



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN020767
Establishment ID No:	1757
Name of Establishment:	Lough Neagh
Date of Inspection:	11 November 2014
Inspector's Name:	Frances Gault

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Lough Neagh
Type of home:	Private Nursing Home
Address:	23 Maghery Road Portadown BT62 1SZ
Telephone number:	(028) 3885 2600
E mail address:	loughneaghnursinghome@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mr Cathal Quinn Lough Neagh Nursing Home
Registered Manager:	Mrs Bernadette Ann Burke
Person in charge of the home at the time of inspection:	Mrs Bernadette Ann Burke
Categories of care:	NH-DE, NH-I, NH-LD, NH-PH, RC-PH, RC-DE, RC-I
Number of registered places:	26
Number of patients accommodated on day of inspection:	25
Date and time of current medicines management inspection:	11 November 2014 10.10 – 12.50
Name of inspector:	Frances Gault
Date and type of previous medicines management inspection:	17 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 Bernadette Burke, Registered Manager, and registered nurses on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Lough Neagh was initially registered by the current owners in 1995. The nursing home is owned and operated by Mr Cathal and Mrs Quinn. Mrs Bernadette Burke has been the registered manager for a number of years.

The home is registered to provide nursing care in the old and infirm, learning disability, dementia nursing and physical disability categories of care. The home is also registered to provide residential care for two residents.

The facility is located in Milltown on the outskirts of Maghera overlooking Lough Neagh. The home comprises 20 single and three double bedrooms, a sitting/dining room (ground floor), two sitting rooms and a dining room (first floor), a kitchen, laundry, toilet/washing facilities, staff accommodation and offices.

The grounds around the home are landscaped and there is an enclosed garden outside the Dementia Unit.

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

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) accurately reflected the categories of care and was appropriately displayed in a prominent position of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Lough Neagh was undertaken by Frances Gault, RQIA Senior Pharmacist Inspector, on 11 November 2014 between 10:10 and 12:50. 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 the registered manager of the home, Mrs Burke and with the registered nurses 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 Lough Neagh are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although some areas for improvement were noted.

The recommendation made at the previous medicines management inspection on 17 November 2011 was examined during the inspection. The outcome of compliance can be observed in the table following this summary. The recommendation had been complied with. The registered manager and staff are commended for their efforts.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, any information that may be received from trusts or other sources and discussion with other inspectors. No concerns in relation to the management of medicines had been noted since the previous inspection.

The policies and procedures for the management of medicines should be reviewed to include the arrangements in place for the disposal of medicines and standard operating procedures for controlled drugs. A recommendation was made.

There is a programme of training specific to medicines in this home and records of training and competency are maintained.

Practices for the management of medicines are audited throughout the month. A variety of medicines are selected for audit during the inspection. With the exception of a liquid medicine, the outcomes of the audit trails performed at this inspection indicated the vast majority of medicines are administered in accordance with the prescriber's instructions.

Medicines records had been maintained in the required manner. A recommendation was made in relation to ensuring that the medicine administration records reflected the actual administration practice.

The inspection attracted a total of two recommendations which 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 17 November 2011:

No requirements were made at the previous inspection.

