NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020803**
Establishment ID No:	**1164**
Name of Establishment:	**Daleview House**
Date of Inspection:	**26 January 2015**
Inspector's Name:	**Helen Mulligan**

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

1.0 GENERAL INFORMATION

Name of home:	Daleview House
Type of home:	Nursing home
Address:	Shepherd's Way Dungiven Road Londonderry BT47 2AL
Telephone number:	(028) 7134 8015
E mail address:	m.mccorkell@apex housing.org
Registered Organisation/ Registered Provider:	Apex Housing Association Mr Gerald Kelly
Registered Manager:	Ms Marcella McCorkell
Person in charge of the home at the time of Inspection:	Ms Marcella McCorkell
Categories of care:	NH-I
Number of registered places:	26
Number of patients accommodated on day of inspection:	26
Date and time of current medicines management inspection:	26 January 2015 10:00 – 15:15
Names of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	22 July 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 previous medicines management inspection of this home on 22 July 2014 had shown that robust systems for the management of medicines were not in place, and improvements were needed in the standards for the management of medicines. The purpose of this visit was to determine what progress had been made in addressing the eight requirements and ten recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The Nursing Homes Regulations (Northern Ireland) 2005.

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards(2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Ms Marcella McCorkell, registered manager, and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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 Homes Minimum Standards (year) 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

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

Daleview House nursing home provides care for up to 26 patients in the general nursing category of care.

This purpose-built home is situated at Shepherd's Way, Dungiven Road in Londonderry.

The home comprises 27 single bedrooms, a choice of two sitting rooms, dining room, main kitchen, toilet/washing facilities, staff accommodation, offices and a designated smoking area for patients.

The registered manager of the home is Ms Marcella McCorkell.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Daleview House was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 26 January 2015 between 10:00 and 15:15. This summary reports the position in the home at the time of the inspection.

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

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

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

During the course of the inspection, the inspector met with the registered manager of the home, Ms Marcella McCorkell and with the registered nurses/staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines are substantially compliant with legislative requirements and best practice guidelines. No significant areas of concern were identified during this inspection although areas where further improvements are necessary were noted and highlighted during the inspection.

The eight requirements and 10 recommendations made at the previous medicines management inspection on 22 July 2014 were examined during this inspection.

Compliance with seven of the previous requirements was noted. The home was moving towards achieving compliance with the other requirement. Further improvements are necessary to ensure that records of the administration of medicines by nursing and non-nursing staff members are adequately maintained and this requirement is re-stated in this report.

Since the last inspection, compliance with five of the previous recommendations has been achieved. The home was moving towards achieving compliance with three recommendations and not was compliant with two recommendations. Further improvements are necessary in the management of warfarin stock balance records, the management of audit discrepancies, records of the receipt of medicines and the packaging of medicines prescribed on an "as required" basis. These four recommendations are re-stated in this report.

The recommendation regarding improvements in the management of anxiolytic medicines has been stated as a requirement in this report. Care plans for the management of distressed reactions should be in place for each patient where applicable. These should detail the parameters for the administration of any anxiolytic medicines in the management of distressed reactions. The parameters for administration must be recorded on the patients' personal medication records, and daily notes detailing the reason for administration of the medicine and the noted effect should be maintained.

An additional recommendation regarding the management of anticoagulant medicines was made at this monitoring inspection. The registered manager should ensure that telephoned instructions regarding medicine dosages are confirmed in writing at the earliest opportunity.

The inspector's validation of compliance can be noted in Section 5.0 below.

During the inspection, it was also noted that relatives are sometimes taking responsibility for administering medicines to one patient in the home. The registered manager was advised that this arrangement should be clearly detailed in the patient's care plan and kept under regular review and records of medicines administered should indicate who is responsible for the administration of medicines.

Whilst improvement in some areas was acknowledged, it was disappointing, given the detailed feedback at the previous inspection, that one requirement and four recommendations have been restated in this report. As compliance with all of the requirements and recommendations made at the medicines management inspection on 22 July 2014 had not been achieved, the findings of this monitoring inspection were discussed with Frances Gault, Senior Pharmacist, RQIA, following the inspection. It was agreed that a further monitoring inspection of the home will take place to ensure that the home has achieved compliance with the requirements and recommendations and that the registered manager has made the necessary arrangements to ensure medicines are managed safely and effectively.

