



## **NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT**

<b>Inspection No:</b>	<b>IN018438</b>
<b>Establishment ID No:</b>	<b>1784</b>
<b>Name of Establishment:</b>	<b>Tennent Street (Balmoral &amp; Sandhurst Suites)</b>
<b>Date of Inspection:</b>	<b>23 October 2014</b>
<b>Inspector's Name:</b>	<b>Judith Taylor</b>

**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

<b>Name of home:</b>	Tennent Street (Balmoral & Sandhurst Suites)
<b>Type of home:</b>	Nursing Home
<b>Address:</b>	1 Tennent Street Belfast BT13 3GD
<b>Telephone number:</b>	(028) 9031 2318
<b>E mail address:</b>	tennentstreet@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons Healthcare Mr James McCall
<b>Registered Manager:</b>	Ms Jacquelyn Grace Cairns
<b>Person in charge of the home at the time of inspection:</b>	Ms Jacquelyn Grace Cairns
<b>Categories of care:</b>	NH-DE x 14 Balmoral Suite NH-A x 13 Sandhurst Suite
<b>Number of registered places:</b>	27
<b>Number of patients accommodated on day of inspection:</b>	27
<b>Date and time of current medicines management inspection:</b>	23 October 2014 10:45 – 14:40
<b>Name of inspector:</b>	Judith Taylor
<b>Date and type of previous medicines management inspection:</b>	11 October 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 Jacquelyn Cairns, 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**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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**

Tennent Street is registered to provide nursing care and residential care in four suites.

- Hampton Suite (residential care)
- Sandringham Suite (nursing care)
- Balmoral Suite (nursing care - dementia care)
- Sandhurst Suite (nursing care - past or present alcohol dependence)

Hampton and Sandringham Suites are individually registered. Balmoral and Sandhurst Suites are jointly registered.

Tennent Street is located off the Crumlin road and is close to local shops, churches and amenities. The kitchen, laundry and staff facilities are located centrally and accessed by all suites.

Ms Jacquelyn Cairns has been the registered manager for several years.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Tennent Street (Balmoral & Sandhurst Suites) was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 23 October 2014 between 10:45 and 14:40. 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 Jacquelyn Cairns 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 Tennent Street (Balmoral & Sandhurst Suites) are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although one area for improvement was noted.

The two requirements made at the previous medicines management inspection on 11 October 2011 were examined during the inspection. Each of these had been fully complied. 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 and discussion with other inspectors and any intelligence that may be received from trusts and other sources.

The management of medicines is well controlled and includes written policies, procedures and separate standard operating procedures for controlled drugs.

Several areas of good practice were observed and acknowledged throughout the inspection as detailed in the report.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

Suitable arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited on a monthly basis and daily stock balances are maintained for a number of medicines. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection, indicated medicines had been administered in strict accordance with the prescribers' instructions. This included time critical medicines such as medicines prescribed for Parkinson's disease. The registered manager and staff are commended for their efforts.

Medicine records which were selected for examination had been maintained in the required manner. With regard to distressed reactions, the reason for the administration and outcome of the administration of the medicine should be recorded on every occasion.

Medicines are stored safely and securely. Satisfactory arrangements are in place to monitor the temperature of medicine storage areas. Key control was appropriate.

The inspection attracted one recommendation which is 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 11 October 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must increase the level of audit activity on lactulose preparations, prescribed for patients in Sandhurst Suite, in order to provide the necessary assurance that they are being administered in accordance with the prescribers' instructions.</p> <p><b>Stated once</b></p>	<p>The administration of lactulose preparations is audited daily. A running stock balance of each patient's supply is recorded following every administration.</p> <p>The audit trails which were completed at this inspection indicated that this medicine had been administered as prescribed.</p>	<b>Compliant</b>
2	13(4)	<p>Appropriate arrangements must be made to ensure that that the patient in Balmoral Suite is administered his prescribed night-time medication.</p> <p><b>Stated once</b></p>	<p>The completed quality improvement plan stated that this had been addressed following the inspection. There was no evidence of any ongoing non-administration of medicines at the inspection.</p>	<b>Complaint</b>



## SECTION 6.0

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

<b>Criterion Assessed:</b> 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  The registered manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.  The outcomes of audit trails which were performed on a variety of randomly selected medicines indicated medicines had been administered in strict accordance with the prescriber's instructions. These satisfactory outcomes were acknowledged.  There was evidence that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home.  Satisfactory arrangements are in place for the ordering and receipt of medicines and the management of warfarin.  Staff have access to medicine reference sources.	Compliant

## STANDARD 37 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Written policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place. These are located in the treatment rooms for reference by staff.	Compliant
<b>Criterion Assessed:</b> 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>A record of medicines management training is kept in the home, including records of induction training. Update medicines management training is provided through the completion of e-learning modules and attendance at training courses. A list of the names, signatures and initials of registered nurses authorised to administer medicines is maintained.</p> <p>A sample of the training and competency records were reviewed at the inspection. Staff competencies in medicines management are assessed annually.</p>	Compliant
<b>Criterion Assessed:</b> 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Medicines management training is reviewed through annual appraisal, staff competency assessment, the outcomes of audit trails and supervision of practice. Records are maintained. The staff advised that team meetings are also used to highlight medicines management issues.	Compliant

