NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT
MONITORING INSPECTION REPORT

Inspection No:	**IN020794**
Establishment ID No:	**1074**
Name of Establishment:	**Colinvale Court**
Date of Inspection:	**2 March 2015**
Inspectors' Names:	**Paul Nixon** **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:	Colinvale Court
Type of home:	Nursing Home
Address:	Glen Road Belfast BT11 8BU
Telephone number:	(028) 9060 4316
E mail address:	louisvillegroup@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mr Raymond Liam Murphy
Registered Manager:	Miss Stephanie J Shannon
Person in charge of the home at the time of Inspection:	Miss Stephanie J Shannon
Categories of care:	NH-DE
Number of registered places:	50
Number of patients accommodated on day of inspection:	34
Date and time of current medicines management inspection:	2 March 2015 10:10 – 14:10
Names of inspectors:	Paul Nixon and Helen Daly
Date and type of previous medicines management inspection:	20 October 2014 Unannounced Monitoring

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 previous medicines management inspection of this home on 20 October 2014 had shown that the systems for the management of medicines had improved and all of the concerns raised in the Failure to Comply Notice (FTC Ref No: FTC/NH/1074/2014-15/11) had been addressed and assessed as compliant. Following discussion with senior management in RQIA the notice was lifted on 21 October 2014. The purpose of this visit was to ensure that this progress had been sustained, 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 Miss Stephanie Shannon (Registered Manager) and Mrs Deborah Oktar Campbell (Independent Consultant)
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 Home 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

Colinvale Court is situated just off the Glen Road in West Belfast adjacent to Louisville. It is centrally located within the local community and is very convenient to shops, community services and other amenities. There are good parking facilities within the grounds of the home and the facility is on a public transport route with bus stops adjacent to the premises.

The home provides accommodation for 50 patients over two floors. The layout is designed to facilitate small groups of patients living in a domestic like environment with all services and facilities within the structure designed to advance this concept.

Colinvale Court is registered to provide nursing care for patients who require dementia care (NH-DE).

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Colinvale Court was undertaken by Paul Nixon and Helen Daly, RQIA Pharmacist Inspectors, on 2 March 2015 between 10:10 and 14:10. This summary reports the position in the home at the time of the inspection.

The outcome of the previous medicines management inspection had found improvements in the management of medicines and full compliance with the failure to comply notice. It was, therefore, decided that RQIA would withdraw the failure to comply notice (FTC/NH/1074/2014-15/11) due to full compliance with the matters detailed in the notice. The focus of this monitoring inspection was to determine whether the improved standard had been sustained and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspectors 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 inspectors met with Miss Stephanie Shannon, Registered Manager and Mrs Deborah Oktar Campbell (Independent Consultant). The inspectors 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 Colinvale Court are substantially compliant with legislative requirements and best practice guidelines. The improved standard observed during the previous inspection had been sustained. No significant areas of concern were noted although some areas for improvement were highlighted.

The four requirements and two recommendations made at the previous medicines management inspection on 20 October 2014 were examined during the inspection; the inspectors' validation of compliance is detailed in Section 5.0 of this report.

Procedures are in place to regularly monitor and audit all areas of the management of medicines to ensure that they are in compliance with legislative requirements and minimum standards. Systems are in place to ensure that any shortfalls are identified and appropriate action taken.

The arrangements for the recording of delegated tasks have been reviewed. Care staff apply barrier creams and moisturisers to patients and record this activity on topical medication administration record sheets. Care staff also use thickening agents and record this activity on fluid and food intake charts; however, the consistency was generally not being recorded on these charts. The thickening agent consistency should be routinely recorded on the daily food and fluid intake charts; a recommendation is stated. Care staff have received group supervision relating to the management of topically applied medicines and have also received dysphagia training. Training records have been maintained.

All prescribed medicines were available for administration to patients.

The records of four patients who are prescribed 'when required' anxiolytic medicines for the management of distressed reactions were examined. The reason for and outcome of administration were not being consistently recorded. In an instance where a patient is prescribed 'when required' medication for distressed reactions, the reason for and outcome of each administration should be routinely recorded. A recommendation is restated.

The records of medicines requested, received, prescribed, administered and disposed had been maintained in a largely satisfactory manner. Handwritten entries on the medication administration record sheets were not being consistently verified and signed by two nurses. A recommendation is stated.

Two medicine labels contained outdated dosage directions. The need for the registered person to ensure there is a robust procedure for highlighting where dosage directions on a medicine label are outdated was discussed.

Records for the administration, disposal and stock balance reconciliation checks of controlled drugs had been accurately maintained. Opioid transdermal patches had been administered in accordance with the prescribed instructions.

Medicines were safely and securely stored. The need to ensure oxygen masks are covered was discussed.

The audits which were performed at this inspection produced broadly satisfactory outcomes, indicating that medicines were being administered in accordance with the prescribers' instructions. However, five audits produced unsatisfactory outcomes; the registered manager agreed to closely monitor the administrations of these medicines in order to ensure compliance with the prescribed instructions. The registered person is required to investigate the reasons for the unsatisfactory audit outcomes on Abilify 1mg/ml solution and Seretide 250 Evohaler, each prescribed for one patient. A written response, detailing the outcomes of this investigation, must be submitted to RQIA with the completed Quality Improvement Plan. A requirement is stated. Several medicines did not have the date of opening recorded; this was discussed with the registered manager.

