



The Regulation and  
Quality Improvement  
Authority

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

<b>Inspection No:</b>	<b>IN021191</b>
<b>Establishment ID No:</b>	<b>1214</b>
<b>Name of Establishment:</b>	<b>County</b>
<b>Date of Inspection:</b>	<b>30 March 2015</b>
<b>Inspector's Name:</b>	<b>Helen Mulligan</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
**'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**

## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	County
<b>Type of home:</b>	Nursing Home
<b>Address:</b>	42 Tempo Road Enniskillen BT74 6HR
<b>Telephone number:</b>	(028) 6632 3845
<b>E mail address:</b>	the.county.m@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons Health Care Mr James McCall
<b>Registered Manager:</b>	Ms Wendy Shannon
<b>Person in charge of the home at the time of inspection:</b>	Ms Wendy Shannon
<b>Categories of care:</b>	RC-I, NH-DE, NH-I, NH-PH
<b>Number of registered places:</b>	58
<b>Number of patients accommodated on day of inspection:</b>	47
<b>Date and time of current medicines management inspection:</b>	30 March 2015 10:45 to 13:00
<b>Name of inspector:</b>	Helen Mulligan
<b>Date and type of previous medicines management inspection:</b>	29 October 2012 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 monitoring 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 visit was to determine what progress had been made in addressing the six requirements and five recommendations made during the previous medicines management inspection on 29 October 2012, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

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 Wendy Shannon, 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

## 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

Standard 40: Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard 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**

County nursing home is registered to provide care for up to 52 patients and six residents.

The home is situated in its own landscaped grounds on the Tempo Road, on the outskirts of Enniskillen.

The home comprises 48 single and five double bedrooms, a number of which have en-suite facilities, a main kitchen, two dining rooms, a laundry, three bathrooms, showers and sluice facilities, five sitting rooms, designated smoking areas, a visiting area, two general offices, two treatment rooms and staff and store rooms.

The home is a split-level building with access to the lower ground floor via a through-floor lift and stairs.

There are adequate car parking facilities at the front and rear of the home.

## 4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of County nursing home was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 30 March 2015 between 10:45 and 13:00. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspector met with the registered manager of the home, Ms Wendy Shannon 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 are substantially compliant with legislative requirements and best practice guidelines. No significant areas of concern with respect to the management of medicines were noted.

The six requirements and five recommendations made at the previous medicines management inspection on 29 October 2012 were examined during the inspection. Compliance with five of the requirements and substantial compliance with one requirement was noted. Compliance with the five recommendations was noted. The registered manager and staff were commended for their efforts. The inspector's validation of compliance is detailed in Section 5.0.

Improvements were noted in the arrangements for the management of medicines. The admissions procedure was noted to be robust. Records of medicines administered were adequately maintained. The results of audits undertaken during the inspection indicated medicines are being administered as prescribed. Additional monitoring and auditing arrangements for medicines have been implemented in the home. Improvements in the management of limited-life medicines and medicines requiring cold storage were noted.

Improvements were noted in the management of controlled drugs. However, one BuTrans patch appeared to have been administered one day late on 9 February 2015. The registered manager must investigate this and forward a report of the findings and any corrective action taken to RQIA.

The inspection attracted one requirement 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 29 October 2012:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that all medicines are administered in accordance with the prescribers' instructions  <b>Stated once</b>	Medicine audits undertaken during the inspection indicated that medicines are being administered as prescribed.	<b>Compliant</b>
2	13(4)	The registered manager must implement additional monitoring/auditing arrangements for insulin, medicines not supplied in monitored dosage cassettes (e.g. analgesic medicines, liquid medicines, antibiotics, etc.) and weekly medicines.  <b>Stated once</b>	Daily monitoring/auditing procedures were noted to be in place for supplies of insulin, warfarin, medicines not supplied in monitored dosage cassettes, analgesic medicines, liquids and antibiotics. Staff in the home audit medicines on a nightly basis, one patient per night, and the registered manager audits medicines on a monthly basis.	<b>Compliant</b>
3	13(4)	The registered manager must ensure that a record of all medicines administered to patients in the home is maintained.  <b>Stated once</b>	Records of medicines administered by registered nurses and care staff were noted to be adequately maintained.	<b>Compliant</b>