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	39	The registered manager should review the levels of overstocks of medicines. Stated once	The registered manager continues to monitor the stock levels within the home.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed:	COMPLIANCE LEVEL
37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	
Inspection Findings:	
<p>Arrangements for the management of medicines were generally satisfactory.</p> <p>Written confirmation of current medication regimes is obtained each time a patient is admitted to the home.</p> <p>A number of randomly selected medicines were audited during the inspection. The majority of these produced satisfactory results, indicating that medicines are being administered as prescribed. The outcome of the audit of one liquid medicine was discussed with the registered manager. She agreed that this would be audited more frequently to ensure that the patient was receiving the prescribed dose.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	
Inspection Findings:	
<p>Written policies and procedures for the management of medicines are in place. These were not examined in detail. The policies and procedures should be reviewed to include the arrangements in place for the disposal of medicines and standard operating procedures for controlled drugs.</p> <p>In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures, specific to Lough Neagh, must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures:</p> <ul style="list-style-type: none"> • Ordering, transport and receipt • Safe storage 	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<ul style="list-style-type: none"> • Administration • Disposal • Record keeping • Management of errors and incidents. <p>A recommendation was made.</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.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The registered manager provided evidence to indicate that she maintains a record of the training and development activities completed by registered nurses and care staff in relation to the management of medicines. The registered manager advised that staff had received training on the management of 'distressed reactions' during 2014.</p> <p>Care assistants had been provided with training in the management of thickening agents and been deemed competent in their use by the registered manager.</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:	
<p>The registered manager confirmed that staff competency is assessed on an annual basis and records of competency assessments are maintained.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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 stated that medication errors and incidents would be routinely reported to RQIA in accordance with the home's policies and procedures. No medicine incidents have been reported to RQIA this year.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Medicines are collected by the community pharmacists who have provided the homes with copies of their licence. The registered nurses confirmed that controlled drugs are denatured in a denaturing kit 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:	
Medicines are routinely audited by the registered nurses and manager. Few discrepancies are identified.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings: Medicine records were constructed and 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: Each of the above records is maintained in the home. A sample was selected for examination and these were found to be satisfactory. The personal medication records identify when prescribed injections are due for administration and this good practice was recognised. Staff were reminded that the dosage directions on the personal medication record should correspond with the medicine label. It was noted that the times recorded for the administration of medicines prescribed for Parkinson's disease on the administration records did not correspond with those on the personal medication records. The importance of administering these medicines at the specified time was discussed as the timing is essential for the well-	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

<p>being of the patients.</p> <p>The medicine administration records evidenced that bisphosphonates were administered with other medicines at 9.00am. However the registered manager advised that these were administered prior to breakfast. It was recommended that the time on the administration records should accurately reflect practice.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Examination of the controlled drug record book indicated that this had been maintained in the required manner.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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:	
<p>Medicines are stored safely and securely and in accordance with the manufacturer's instructions. However, it was suggested that the areas should be tidied to ensure that medicines could be easily located.</p> <p>Satisfactory arrangements are in place for monitoring the temperature of the medicine refrigerator.</p> <p>Oxygen is stored and managed appropriately. The registered manager was advised that signage should be in place to identify rooms where oxygen is stored or used by patients.</p>	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 controlled drug cabinet key is held by the registered nurse in charge of the shift. The registered manager is responsible for the management of spare medicine keys.	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 at each handover of responsibility. Records of this activity are maintained.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

The use of anxiolytic and antipsychotic medicines prescribed on an “as required” basis for the management of distressed reactions was reviewed for one patient in the home. There was no evidence of any excessive or regular administration of these medicines. A care plan is in place and the parameters of the administration were clearly recorded on the personal medication record. However, daily notes, should always detail the reason why administration of the medicine was necessary and the noted effect of the medicine. If these medicines are regularly required the general practitioner should be requested to review the dosage.

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 Bernadette Burke, 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:

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

Frances Gault
Senior Inspector

Date

QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

LOUGH NEAGH

11 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. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Bernadette Burke, Manager (registration pending)**, 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.

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 manager should review the policies and procedures in place to ensure standard operating procedures for controlled drugs and the disposal of medicines are included Ref: Section 37.2	One	New policies & procedures drawn up re. same. Registered nurses - read & sign	28 February 2015
2	38	The registered manager should ensure that the practice of administering bisphosphonates prior to breakfast is reflected in the medicine administration records Ref: Section 38.2	One	Close auditing of administration of bisphosphonates carried out weekly + monthly. no further concerns detected	11 December 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Marie Quinn

NAME: MARIE QUINN
Registered Provider

DATE 9-1-15

SIGNED: B Burke

NAME: B. BURKE
Registered Manager

DATE 9/1/15

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable				
B.	Further information requested from provider <i>Initial response returned for further information</i>		X	<i>Heath</i>	<i>13/1/15</i>