The inspection attracted three requirements and three recommendations which are detailed in the Quality Improvement Plan. Two of the requirements relate to issues which could not be evidenced during the inspection and are, therefore, carried forward onto this Quality Improvement Plan.

The inspectors would like to thank the registered manager and independent consultant for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 20 October 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered person must review the arrangements for the recording of delegated tasks. **Stated twice**	Care staff apply barrier creams and moisturisers to patients. The applications are recorded on topical medication administration record sheets. Care staff also use thickening agents and record this activity on fluid and food intake charts; however, the thickener consistency was generally not being recorded on these charts. Care staff have received group supervision relating to the management of topically applied medicines and have also received dysphagia training. Training records have been maintained. **A recommendation is stated.**	**Substantially compliant**
2	13(4)	The registered person must review the medicines management policies and procedures. **Stated once**	The medicines management policies and procedures are currently being reviewed. Several new policies and procedures have been rewritten.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered person must ensure that robust systems are in place if families are sharing responsibility for acquiring medicines during periods of respite care to ensure that patients have a continuous supply of their prescribed medication. **Stated once**	This could not be evidenced, as there have been no new admissions since the previous inspection. **The requirement is, therefore, carried forward to the next inspection.**	**Not applicable**
4	13(4)	The registered person must ensure that a robust system is in place for the management of warfarin dosage directions and the recording of warfarin stock balances. **Stated once**	This could not be evidenced, as no patients are currently prescribed warfarin. **The requirement is, therefore, carried forward to the next inspection.**	**Not applicable**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The written procedures for the disposal of medicines should be amended to reflect current practice. **Stated once**	The disposal of medicines procedure had been amended to reflect current practice.	**Compliant**
2	40	In an instance where a patient is prescribed 'when required' medication for distressed reactions, the reason for and outcome of administration should be routinely recorded. **Stated once**	The records of four patients who are prescribed 'when required' anxiolytic medicines for the management of distressed reactions were examined. The reason for and outcome of administration were not being consistently recorded. **This recommendation is restated.**	**Moving towards compliance**

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 residents 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 residents 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 **Miss Stephanie 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:

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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

COLINVALE COURT
2 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 **Miss Stephanie 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 all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered person must ensure that robust systems are in place if families are sharing responsibility for acquiring medicines during periods of respite care to ensure that patients have a continuous supply of their prescribed medication. **Ref: Section 5.0** **This requirement is carried forward from the previous inspection**	One	At pre-admission stage, it will be communicated to family members that a continuous supply of prescribed medication must be provided to the home on the day of admission. On the day of admission, the admitting nurse is responsible for counting the received medication to ensure that the sufficient quantities have been provided and this is to be recorded in the drug receipt book. The medicine policy and procedures will reflect the homes policy that medipack system will no longer be accepted in the home. This will also be communicated to families of repeat-respite patients,who may have provided this system in the past.	Ongoing

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
2.	13(4)	The registered person must ensure that a robust system is in place for the management of warfarin dosage directions and the recording of warfarin stock balances. **Ref: Section 5.0** **This requirement is carried forward from the previous inspection**	One	Medicine supervision carried out on August 22nd ,regarding the management of warfarin. Staff are aware that two signatures are necessary, when administering warfarin and also transcribing changes to direction. Fax copies of INR results and changes in dosage,must be requested from GP and signed by nurse,who receives the fax copy. Staff aware of their responsibilities in recording count-down of warfarin ,by way of physically counting the stock balance, rather than the theoretical count, based on what was recorded previously.	Ongoing

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	13(4)	The registered person must investigate the reasons for the unsatisfactory audit outcomes on Abilify 1mg/ml solution and Seretide 250 Evohaler, each prescribed for one patient. A written response, detailing the outcomes of this investigation, must be submitted to RQIA with the completed Quality Improvement Plan. **Ref: Section 4.0**	One	Please find enclosed copy of investigation carried out.	With completed Quality Improvement Plan

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	In an instance where a patient is prescribed 'when required' medication for distressed reactions, the reason for and outcome of administration should be routinely recorded. **Ref: Sections 4.0 and 5.0**	Two	This issue has been discussed with Staff Nurses during Supervision held week commencing 09/03/15	1 April 2015
2	38	The thickening agent consistency should be routinely recorded on the daily fluid and food intake charts. **Ref: Sections 4.0 and 5.0**	One	This was further discussed during supervision. Food and Fluid sheet continue to be aduited to ensure this task is completed.	1 April 2015
3	38	Handwritten entries on the medication administration record sheets should be consistently signed by two nurses. **Ref: Section 5.0**	One	Staff Nurses have been further reminded of this during Supervision sessions.	1 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Stephanie Shannon
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Raymond Murphy.

	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		Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	16/05/2015
B.	Further information requested from provider		X	Paul W. Nixon	16/05/2015