



The Regulation and  
Quality Improvement  
Authority

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

<b>Inspection No:</b>	<b>IN021295</b>
<b>Establishment ID No:</b>	<b>1071</b>
<b>Name of Establishment:</b>	<b>Cherryvalley</b>
<b>Date of Inspection:</b>	<b>18 March 2015</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>	Cherryvalley
<b>Type of home:</b>	Nursing Home
<b>Address:</b>	14 - 24 Kensington Drive Belfast BT5 6NU
<b>Telephone number:</b>	028 9040 1560
<b>E mail address:</b>	cherryvalley@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons Health Care Dr Maureen Claire Royston (registration pending)
<b>Registered Manager:</b>	Ms Rosalind Morrison
<b>Person in charge of the home at the time of inspection:</b>	Ms Rosalind Morrison
<b>Categories of care:</b>	NH-I, NH-PH, NH-PH(E), NH-TI
<b>Number of registered places:</b>	46 (35 effective)
<b>Number of patients accommodated on day of inspection:</b>	32
<b>Date and time of current medicines management inspection:</b>	18 March 2015 10:35 – 12:50
<b>Names of inspector:</b>	Judith Taylor
<b>Date and type of previous medicines management inspection:</b>	6 January 2014 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 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 Rosaline Morrison, 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

## 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

Cherryvalley nursing home is situated in the pleasant residential area of Cherryvalley in East Belfast. It is sited on a quiet avenue and is afforded privacy with hedges and trees to the sides and back of the home. Local amenities including shopping areas, access to bus routes to and from Belfast and community services are located nearby. The nursing home is owned and operated by Four Seasons Health Care. The current registered manager is Ms Rosalind Morrison.

The home is a purpose built facility, which provides accommodation on two floors.

The home is registered to provide nursing care to a maximum of 46 patients, although the actual number of patients when the home has full occupancy is 35. This is due to some bedrooms which had previously accommodated two people, having been changed to large single bedrooms. There are a number of lounge areas throughout the home, a main dining room and communal bath/shower rooms and toilets. Catering and laundry facilities are provided on the ground floor along with a staff room.

Car parking is available in the designated car park with an identified area for wheelchair users and emergency vehicles.

The home is registered to provide care under the following categories of care:

#### Nursing care - NH

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

### 4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Cherryvalley was undertaken by Judith Taylor, Pharmacist Inspector on 18 March 2015 between 10:35 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 the 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 Rosaline Morrison 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 Cherryvalley are substantially compliant with legislative requirements and best practice guidelines. The outcomes of the inspection found no concerns; however, some areas for improvement were noted.

Areas of good practice were noted and acknowledged at the inspection as detailed in the report.

Written policies and procedures for medicines management are in place.

There are arrangements in place to provide and record medicines management training and competency assessment for the registered nurses, and care staff who are responsible for the administration of external preparations and thickening agents. Training is evaluated through supervision and appraisal.

A system is in place to audit the management of medicines. The outcomes of the majority of audit trails produced satisfactory outcomes, indicating the medicines had been administered as prescribed.

Most of the medicine record entries were well maintained and readily facilitated the audit process. However, in accordance with safe practice, the transcribing of medicine information on medicine records should involve two trained members of staff to verify the accuracy of the transcribing.

Medicines are stored safely and securely. Key control is appropriate.

The inspection attracted a total of 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**

No requirements or recommendations were made at the previous medicines management inspection on 6 January 2014.

## 6.0 MEDICINES MANAGEMENT REPORT

### 6.1 Management of medicines

Standard Statement - Medicines are handled safely and securely

The management of medicines is maintained in a satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance; areas of good practice were acknowledged. Some areas for improvement were identified and discussed at the inspection as detailed in the report.

Written policies and procedures for medicines management including Standard Operating Procedures for controlled drugs are in place.

The registered manager advised that all registered nurses and designated care staff had been provided with relevant training in the management of medicines and had been deemed competent to do so. There was evidence that staff competencies in medicines management had been recently completed. A list of staff names, signatures and initials is maintained.

Satisfactory arrangements are in place for the stock control of medicines. There was evidence that written confirmation of medicine regimes is obtained for new patients admitted to the home.

A system to audit the management of medicines is in place. Audits are performed on a weekly basis by the registered nurses and a monthly audit is also completed by registered manager. Whilst it is good practice to undertake a weekly audit in relation to thickening agents, the accuracy of the audit outcomes should be reviewed, as it was noted that the recent audit information was incorrect. This was discussed with the registered manager and registered nurses and it was agreed that this would be reviewed with immediate effect.

**COMPLIANCE LEVEL: Substantially compliant**

### 6.2 Medicine Records

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

A sample of medicine records for prescribed, incoming, administered, disposed and controlled drugs were selected for examination at the inspection. These were found to be mostly satisfactory and a good standard of record keeping was observed. Areas of good practice were noted and acknowledged; they included:

- separate records to indicate the need for the administration of 'when required' medicines e.g. laxatives, external preparations
- separate insulin administration records
- the recording of handwritten updates on medication administration records involves two registered nurses who both sign the entry.



During the inspection, it was found that when a thickening agent is prescribed, this was not recorded on one patient's personal medication record and the required consistency level was not routinely recorded on the personal medication records of other patients. However, this information was recorded on the administration records. As the audit in relation to thickening agents includes consistency levels on medicine records, this was brought to the registered manager and registered nurses attention and it was agreed that these details would be updated by the end of the day.

It was noted that when new medicines/medicine details are added to the personal medication records and separate insulin administration records, there are no signatures from the staff to verify the accuracy of the transcribing. This was discussed and a recommendation has been stated.

### **6.3 Storage of medicines**

Medicines were stored safely and securely in accordance with the manufacturer's instructions.

The date of opening was recorded on all medicines with a limited shelf life once opened. Some of these also stated the date of expiry which is good practice.

Satisfactory arrangements are in place for the management of medicine keys.

### **6.4 Administration of medicines**

All of the medicines selected for audit had been labelled appropriately and included full dosage directions.

The outcomes of the majority of audit trails performed on a random sample of a variety of medicines formulations indicated that medicines had been administered as prescribed. A few anomalies were noted and discussed at the inspection.

## 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 **Ms Rosalind Morrison, 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**



The Regulation and  
Quality Improvement  
Authority

**QUALITY IMPROVEMENT PLAN**

**NURSING HOME**

**UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION**

**CHERRYVALLEY**

**18 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 Rosalind Morrison, 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.

<b>RECOMMENDATION</b>					
This recommendation is based on the Nursing Homes Minimum Standards (2008), research or recognised sources. This 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	38	The registered manager should ensure that when the transcribing of medicine details on medicine records is necessary, this process involves two trained staff; both staff should initial the entry on every occasion.  Ref: Section 6.0	One	Record identified was addressed on the day of inspection. All nursing staff have received supervision in regard to this recommendation. Compliance will be monitored by the Home Manager on an ongoing basis.	18 April 2015

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 and return to [pharmacists@rgia.org.uk](mailto:pharmacists@rgia.org.uk):

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Maura McIntyre
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jim McCall <i>Alan Cousins</i>

*Alan Cousins.*

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		<i>Freid Spigo</i>	<i>22/4/15</i>
B.	Further information requested from provider				