	Compliant
2	13(4)	<p>Medication administration records must be accurately maintained</p> <p>Stated once</p>	<p>The sample of medication administration records which was reviewed at this inspection had been maintained in a satisfactory manner.</p>	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
3	13(4)	<p>The home manager must review the management of delegated tasks to ensure that:</p> <ul style="list-style-type: none"> • Accurate and complete records for the prescribing and administration of thickening agents and emollient preparations are maintained • Staff compliance is monitored regularly <p>Stated once</p>	<p>The records reviewed at this inspection had been maintained in a satisfactory manner.</p> <p>There was evidence that the registered manager reviews the standard of record keeping to monitor compliance.</p>	Compliant
4	13(4)	<p>Fluid intake charts must be accurately totalled each day and corrective action taken when necessary.</p> <p>Stated once</p>	<p>The fluid intake charts were observed to be totalled each day. The recommended fluid intake had been achieved.</p>	Compliant
5	13(4)	<p>The refrigerator thermometer must be reset each day.</p> <p>Any deviation from the required temperatures (+2°C to +8°C) must be reported to the home manager and appropriate corrective action taken.</p> <p>Stated once</p>	<p>A new refrigerator is now in use. The consistent nature of the daily recordings for the maximum and minimum temperatures indicates that the thermometer is not being reset each day.</p> <p>The temperatures recorded had been within the required range.</p> <p>This requirement is restated</p>	Moving towards compliance

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 most areas of the management of medicines

The outcomes 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.

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 patient who had been admitted to the home recently.

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 community pharmacy for dispensing.

The management of warfarin was reviewed for two patients and found to be satisfactory.

The management of thickening agents was reviewed for one patient. A speech and language assessment and care plan were in place. Records of prescribing, including the required consistency level, were maintained on the personal medication record. Administration is recorded in the meal charts; it was agreed that the required consistency level would also be recorded on these charts.

Substantially compliant

<p>The procedures in place for the administration of medicines and nutrition via the enteral route were examined for one patient and found to be satisfactory. A detailed regimen is in place and staff total the daily fluid intake charts to ensure that the required fluid intake is achieved.</p>	
<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are available in the home. These were not examined in detail.</p>	Compliant
<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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Update training on the management of medicines is provided annually for all nursing staff. Competency assessments are also completed annually. Records were available for inspection.</p> <p>Training on the management and administration of medicines via the enteral route is provided annually by representatives from the Trust and there is also an in-house training package.</p> <p>Care staff are trained on the administration of emollient preparations as part of their induction. Care staff attended training on the administration of thickening agents in May 2014.</p> <p>There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.</p>	Compliant

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 manager confirmed that there is annual staff appraisal and that nurses have regular supervision. Records were made available for inspection.	Compliant
Criterion Assessed: 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. Four medication related incidents had been reported since April 2014.	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 a waste management company. The registered manager confirmed that controlled drugs (in Schedule 2, 3 and 4 (part 1), which include temazepam, tramadol, diazepam, nitrazepam, zopiclone and zolpidem) are denatured and therefore rendered irretrievable prior to disposal.	Compliant

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: In addition to the running stock balances which are maintained for medicines which are not contained within the blister pack system, the deputy manager completes audit trails on the administration of medicines at approximately monthly intervals. The most recent audit had been completed in September 2014; mostly satisfactory outcomes were observed. The Four Seasons audit tool is also completed twice each year. The registered manager advised that she reviews the records which are maintained by care staff for the administration of thickening agents and external preparations at regular intervals. The community pharmacist completes quarterly audits. Action plans were available for inspection. Dates and times of opening had been recorded on the majority of containers examined at this inspection.	Substantially compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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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 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 (PMRs) and medication administration records (MARs) which were reviewed at this inspection had been maintained in a satisfactory manner.</p> <p>Care staff record the administration of emollient preparations on topical medication administration records (TMARs). As stated in Criterion 37.7 these records are reviewed by the registered manager.</p> <p>The records of medicines received into and transferred out of the home were observed to be maintained in a satisfactory manner.</p>	Compliant

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:	
Observation of the controlled drug record book indicated that records had been maintained in a satisfactory manner.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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:

Storage was observed to be tidy and organised.

Two controlled drugs cupboards are available in the home. However, a number of supplies of temazepam tablets were observed to be stored beside rather than inside the controlled drugs cabinet. The registered manager must ensure that temazepam tablets are stored inside the controlled drugs cabinet. A requirement has been made.

A new refrigerator is now available in the home. The maximum, minimum and current temperatures are monitored and recorded each day. Recordings within the accepted range (2 °C and 8 °C) were observed. However, the consistent nature of the recordings indicates that the thermometer is not being reset each day. Guidance on resetting the thermometer was provided during the inspection. The requirement which was made at the previous medicines management monitoring inspection is restated.

The temperature of the treatment room is monitored and recorded daily; satisfactory readings were observed.

Oxygen cylinders were securely chained to a wall and appropriate signage was in place.

Control checks are performed on the blood glucose meter at weekly intervals. The date of opening had been recorded on the control solution to facilitate disposal at expiry.

Substantially compliant

STANDARD 39 – MEDICINES STORAGE

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 key to the controlled drugs cabinet, all other medicine cupboards and the medicine trolley, 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.	Compliant
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:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.	Compliant
INSPECTORS' 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 one patient was examined. A care plan was in place and the parameters for administration were recorded on the personal medication record. Records of each administration had been maintained on the MARs. The reason for and outcome of each administration had also been recorded.

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 Hazel Black, 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



The Regulation and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

NIGHTINGALE CARE CENTRE

9 OCTOBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Hazel Black, Registered Manager**, during the inspection. The timescales for completion commence from the date of inspection.

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.

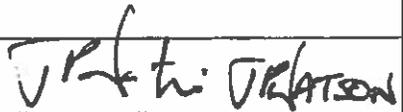
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY 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)	<p>The refrigerator thermometer must be reset each day.</p> <p>Any deviation from the required temperatures (+2°C to +8°C) must be reported to the home manager and appropriate corrective action taken.</p> <p>Ref: Section 5.0 and Criterion 39.1</p>	Two	All nurses have been retrained on how to reset the fridge and are recording the temperatures twice a day	10 November 2014
2	13(4)	<p>The registered manager must ensure that temazepam tablets are stored inside the controlled drugs cabinet.</p> <p>Ref: Criterion 39.1</p>	One	Temazepam is being stored inside the controlled drug cupboard.	10 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Hazel Black
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 6.11.14

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	6/11/14
B.	Further information requested from provider				