NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021068**
Establishment ID No:	**1047**
Name of Establishment:	**Annadale**
Date of Inspection:	**17 December 2014**
Inspector's Name:	**Helen Daly**

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:	Annadale
Type of home:	Nursing Home
Address:	11 Annadale Avenue Belfast BT7 3JH
Telephone number:	(028) 9064 5900
E mail address:	annadalenursinghome@hotmail.co.uk
Registered Organisation/ Registered Provider:	Annadale Private Nursing Home Ltd Mr Trevor William Gage
Registered Manager:	Mrs Winnie Mashumba
Person in charge of the home at the time of Inspection:	Mrs Winnie Mashumba (until 12:00) Ms Florina Lenta (12:00 – 14:20)
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of registered places:	38
Number of patients accommodated on day of inspection:	35
Date and time of current medicines management inspection:	17 December 2014 10:25 – 14:20
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	10 May 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 requirement and recommendations made during the previous medicines management inspection, to assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes (2008) 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 Florina Lenta, Nursing Sister, and staff on duty during the inspection
Discussion with Mrs Winnie Mashumba, Registered Manager, during the inspection and via telephone call on 18 December 2014
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 steps being taken to improve the standards in place for the management of medicines since the previous medicines management inspection.

HOW RQIA EVALUATES SERVICES

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

Annadale is a listed building which has retained its original character. A purpose built extension was added to provide all the necessary facilities.

The home is surrounded by well-maintained mature gardens and there are car parking spaces to the front. It is situated on Annadale Avenue and is close to all local amenities.

Accommodation is provided in single and double rooms and some have en-suite facilities. The home is registered to provide nursing care for a maximum of 38 patients. Bedrooms are situated on the ground and first floors which are serviced by a passenger lift.

The home has an adequate number of bath/shower and toilet facilities appropriately located throughout the building. The main laundry is outside at the rear of the house.

The registered manager has been in post since October 2008.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Annadale was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 17 December 2014 between 10:25 and 14:20. 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 requirement and recommendations had been addressed, to 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 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

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.

During the course of the inspection, the inspector met with the registered manager, Mrs Winnie Mashumba, and staff on duty. Feedback was provided to the staff on duty at the end of the inspection and to Mrs Winnie Mashumba via telephone call on 18 December 2014.

This inspection indicated that the arrangements for the management of medicines in Annadale are substantially compliant with legislative requirements and best practice guidelines. The outcome of this medicines management inspection found no significant areas of concern regarding the management of medicines, however, some areas for improvement were identified.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of medicine incidents and discussion with other inspectors.

The requirement and three recommendations which were made at the previous medicines management inspection on 10 May 2012 were examined during the inspection. The requirement and one of the recommendations were assessed as compliant. The remaining two recommendations were assessed as moving towards compliance and are restated. The inspector's validation of compliance is detailed in Section 5.0.

Policies and procedures for the management of medicines and staff training records were available for inspection.

The outcomes of the majority of the audits which were carried out at this inspection were satisfactory, indicating that the medicines had been administered as prescribed. However, audit discrepancies were observed for two supplies of memantine 10mg/ml liquid. This finding was discussed with the registered manager and registered nurses. It was agreed that this medicine would be audited on a weekly basis and that all registered nurses would be made aware of the correct dosage procedure.

Records had been maintained in a satisfactory manner, the good practice of checking the personal medication records against the medication administration records at the beginning of each monthly cycle is acknowledged. Obsolete personal medication records and warfarin dosage directions should be cancelled and archived; only the current up to date records should remain in the medicines folder. Two registered nurses should sign all hand-written updates on the medication administration records and the records for disposal of medicines.

Storage was observed to be tidy and organized.