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	<p>The registered manager must review and revise the management of controlled drugs in the home. Additional monitoring arrangements must be put in place.</p> <p><b>Stated once</b></p>	<p>Records in the controlled drugs record book were randomly sampled and noted to be adequately maintained. Records of controlled drugs denatured and disposed of are signed by two designated members of staff. The stock balances of Schedule 2 and 3 controlled drugs matched the balances recorded in the controlled drug record book. Additional monitoring arrangements for controlled drugs were noted to be in place.</p> <p>However, a BuTrans patch prescribed for Patient A appeared to have been administered one day late on 9 February 2015. The registered manager must investigate this discrepancy and forward a report of the findings and any corrective action taken to RQIA. A requirement is made</p>	<b>Substantially compliant</b>
5	13(4)	<p>The registered manager must ensure that all limited-life medicines are marked with the date of opening and not used beyond their in-use shelf-life.</p> <p><b>Stated once</b></p>	<p>Limited-life medicines were noted to be marked with the date of opening and had not been used beyond their in-use shelf-life.</p>	<b>Compliant</b>

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	13(4)	<p>The registered manager must ensure that medicine refrigerators are maintained at the correct temperature for cold storage of medicines. Medicines which may have been compromised by incorrect storage temperatures must be removed and disposed of.</p> <p><b>Stated once</b></p>	<p>Refrigerator temperatures are monitored and recorded on a daily basis. The registered manager provided evidence that recent problems with the medicines refrigerator had been identified and the appropriate action had been taken, in consultation with the community pharmacist, to ensure medicines were suitable for use. A new medicines refrigerator has been ordered for the general nursing unit.</p>	<p><b>Compliant</b></p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>The registered manager should review and revise the admission process with respect to medicines.</p> <p><b>Stated once</b></p>	<p>The admissions procedure for one patient recently admitted to the home was reviewed during the inspection. Staff on duty had obtained written confirmation of the patient's current medication regime from the prescriber.</p>	<b>Compliant</b>
2	37	<p>The registered manager should ensure that monitoring arrangements for nutritional supplements are managed appropriately and in accordance with the home's policies and procedures.</p> <p><b>Stated once</b></p>	<p>Stock balances of nutritional supplements are monitored and recorded on a daily basis.</p>	<b>Compliant</b>
3	38	<p>The registered manager should ensure that doses of antibiotic medicines are administered at appropriate dosage intervals</p> <p><b>Stated once</b></p>	<p>Antibiotics audited during the inspection were being administered at appropriate dosage intervals.</p>	<b>Compliant</b>
4	39	<p>The registered manager should ensure that the management of oxygen cylinders in the home is reviewed and revised.</p> <p><b>Stated once</b></p>	<p>Oxygen cylinders were securely chained to the wall. Appropriate signage was in place. Tubing and a covered mask were attached to the emergency oxygen cylinder in the home.</p>	<b>Compliant</b>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	37	<p>The registered manager should risk-assess the current storage arrangements for stocks of thickening agents in the general nursing unit to ensure they are appropriate.</p> <p><b>Stated once</b></p>	Stocks of thickening agents were stored in a locked cupboard in the treatment room.	<b>Compliant</b>

## 6.0 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 Wendy Shannon, 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:

**Helen Mulligan**  
**The Regulation and Quality Improvement Authority**  
**'Hilltop'**  
**Tyrone and Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



**QUALITY IMPROVEMENT PLAN**

**NURSING HOME**

**UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION**

**COUNTY**

**30 MARCH 2015**

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Wendy Shannon, 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 requirement contained within the Quality Improvement Plan 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.

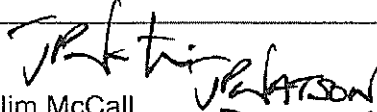
**STATUTORY REQUIREMENT**


This section outlines the action 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 investigate the late application of a BuTrans patch on 9 February 2015 for Patient A and forward a report of the findings and any corrective action taken to RQIA.  Ref: Section 5.0	One	Actioned. The report was forwarded to the Pharmacy Inspector immediately following the inspection on 30/3/15. Supervision has been conducted with the staff members on duty on the date the error occurred. A laminated 'patch reminder' has been attached to all medicine trolleys in the Home	30 days



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	Wendy Shannon
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall MANAGING DIRECTOR 6/5/15

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			2015/15
B.	Further information requested from provider				