## STANDARD 37 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Medication errors and incidents are reported to RQIA in accordance with the organisation's policies and procedures.	Compliant
<b>Criterion Assessed:</b> 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
All discontinued or expired medicines are placed into special waste container by two registered nurses. The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines.  The registered nurses confirmed that controlled drugs are denatured prior to disposal.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A robust auditing system for the management of medicines is in place. A variety of medicine formulations are included in the audit process. Running stock balances are maintained for all medicines which are not supplied in the 28 day blister packs. This is good practice. A weekly and monthly audit is also completed.  The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers and recording the stock balance of any medicine remaining from the previous medicine cycle.	Compliant

## STANDARD 37 - MANAGEMENT OF MEDICINES

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

<b>STANDARD 38 - MEDICINE RECORDS</b> <b>Medicine records comply with legislative requirements and current best practice.</b>	
<b>Criterion Assessed:</b> 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged and included the following: <ul style="list-style-type: none"> <li>• two registered nurses are involved in the writing and updating of personal medication records, warfarin records and medication administration records and in the disposal of medicines records</li> <li>• a specific record regarding the prescribing and administration of medicines prescribed on a 'when required' basis is maintained e.g. anxiolytics, analgesics</li> <li>• separate records are maintained to ensure that staff record the site of application of prescribed patches</li> </ul>	Compliant
<b>Criterion Assessed:</b> 38.2 The following records are maintained: <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Each of the above records is maintained in the home. A sample was selected for examination. There records had been well maintained and were up to date and accurate. Staff were commended for the good standard of record keeping.	Compliant

## STANDARD 38 - MEDICINE RECORDS

<b>Criterion Assessed:</b> 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Schedule 2 controlled drugs were not prescribed or held in stock for any patient. These medicines had not been prescribed since the previous medicines management inspection.	Not applicable
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 39 - MEDICINES STORAGE</b> <b>Medicines are safely and securely stored.</b>	
<b>Criterion Assessed:</b> 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Medicines are stored safely and securely and in accordance with the manufacturer's instructions. Storage areas were clean, tidy and organised.</p> <p>There was sufficient storage space for medicines in the medicine trolley and medicine cupboards.</p> <p>Appropriate arrangements are in place for the stock control of medicines.</p> <p>Refrigerator temperatures are recorded on a daily basis, and recorded temperatures were within the accepted range of 2°C to 8°C for medicines which required cool storage.</p> <p>Oxygen cylinders are stored in each treatment room and signage is displayed. The cylinders were not chained to the wall, however, it was noted that these were stored in a corner or under a bench out of the way. This was discussed with reference to a safety alert and the registered manager confirmed that these cylinders would be chained to the wall following the inspection.</p> <p>Dates and times of opening were routinely recorded on medicine containers which have a limited shelf life once opened.</p>	Substantially compliant

## STANDARD 39 - MEDICINES STORAGE

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the registered nurse in charge in each suite.</p> <p>The registered manager is responsible for the management of spare medicine keys</p>	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Schedule 2 controlled drugs were not prescribed for any patients or held in stock at the time of the inspection.</p> <p>Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Registered nurses also include Schedule 4 (Part 1) controlled drugs in the daily stock checks. This is good practice.</p>	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Substantially compliant



## 7.0 ADDITIONAL AREAS EXAMINED

### Management of medicines in distressed reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for two patients in the Sandhurst Suite. For both patients, a care plan was in place and the parameters for administration were clearly recorded on the patients' personal medication records. When administered, there was evidence that the reason for the administration had been recorded occasionally in the daily notes. This should be recorded on every occasion. Staff were advised that the effect of the administration of the medicine should also be recorded.

The management of medicines for distressed reactions should be reviewed to ensure that the reason for the administration of the medicine and the effect of any administration is recorded on every occasion. A recommendation is made.

### Thickening agents

The records for thickening agents prescribed for two patients were examined at this inspection. Each patient's care plan corresponded with the most recent speech and language therapist report. A record of the prescribing, including the consistency level, receipt and administration is maintained.

## 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 Jacquelyn Cairns, 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:

**Judith Taylor**  
**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**

**TENNENT STREET (BALMORAL & SANDHURST SUITES)**

**23 OCTOBER 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Jacquelyn Cairns, 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.**

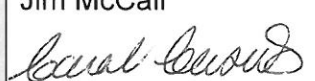
It is the responsibility of the registered provider / manager to ensure that the recommendation contained within the Quality Improvement Plan is addressed within the specified timescales.

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.

No requirements were made following this inspection

<b>RECOMMENDATION</b>					
This recommendation is based on the Nursing Homes Minimum Standards (2008), research or recognised sources. It promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.					
<b>NO.</b>	<b>MINIMUM STANDARD REFERENCE</b>	<b>RECOMMENDATION</b>	<b>NUMBER OF TIMES STATED</b>	<b>DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)</b>	<b>TIMESCALE</b>
1	37,38	<p>The registered manager should review the management of distressed reactions to ensure that the reason and effect of administration of the medicine is recorded on every occasion.</p> <p><b>Ref: Section 7.0</b></p>	One	Staff have been instructed to record on every occasion the effect of medication administered	24 November 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Jackie Cairns
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall 

CAROL COUSINS  
DIRECTOR of OPERATIONS

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				

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	15/12/14
B.	Further information requested from provider				