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

The inspector would like to thank the registered manager and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 10 May 2012:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administration of Seretide Evohaler and Cipramil liquid. **Stated once**	There is evidence that the administration of these medicines is closely monitored. Running stock balances are maintained for Seretide Evohalers. The audits which were completed for these medicines at the inspection produced satisfactory outcomes.	Compliant

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The SOP for the disposal of controlled drugs should be updated to reflect the current practice in the home. **Stated once**	The Standard Operating Procedure (SOP) had been updated to indicate that controlled drugs are denatured in the home prior to disposal.	Compliant
2	37 38	Two nurses should sign the records for disposal of medicines. **Stated once**	Two registered nurses had not signed the majority of disposal records. **This recommendation is restated**	Moving towards compliance
3	38	Two nurses should sign all hand-written updates on the MARs. **Stated once**	The majority of hand-written updates on the medication administration records (MARs) had not been signed by two registered nurses. **This recommendation is restated**	Moving towards compliance

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

This inspection evidenced that the management of medicines is substantially compliant with legislative requirements and best practice guidelines. The registered manager and staff are commended for their ongoing efforts. Areas of good practice were highlighted during the inspection. These included: the use of pain assessment tools; accurate running stock balances for non-blistered medicines; antibiotic stock balance charts; alerts for patients with similar names and staff knowledge of patients' medication regimens.

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.

Training on the management of medicines for registered nurses is provided annually; the most recent training had been provided in September 2014. Registered nurses had also received training on syringe drivers, subcutaneous fluids and wound care within the last year. Records were available for inspection. The registered manager confirmed that there is annual competency assessment and appraisal for all registered nurses. Supervisions are completed annually or more frequently if a need is identified.

Care staff had received training on the administration of emollient preparations and thickening agents in October 2014 and November 2014.

The registered manager advised that written confirmation of current medication regimens is obtained for all new admissions to the home. This was evidenced for two patients during the inspection.

Staff advised that the majority of prescriptions are received into the home, checked and photocopied before being forwarded to the community pharmacy for dispensing. All medicines were available for administration as prescribed on the day of the inspection.

Discontinued or expired medicines are placed into special waste bins by one registered nurse. As recommended at the previous medicines management inspection two staff should be involved in the disposal of medicines and both staff should sign the entry in the disposal book. The registered nurses advised that Schedule 2 and Schedule 3 controlled drugs are denatured in the home prior to disposal; this practice is recorded in the controlled drug record book. The registered manager confirmed (via telephone call on 18 December 2014) that controlled drugs in Schedule 4 (Part 1) which includes diazepam, nitrazepam, zopiclone and zolpidem are also denatured prior to their disposal.

Audits on the management and administration of medicines are completed at least monthly. Any discrepancies are discussed with the registered nurses for corrective action. The personal medication records and medication administration records are also reviewed for accuracy each month. Daily running stock balances are maintained for medicines which are not contained within the blister pack system. A review of these balances indicated that they had been accurately maintained.

The management of warfarin was reviewed and found to be mostly satisfactory. Dosage directions are received in writing and stock levels are counted after each administration. In

the interests of safe practice obsolete warfarin dosage directions should be cancelled and archived. A recommendation has been made.

The management of medicines administered via the enteral route, medicines prescribed for Parkinson's disease and insulin were reviewed and found to be satisfactory.

The management of thickening agents was reviewed for two patients. The thickening agents had been recorded on the personal medication records and medication administration records. Care plans and speech and language recommendations were available for both patients. A copy of the speech and language assessment is available in the patients' bedrooms where applicable. Registered nurses record the administration of the thickening agents on the medication administration records. Care staff record the administration of the food and drink on a computer based system however there was no facility on this system to record that the fluids had been thickened. The registered manager confirmed that the supplier of the computer system had updated the system on the morning of 18 December 2014 and that accurate records for the administration of thickening agents by care staff are now being maintained. The required consistency level for thickening agents should be recorded on the personal medication records and medication administration records. The nursing sister and registered nurse advised that the records would be updated following the inspection; no further action is required at this time.

Medicines to be administered when required for the management of distressed reactions are not currently in use for any patients. The management of these medicines was discussed with the registered manager for future reference.

