NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18311**
Establishment ID No:	**1079**
Name of Establishment:	**Edgewater Lodge (Copeland and Lighthouse Suites)**
Date of Inspection:	**8 May 2014**
Inspector's Name:	**Paul Nixon**

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:	Edgewater Lodge (Copeland and Lighthouse Suites)
Type of home:	Nursing Home
Address:	4 Sunnydale Avenue Donaghadee BT21 0LE
Telephone number:	(028) 9188 8044
E mail address:	edgewater.lodge.m@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Mr Tiago Moreiro (Acting Manager)
Person in charge of the home at the time of Inspection:	Mr Tiago Moreiro (Acting Manager)
Categories of care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI, NH-DE
Number of registered places:	34
Number of patients accommodated on day of inspection:	Copeland Suite 18 Lighthouse Suite 16
Date and time of current medicines management inspection:	8 May 2014 10:00 – 15:00
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	5 September 2011 Unannounced Monitoring inspection

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 the acting manager, Mr Tiago Moreiro 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

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

Edgewater Lodge is situated on the outskirts of Donaghadee in a residential area. It is a purpose built facility with all patient accommodation at ground level. The home consists of two suites, each registered separately**.**

This report refers to the Copeland and Lighthouse Suites.

Copeland Suite is a 20 bedded suite currently registered to provide nursing care for patients under the following categories of care;

I	Old age not falling into any other category
PH	Physical disablement, under 65years of age
PH (E)	Physical disablement over 65 years of age
TI	Terminal illness

Lighthouse Suite is a 17 bedded suite registered to provide care for patients under the following categories of care;

De	Dementia

Within both units which are separated by double doors, there are an adequate number of sitting/dining rooms and toilet/bathroom/shower facilities appropriately located throughout the home. A centrally located kitchen and laundry provide services to the home. Car parking facilities are available within the grounds of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Edgewater Lodge (Copeland and Lighthouse Suites) was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 8 May 2014 between 10:00 and 15:00. 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 inspectors met with the acting manager of the home, Mr Tiago Moreiro, and 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 Edgewater Lodge (Copeland and Lighthouse Suites) are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The one requirement which was made at the previous medicines management inspection on 5 September 2011 was examined during the inspection. It is assessed as compliant.

Since the previous inspection, RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the robust arrangements for staff medicines management training and competency assessments, the routine recording of the dates of opening of medicine containers to facilitate audit activity and the additional records in place for the recording of the applications and removals of transdermal opioid patches.

There is a programme of staff training in the home. There are annual medicines management competency assessments for staff members who manage medicines.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions.

Medicine records had been maintained in a mostly satisfactory manner. The times of administration of bisphosphonates must be accurately recorded on the medicine administration record sheets. In Lighthouse Suite, the route of application of eye-treatment medicines should always be recorded on the personal medication record sheets. In Lighthouse Suite, there should be arrangements in place to ensure the date of the next dose of an injectable medicine is clearly referenced.

Medicines were stored safely and securely, in accordance with legislative requirements and the manufacturers' instructions.

The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.

In an instance where a patient is prescribed 'when required' anxiolytic and antipsychotic medication for distressed reactions and a regular pattern of administration of that medication has developed, the prescriber should be requested to review the dosage instructions.

The inspection attracted a total of one requirement and four recommendations. The requirement and recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the acting manager and registered nurses 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 5 September 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	The registered manager must closely monitor the administrations of memantine oral solution, prescribed for patient A, in order to ensure compliance with the prescriber's instructions. **Stated once**	Several audits that were performed on memantine oral solution indicated that the patients' were being administered this medication in accordance with the prescribed instructions.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Two discrepancies were drawn to the attention of the acting manager who agreed to closely monitor their administrations in order to ensure compliance with the prescribed instructions. The acting manager and registered nurses advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Evidence of the confirmation of dosage regimes was examined for one recently admitted patient. The process for obtaining prescriptions was reviewed. The acting manager and registered nurses advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing.	Compliant
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are written policies and procedures detailing the arrangements for the management of medicines. These were not examined in detail during the inspection. There are Standard Operating Procedures for the management of controlled drugs.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
There is a programme of staff medicines management training in the home. The acting manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and was observed to have been appropriately completed. Care staff have received training on the management of topical medicines and thickening agents and competency assessments have been completed for them. A record of the training and development activities completed by the designated staff in relation to the management of medicines is maintained.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The acting manager confirmed that he evaluates the impact of medicines management training on staff members through supervision and observation of practice. Staff appraisals and competency assessments are undertaken on an annual basis and a record of this activity is maintained. A sample of the staff competency assessments was examined.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are placed into designated clinical waste bins by nursing staff. The registered manager stated that two nurses dispose of all pharmaceutical waste into these bins. Two nurses denature controlled drugs. The waste bins are removed by a clinical waste company.	Compliant
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Inspection Findings:	
There was recorded evidence that practices for the management of medicines are audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary. A medicines audit used to be performed monthly; this frequency has recently lapsed to six-monthly. The last audit was performed in February 2014 and an action plan had been drawn up relating to several observations made. There was no recorded evidence to indicate that compliance with the action plan had been assessed. Discussion took place with the acting manager about increasing the frequency of medication audits. The acting manager agreed to review the frequency at which medication audits are performed in order to ensure that these arrangements are robust. Dates and times of opening had been recorded on the containers. This good practice is commended.	Compliant

