NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN18422**
Establishment ID No:	**1495**
Name of Establishment:	**Rathowen**
Date of Inspection:	**5 November 2014**
Inspector's Name:	**Paul Nixon**

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:	Rathowen
Type of home:	Nursing Home
Address:	118 Portadown Road Tandragee Craigavon BT62 2JX
Telephone number:	(028) 3884 0226
E mail address:	rathowen@btinternet.com
Registered Organisation/ Registered Provider:	Rathowen Mr Desmond Joseph Watt
Registered Manager:	Mrs Melanie Wortley
Person in charge of the home at the time of Inspection:	Ms Diane Cardwell (Registered Nurse)
Categories of care:	NH-I, RC-I
Number of registered places:	19
Number of patients accommodated on day of inspection:	17
Date and time of current medicines management inspection:	5 November 2014 10:00 – 13:30
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	25 July 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 Ms Diane Cardwell (Registered Nurse) and feedback provided to Mr Desmond Watt (Registered Person), via telephone, at the end of the inspection
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

Rathowen provides care for up to 14 patients in the general nursing category of care and for five residents in the residential category of care. The home is situated in private grounds and is within easy access to Tandragee and a short distance from Portadown's main shopping areas and community services.

The home is a 19-bedded residence, which provides accommodation and services on two floors.

The bedroom accommodation comprises of eight single bedrooms, four double bedrooms and one treble bedroom. Two dining day rooms are situated on the ground floor. Bath/shower rooms and toilets are accessible to all communal and bedroom areas throughout the home.

The home is approached by a driveway with landscaped gardens at the front, and ample car parking facilities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rathowen was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 5 November 2014 between 10:00 and 13:30 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 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 inspectors met with Ms Diane Cardwell, the registered nurse on duty. 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 Rathowen 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 two requirements and three recommendations which were made at the previous medicines management inspection on 25 July 2011 were examined during the inspection. Each of the requirements and recommendations is assessed as compliant.

Since the previous inspection, RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and from 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 routine recording of the dates and times of opening of medicine containers to facilitate audit activity and the additional monitoring arrangements for diazepam, lorazepam and co-codamol preparations.

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. One audit, on Lantus Solostar insulin, produced an unsatisfactory outcome.

The registered person should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration.

There was no recorded evidence to indicate that a comprehensive medicines management audit had been performed for at least several months. The registered person should ensure that the arrangements for the management of medicines are regularly audited in order to ensure ongoing compliance with legislative requirements and minimum standards.

Medicine records had been maintained in a satisfactory manner.

Medicines were stored safely and securely, in accordance with legislative requirements and the manufacturers' instructions.

The inspection attracted two recommendations. The recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered nurse on duty for her assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 25 July 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	The use of food thickeners must be recorded. **Stated once**	The use of thickening agents is recorded on the medicine administration record sheets or in the food record book.	Compliant
2	Reg. 13(4)	The registered manager must ensure that the temperature range of the medicines refrigerator is being accurately monitored and recorded each day and that robust arrangements are in place to correct any deviations from the recommended temperature range of 2°C and 8°C. **Stated once**	The temperature range of the medicines refrigerator is being accurately monitored and recorded each day and there was recorded evidence that arrangements are in place to correct any deviations from the recommended temperature range of 2°C and 8°C.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The prescribers should be requested to provide written confirmation of dose changes to warfarin. **Stated once**	This practice was observed.	Compliant
2	37 and 39	The nursing staff should receive further training in the management of the medicines refrigerator. **Stated once**	The registered person has provided RQIA with confirmation that this training was provided to the nursing staff.	Compliant
3	38	The list of the specimen signatures of staff should be updated. **Stated once**	This list has been updated.	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:	
A range of audits was performed on randomly selected medicines. These audits indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. One audit, on Lantus Solostar insulin, produced an unsatisfactory outcome. The outcome of this audit was discussed with the registered person who agreed to ensure that the administrations of this medicine are closely monitored in order to ensure compliance with the prescribed instructions. 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. The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for three patients. None of the three patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. For each patient, the parameters for administration were recorded on the personal medication record and records of administration had been maintained on the medicine administration record sheets. However, the reasons for administration and outcomes had not been recorded. The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration. A recommendation is stated.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The written policies and procedures detailing the arrangements for the management of medicines were not examined in detail during the inspection.	Not examined
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:	
The registered nurse on duty only does occasional shifts in the home. She was unable to provide information regarding the arrangements for staff medicines management training and competencies or to provide the training records for inspection. The criterion was, therefore, not examined on this occasion.	Not examined
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 nurse on duty only does occasional shifts in the home. She was unable to provide the needed information or to provide staff competency records for inspection. The criterion was, therefore, not examined on this occasion.	Not examined
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered nurse on duty only does occasional shifts in the home. She was unable to provide the needed information. The criterion was, therefore, not examined on this occasion.	Not examined

STANDARD 37 - MANAGEMENT OF MEDICINES

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 placed into designated clinical waste bins by nursing staff. The records indicated that two nurses dispose of all pharmaceutical waste into these bins. Two nurses denature controlled drugs.	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:	
There was no recorded evidence to indicate that a comprehensive medicines management audit had been performed for at least several months. The registered person should ensure that the arrangements for the management of medicines are regularly audited in order to ensure ongoing compliance with legislative requirements and minimum standards. Dates and times of opening had been recorded in order to facilitate audit activity. This good practice is commended.	Moving towards compliance

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

STANDARD 38 - MEDICINE RECORDS 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 be maintained in a manner that facilitates audit activity.	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 sample of each of the above records was examined and found to have been maintained in a satisfactory manner. There was a good correlation between the personal medication record and medication administration record entries and the details printed on the medicine labels. Records of the receipts and disposals of medicines had been appropriately completed.	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:	
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**
	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 trolley and medicine cupboards. The temperature range of the medicine refrigerator is monitored and recorded each day. Temperatures had generally been maintained within the recommended range. Arrangements are in place to correct any deviations from the recommended temperature range.	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 nurse on duty. The controlled drug cabinet key was observed to be carried by the 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 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. Stocks of diazepam, lorazepam and co-codamol 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**
	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 **Mr Desmond Watt, Registered Person,** via telephone at the end of 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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

RATHOWEN
5 November 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 **Mr Desmond Watt, Registered Person,** via telephone at the end of 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.

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered person should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration. **Ref: Criterion 37.1**	One	Instructions issued and all trained staff have signed same	5 December 2014
2	37	The registered person should ensure that the arrangements for the management of medicines are regularly audited in order to ensure ongoing compliance with legislative requirements and minimum standards. **Ref: Criterion 37.7**	One	Has been implemented	5 December 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	t
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr D J Watt

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	03/12/14
B.	Further information requested from provider		X	Paul W. Nixon	03/12/14