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine Records

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

Samples of the following records were examined:

Personal medication record (PMRs)
Medicines administered (MARs)
Records of medicines received
Records of medicines disposed of
Controlled drug records

Personal medication record (PMRs)

The PMRs had been maintained in a satisfactory manner. Two registered nurses had signed the PMRs at the time of writing and at each update. In the interests of safe practice it is recommended that obsolete PMRs are cancelled and archived; only the current up to date PMR should remain in the medicines folder.

Medication administration records (MARs)

The MARs had been maintained in a mostly satisfactory manner. They are checked for correlation with the PMRs each month and records of this activity are maintained. However, the majority of hand-written entries on the MARs had not been verified and signed by a second registered nurse. The recommendation which was made at the previous medicines management inspection is restated.

Records of medicines received into the home

The sample of records reviewed indicated that records of medicines which are received into the home had been maintained in a satisfactory manner.

Records of medicines disposed of

The records of medicines disposed of had been maintained in a mostly satisfactory manner. However, as stated in Section 6.1, only one registered nurse is involved in the disposal of medicines (other than controlled drugs). Two staff should be involved in the disposal of medicines and both should sign the entry in the disposal book. A recommendation has been made.

Controlled drug book

The sample of records which was reviewed had been maintained in a satisfactory manner.

COMPLIANCE LEVEL: Substantially compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Storage was observed to be tidy and organised.

The maximum, minimum and current refrigerator temperatures are monitored and recorded each day. There is evidence that the thermometer is being reset each day and that corrective action is taken if readings outside the accepted range ($2^{o}C$ – $8^{o}C$) are observed.

The room temperature is also recorded each day; satisfactory recordings below 25 ^{o}C were observed.

A number of oxygen cylinders are available in the home. Appropriate signage was in place but the cylinders were not securely chained to a wall. Oxygen cylinders must be securely chained to a wall in order to prevent them falling over and causing an injury. The registered manager confirmed via telephone call on 18 December 2014 that this would be addressed on 19 December 2014.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of Medicines

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

The majority of medicines are supplied in a blister pack system. The audits which were carried out on these medicines produced satisfactory outcomes.

The outcomes of the majority of the audits which were carried out at this inspection were satisfactory indicating that the medicines had been administered as prescribed. However, audit discrepancies were observed for two supplies of memantine 10mg/ml liquid. This finding was discussed with the registered manager and registered nurses. It was agreed that this medicine would be audited on a weekly basis and that all registered nurses would be made aware of the correct dosage procedure.

COMPLIANCE LEVEL: Substantially compliant

7.0 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 Winnie Mashumba, 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 Daly
Pharmacist Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

ANNADALE
17 DECEMBER 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 Winnie Mashumba, Registered Manager**, via telephone call on 18 December 2014.

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 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.

No requirements were made following this inspection.

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 38	Two nurses should sign the records for disposal of medicines. **Ref: Sections 5.0, 6.1 and 6.2**	Two	Memo sent to all nurses to ensure this is done. A system put in place to ensure that the nurses are prompted to get a colleague to check and countersign for the disposal of medicines.	16 January 2014
2	38	Two nurses should sign all hand-written updates on the MARs. **Ref: Sections 5.0 and 6.2**	Two	Frequency of auditing of the MARs increased to fortnightly. Memo sent to all nurses to ensure that they get all handwritten records checked and countersigned by their colleagues.	16 January 2014
3	37	The registered manager should ensure that obsolete warfarin dosage directions are cancelled and archived. **Ref: Section 6.1**	One	These have been removed from the medicines folders. Nurses have been instructed to remove the previously issued warfarin dosage faxes once a new one has been received.	16 January 2014
4	38	The registered manager should ensure that obsolete personal medication records are cancelled and archived; only the current up to date personal medication record should remain in the medicines folder. **Ref: Section 6.2**	One	All obsolete personal medications records have been removed from the medicines folders. Nursing staff reminded in a memo to ensure that they keep this ongoing by cancelling and removing older records that they would have re-written.	16 January 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	Winn Mashumba
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Trevor Gage

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				