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicine records were observed to be maintained in a manner that facilitates audit activity.	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of each of the above records was examined and found to have been maintained in a broadly satisfactory manner. There was a good correlation between the personal medication record and medication administration record entries and the details printed on the medicine labels. Bisphosphonates were recorded as having been administered during the morning medication round (with or after breakfast). The registered nurses stated that these medicines are administered in advance of breakfast, in accordance with the manufacturers' instructions. The times of administration of bisphosphonates must be accurately recorded on the medicine administration record sheets. A requirement is stated.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

In Lighthouse Suite, the routes of application of several eye-treatment medicines, although specified on the medication administration record sheets and medicine labels, were not recorded on the personal medication record sheets. A recommendation is stated. In Lighthouse Suite, one patient who is prescribed an injectable medicine to be administered at three monthly intervals did not have the date of the next dose clearly referenced. A recommendation is stated.	
Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner.	Compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
In each suite, medicines were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements. Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. The temperature range of the medicine refrigerators and the medicine storage room are monitored and recorded each day. Temperatures had been maintained within the recommended ranges.	Compliant
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Inspection Findings:	
In each suite, the medicine keys were observed to be in the possession of the registered nurse on duty. The controlled drug cabinet key was observed to be carried by the registered nurse, separately from the other medicine keys.	Compliant

STANDARD 39 - MEDICINE STORAGE

Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Inspection Findings:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. Stocks of the Schedule 4 controlled drug, diazepam are also reconciled at each handover of responsibility. This good practice is commended.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

The Management of 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 four patients. None of the four patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. For each patient, the parameters for administration were recorded on the personal medication record and records of administration had been maintained on the medicine administration record sheets. For three patients, the reasons for administration and outcomes had not been recorded in the daily progress notes. The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. A recommendation is stated.

For two patients, the administrations of the prescribed 'when required' anxiolytic medication for distressed reactions had developed into a regular daily pattern. In an instance where a patient is prescribed 'when required' anxiolytic and antipsychotic medication for distressed reactions and a pattern of regular administration of that medication has developed, the prescriber should be requested to review the dosage instructions. A recommendation is stated.

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 **Mr Tiago Moreiro (Acting Manager),** during the inspection, 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:

Paul Nixon
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 INSPECTION

EDGEWATER LODGE (Copeland and Lighthouse Suites)
8 May 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 **Mr Tiago Moreiro (Acting 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.

STATUTORY REQUIREMENT

This section outlines the actions 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 provider must ensure that the times of administration of bisphosphonates are accurately recorded on the medicine administration record sheets. **Ref: Criterion 38.2**	One	The registered nurses have been reminded with regards detailing the times of administration and these will be monitored through the auditing process	7 June 2014

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	38	The registered provider should ensure that, in Lighthouse Suite, the route of application of each eye-treatment medicine is recorded on the personal medication record sheets. **Ref: Criterion 38.2**	One	The persoanl medicaiton record sheets have been updated to reflect this. This will be monitored through the auditng process	7 June 2014
2	38	The registered provider should ensure that, in Lighthouse Suite, there are arrangements in place to ensure the date of the next dose of an injectable medicine is clearly referenced. **Ref: Criterion 38.2**	One	Documentation is now in place to ensure that the next dose of an injectable medicine is clearly referenced	7 June 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	38	The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. **Ref: Section 7.0**	One	The registered nurses have been reminded to ensure that care plans/progress notes are fully updated following the administration of anxiolytic and antipsychotic medications. This will be monitored through the auditing process	7 June 2014
4	37	The registered provider should ensure that, where a patient is prescribed 'when required' anxiolytic and antipsychotic medication for distressed reactions and a regular pattern of administration of that medication has developed, the prescriber is requested to review the dosage instructions. **Ref: Section 7.0**	One	A full review of anxiolytic and antipsychotic drugs will take place and continual review will continue with regards PRN medication.	7 June 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 and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Tiago Moreira
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall Carol Cousins CAROL COUSINS

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paula W. Nixon	24/6/14
B.	Further information requested from provider		X		24/6/14