



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020764

Establishment ID No: 1494

Name of Establishment: Rathfriland Manor

Date of Inspection: 12 January 2015

Inspectors Names: Cathy Wilkinson and Frances Gault

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:	Rathfriland Manor
Type of home:	Nursing Home
Address:	Rosconnor Terrace Rathfriland Newry BT34 5DJ
Telephone number:	02840638383
E mail address:	rathfrilandmanor@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mr Eoghain King
Registered Manager:	Mrs Brenda McPolin
Person in charge of the home at the time of inspection:	Mrs Brenda McPolin
Categories of care:	RC-DE, NH-DE, NH-I
Number of registered places:	53
Number of patients accommodated on day of inspection:	51
Date and time of current medicines management inspection:	12 January 2014 10:35 – 13:35
Name of inspector:	Cathy Wilkinson and Frances Gault
Date and type of previous medicines management inspection:	29 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 Brenda McPolin, 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

Rathfriland Manor is situated in a residential area in close proximity to Rathfriland Town. The local community, shopping areas, and community services are located nearby.

A maximum of 53 beds are available in three designated units within the home.

Bright and spacious accommodation is provided. To aid identification for patients and residents, doors within the dementia units were painted in primary colours.

Designated communal sitting and dining rooms are provided in each unit.

Bedroom accommodation is provided in single rooms. Forty nine single bedrooms have en-suite shower facilities, and of the remaining four beds, two share an en-suite and two have access to a bath/shower close to their room. Each bedroom has been furnished with a profiling bed and a range of furniture providing storage including locked storage for patients' and residents' personal possessions.

A car park is available with an area identified for disabled users with a covered area available for emergency vehicles. An enclosed courtyard is provided for patients/residents.

The registration certificate was appropriately displayed in the entrance foyer of the home, and accurately reflected the categories of residents and patients accommodated.

Nursing Care

- I Old age not falling into any other category (29 beds)
- DE Dementia care (11 beds)

Residential Care

- DE Dementia care (13 beds)

Day Care

1 day care place is allocated over a seven day period in the general nursing unit, and in the nursing dementia unit; two day care places are allocated.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rathfriland Manor was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector and Frances Gault, Senior Pharmacist Inspector, on 12 January 2015 between 10:35 and 13:35. 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 Brenda McPolin and with the registered nurses and care 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 Rathfriland Manor are substantially compliant with legislative requirements and best practice guidelines.

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 observed and highlighted. They included: robust management of anticoagulants, fully and accurately maintained personal medication records and medicine administration records (MARs sheets), satisfactory audit outcomes, robust arrangements for highlighting when the next dose of weekly/monthly medicines is due, and awareness by staff of the importance of timely administration of medicines for Parkinson's disease.

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 generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies that were noted during the inspection were discussed with the manager.

Medicines records had been maintained in a satisfactory manner and the management and staff are commended for their efforts.

Storage was observed to be tidy and organised; however, the registered manager must ensure that the refrigerator temperature in the general nursing unit is maintained within the required

range of 2°C to 8°C. Several blister packs of medicines were removed from stock as they had passed the date of expiry.

The disposal of controlled drugs requires review to ensure that all controlled drugs are denatured prior to disposal.

The inspection attracted a total of two requirements and one recommendation. The requirements and recommendations 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

No requirements or recommendations were made following the medicines management inspection 29 November 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:	
<p>Satisfactory arrangements were observed to be in place for most areas of the management of medicines</p> <p>The outcomes of the audits which were performed on a range of randomly selected medicines indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies were noted in several liquid medicines and increased monitoring of these medicines was advised.</p> <p>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</p> <p>The management of warfarin was reviewed for two patients and found to be satisfactory.</p>	<p>Compliant</p>
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
<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. They were not examined in detail during this inspection.</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>Update training on the management of medicines is provided annually for all nursing staff. Competency assessments are also completed regularly. Records were available for inspection.</p> <p>There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.</p>	<p>Compliant</p>
<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>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The registered manager confirmed that there is annual staff appraisal and that nurses have regular supervision.</p>	<p>Compliant</p>

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. No medication related incidents have 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 the community pharmacy who has advised the home that they hold the appropriate waste management license. The registered manager advised that controlled drugs had not been denatured before being returned to the community pharmacist. Controlled drugs (in Schedule 2, 3 and 4 (part 1), which include temazepam, tramadol, diazepam, nitrazepam, zopiclone and zolpidem) must be denatured and therefore rendered irretrievable prior to disposal. A requirement has been made.	Moving towards compliance

Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings: Audits are completed at regularly and records were available for inspection. The community pharmacist completes quarterly audits. Dates and times of opening had been recorded on the majority of containers examined at this inspection.	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: 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:	
Medicine records had been completed in such a manner as to ensure that there is a clear audit trail.	Compliant
Criterion Assessed: 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. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records (PMRs) and medication administration records (MARs) which were reviewed at this inspection had been maintained in a generally satisfactory manner.</p> <p>The records of medicines received into the home were observed to be maintained in a generally satisfactory manner.</p> <p>The records of disposal of waste medicines were examined and found to be satisfactory.</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.

<p>Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Storage was observed to be tidy and organised. There was sufficient storage space in the medicine trolleys and medicine cupboards.</p> <p>Two medicine refrigerators are available in the home. For the refrigerator in the dementia unit, the maximum, minimum and current temperatures are monitored and recorded each day and recordings within the accepted range (2°C and 8°C) were observed. However, the refrigerator in the general nursing unit showed deviation from the acceptable temperature range. The consistent nature of the temperature recordings also indicated that the thermometer was not being reset each day. A requirement has been made.</p> <p>A number of blister packs of medicines were observed in stock. These were out of date and this was discussed during the inspection. A number of eye preparations were also removed from the medicine trolleys as they had passed the expiry date. The registered manager should ensure that all out of date medicine is regularly disposed of. A recommendation has been made.</p>	<p align="center">Substantially compliant</p>
<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 align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>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 and care staff on duty. The controlled drug key is held separately from all other keys by the staff in charge.</p>	<p align="center">Compliant</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.	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 ADDITIONAL AREAS EXAMINED

Management of Medicines for Distressed Reactions

The management of medicines for two patients who were prescribed anxiolytic or antipsychotic medicines for distressed reactions was reviewed. There were care plan in place to direct the management of distressed reactions and the administration of these medicines, however this required further development for one patient. The administration had been recorded on the MARs sheets, and the reason for the administration and the outcome following administration had been documented in the progress notes. The progress notes for one patient required further detail. This was discussed with the registered manager following the inspection, who agreed to review the relevant records.

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 Brenda McPolin, 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:

Cathy Wilkinson
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

RATHFRILAND MANOR

12 JANUARY 2015

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 Brenda McPolin, 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.

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)	The registered manager must ensure that controlled drugs are denatured prior to disposal. Ref: Criterion 37.6	One	All staff has been instructed on how to denature controlled drugs and this has now been implemented, guidelines are available in the treatment room for staff to refer to.	12 February 2015
2	13(4)	The registered manager must ensure that refrigerator temperatures are maintained within the required range of 2°C and 8°C. Ref: Criterion 39.1	One	All fridge temperatures are now within the required ranges and are audited regularly by the registered manager.	12 February 2015

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	39	The registered manager should ensure that all out of date medicine is regularly disposed of. Ref: Criterion 39.1	One	Staff reminded to replace and discard eye and ear drops on each monthly cycle.	12 February 2015

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@rgia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Brenda McPolin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Eoghain King

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	24/03/2015
B.	Further information requested from provider				