NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18117**
Establishment ID No:	**1656**
Name of Establishment:	**Strangford Court - Oakland Suite**
Date of Inspection:	**4 April 2014**
Inspector's Name:	**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:	Strangford Court - Oakland Suite
Type of home:	Nursing Home
Address:	26 Strangford Road Downpatrick BT30 6SL
Telephone number:	02844612481
E mail address:	strangford.court@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Ms Claire McNeilly
Person in charge of the home at the time of Inspection:	Mr Pedro Garcia Frutas Ms Claire McNeilly arrived during the inspection
Categories of care:	NH-LD ,NH-LD(E)
Number of registered places:	14
Number of patients accommodated on day of inspection:	10
Date and time of current medicines management inspection:	4 April 2014 10:25 – 12:15
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	18 April 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 Claire McNeilly (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

Strangford Court care home is a purpose built nursing home situated in a residential area on the outskirts of Downpatrick. Strangford Court care home consists of two separate suites providing nursing care for patients.

There are an adequate number of sitting/dining rooms and toilet/bathroom/shower facilities appropriately located throughout the home.

A centrally located kitchen and laundry provides services to both suites within the complex.

There is a separate access to Oakland Suite and car parking facilities are available within the grounds of the home.

Oakland Suite is registered to provide nursing care for a maximum of 14 patients with a learning disability (NH-LD and LD (E).

The certificate of registration issued by RQIA was appropriately displayed in the entrance hall of the suite.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Strangford Court - Oakland Suite was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 4 April 2014 between 10:25 and 12:15. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage.

During the course of the inspection, the inspector met with Mr Pedro Frutas who was the nurse in charge of the unit. Ms Claire McNeilly, registered manager arrived during the inspection for feedback. 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 Strangford Court – Oakland Suite are substantially compliant with legislative requirements and best practice guidelines.

The requirements and recommendations made at the previous medicines management inspection on 18 April 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables in Section 5.0 of the report. The requirement and

one of the two recommendations were assessed as compliant. The other recommendation was assessed as substantially compliant and has been restated.

A number of areas of good practice were noted and highlighted during this inspection. They included: recording of the date of opening of medicines to facilitate the audit process, correlation between personal medication records and medicine administration records (MARs sheets) and additional records for detailing the administration of 'when required' medicines.

The results of a range of medicines audits, carried out during the inspection, indicated that medicines are generally administered to patients in accordance with the prescribers' instructions. Some further monitoring of liquid medicines prescribed for one patient is recommended.

Medicine records were well maintained. The personal medication records that were examined were up to date and contained all of the necessary detail. MARs sheets were fully maintained.

The management of bisphosphonate medicines must be reviewed and revised to ensure that they are administered in accordance with the prescribers' instructions and that the record of the administration accurately reflects this practice.

The inspection attracted a total of one requirement and one recommendation. The requirement and recommendation are detailed in the Quality Improvement Plan.

The inspector 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 18 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that: • all nursing staff receive training on the cold storage of medicines • suitable arrangements are in place to note and report deviation in temperatures • the refrigerator thermometers are reset each day after the maximum, minimum and current temperatures have been recorded. **Stated once**	The temperature of the refrigerator is appropriately monitored and maintained within the required range.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The current audit activity should be supplemented by performing regular audits on liquid and inhaled medicines. **Stated once**	Regular audits are completed on all medicines and running stock balances are usually completed for medicines not contained within the monitored dosage system. Three liquid medicines prescribed for one patient showed discrepancies and these should be further monitored. This recommendation is restated.	**Substantially compliant**
2	37	The registered manager should ensure that when nursing tasks are delegated to care assistants, that the appropriate records of administration are fully completed. **Stated once**	The appropriate records of the administration of external medicines are maintained and were available for inspection.	**Compliant**

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES **Medicines are handled safely and securely.**	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Satisfactory arrangements were observed to be in place for the management of medicines. A number of audits were performed on randomly selected medicines and these produced satisfactory outcomes. Some further monitoring of chloral hydrate liquid and fluoxetine solution prescribed for one patient is required. A requirement has been made. The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions were reviewed by the home and a photocopy was retained before being sent to the pharmacy for dispensing. The nurse in charge advised that confirmation of current medicine regimes is obtained for all new admissions.	Substantially complaint
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures were not examined during this inspection. However, Standard Operating Procedures for the management of controlled drugs were observed to be pinned to the wall in the treatment room.	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:	
The registered manager advised that a record of the training and development activities completed by the nursing staff in relation to the management of medicines is maintained. All nursing staff have completed e-learning (foundation and advanced modules) on the management of medicines. Staff receive training on the administration of buccal midazolam every two years. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	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:	
There is regular staff appraisal and competency assessment with respect to medicines management. A record is kept of all staff appraisals and competency assessments.	Complaint

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Any medication errors that have occurred have been appropriately managed and reported 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:	
Appropriate arrangements are in place for the disposal of medicines.	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:	
A routine system for auditing medicines is in place. Daily and monthly audits are completed and these are supplemented by a quarterly audit completed by the community pharmacy. The generally satisfactory outcomes of these audits were reflected in the audits completed during this inspection.	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:	
All of the medicine records were well maintained. The personal medication records examined during this inspection were well maintained and contained all the required information. MARs sheets were fully and accurately completed. All hand written entries have been verified by two nurses. The management of bisphosphonates must be reviewed and revised. These medicines were observed to be signed as administered at the same time as the other morning medicines. The registered manager must ensure that bisphosphonates are administered in accordance with the manufacturers' instructions and that the records of the administration accurately reflect practice. A requirement has been made.	Substantially compliant

A full record of the receipt had been made for all medicines examined during this inspection. The record of disposed medicines was examined and found to be well maintained.	

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:	
The controlled drugs records were observed to have been maintained in the required manner. A sample of records were reviewed and found to be satisfactory. Quantities of controlled drugs matched balances recorded in the controlled drug record books.	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:	
The majority of medicines are stored safely and securely and in accordance with the manufacturers' instructions. Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinet. Medicine refrigerator temperatures are recorded daily and are maintained within the recommended limits for the cold storage of medicines.	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 key of the controlled drugs cabinet and the medicine trolleys were observed to be in the possession of the designated nurse.	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 and 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

The Management of Distressed Reactions

The records of two patients who were prescribed 'when required' medicines for distressed reactions were examined. The medicines were recorded on the personal medication record and MARs sheets. An additional sheet detailing all 'when required' medicines in held on the medicines file for all patients. The administration was recorded on the MARs sheets and the reason for the administration was documented in the daily progress notes. There was a care plan in place for the management of distressed reactions for both patients which detailed when the medicines should be administered.

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 Claire McNeilly, 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:

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

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The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

STRANGFORD COURT – OAKLAND SUITE
4 APRIL 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 Claire McNeilly, Registered Manager**, either during or after 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 bisphosphonates are administered in accordance with the manufacturers' instructions and that the records of the administration accurately reflect practice. **Ref: Criterion 38.2**	One	Current residents records reflect correct administation of bisphosphonates and this will be closely monitored by the Registered Manager and form part of current medication audit	4 May 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	The current audit activity should be supplemented by performing regular audits on liquid and inhaled medicines.	Two	Audits of liquid and inhaled medications have now been included in the auditing process and will be monitored by Registered Manager	4 May 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	Claire McNeilly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall DIRECTOR OF OPERATIONS 13/5/14

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			20/5/14
B.	Further information requested from provider				