The inspection attracted a total of two requirements, one of which is stated for the second time and five recommendations, four of which are stated for the second time. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 22 July 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must implement additional monitoring and auditing arrangements for liquid medicines and any further discrepancies must be investigated and reported to RQIA. **Stated once**	Staff confirmed that additional monitoring and auditing arrangements had been implemented following the last medicines inspection and records showed that liquids are now included in the monthly medicine audits. Samples of liquid medicines, including controlled drugs, were audited during the inspection. These audits produced satisfactory results.	**Compliant**
2	13(4)	The registered manager must ensure that all medicines are administered in accordance with the prescriber's instructions. **Stated once**	A sample of medicines was audited during the inspection. The results of these audits indicated that medicines are being administered as prescribed.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager must review and revise personal medication records to ensure dosage directions are accurately recorded and correlate with the directions on the corresponding medication administration records and medicine labels. **Stated once**	A randomly selected sample of personal medication records was reviewed during the inspection. These records were generally satisfactory and correlated with the corresponding medication administration records. A small number of issues were highlighted during the review of these records. The registered manager advised that these records would be amended following the inspection and no further action is required at this time.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must ensure that all records of medicines administered, including topical medicines and thickening agents by non-nursing care staff are adequately maintained. **Stated once**	Records of the administration of medicines by nursing staff and records of the administration of topical medicines and thickening agents by non-nursing care staff were reviewed during the inspection. Some records of the administration of medicines by nursing staff were not adequately maintained. Some incomplete records were noted, variable medicine doses were not always recorded and some records were difficult to read and audit. A discrepancy was also noted in the administration records for warfarin tablets, although the corresponding stock balance records for warfarin indicated that the correct dose of warfarin had been administered. The layout of records of the administration of topical medicines and thickening agents has been reviewed and revised since the last medicines inspection and this improvement was acknowledged during the inspection. However, these records were noted to be incomplete and there was no evidence that they are subject to regular review by the registered nurses or the registered manager. **This requirement is re-stated**	**Moving towards compliance**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The registered manager must ensure that records of the supply of medicines for periods of home leave are maintained. **Stated once**	Records of the supply of medicines for periods of home leave were adequately maintained.	**Compliant**
6	13(4)	The registered manager must ensure that robust arrangements are in place to monitor stock balances of supplies of controlled drugs in liquid form. **Stated once**	Stock balances of controlled drugs in liquid form are monitored and reconciled at each handover of responsibility. No discrepancies in the stock balances of these liquids were noted during the inspection. No discrepancies in stock balances of these liquids have been noted by the registered manager or nursing staff since the last inspection.	**Compliant**
7	13(4)	The registered manager must ensure that the temperature of the medicines refrigerator is maintained between 2 and 8°C and blood samples are not stored in the medicines refrigerator. **Stated once**	Medicine refrigerator temperature records were reviewed during the inspection. Records showed that the maximum and minimum temperatures of the medicine refrigerator are monitored and recorded once or twice in each 24 hour period. All records reviewed indicated that the refrigerator had been maintained at the correct temperature. A cool bag is now used to store blood samples. No blood samples were noted in the medicines refrigerator during the inspection.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
8	13(4)	The registered manager must review and revise the management of covert administration of medicines to address the issues highlighted in Section 7.0. **Stated once**	During the inspection, the registered manager and staff nurses on duty advised that no patients currently required medicines to be administered covertly. At the previous inspection, evidence of pharmaceutical guidance for crushing medicines to facilitate covert administration and authorisation from the prescriber to administer medicines covertly could not be located. During this inspection, the registered manager provided written evidence that this information had been obtained in October 2013. This was reviewed during the inspection and noted to be satisfactory. The home has a written policy and procedure for the covert administration of medicines; this was reviewed during the inspection and noted to be satisfactory.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should ensure that stock balance records for warfarin tablets are adequately maintained. **Stated once**	Some discrepancies and incomplete records were noted in the stock balance records for warfarin tablets. **This recommendation is re-stated.**	**Moving towards compliance**
2	37	The registered manager should ensure that a list of the names and sample signatures and initials of non-nursing care staff who have been trained and deemed competent to administer medicines in the home is maintained. **Stated once**	A staff sample signature list for nursing and non-nursing care staff was posted in the treatment room.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	37	The registered manager should ensure that appropriate action is taken when discrepancies are noted in medicine audits. **Stated once**	There was evidence that the registered manager took the appropriate action to manage audit discrepancies noted by the community pharmacist on 28 August 2014 and following an audit undertaken by the registered manager in October 2014. However, where medicine discrepancies had been noted by nursing staff during their monthly audits, there was no evidence that action had been taken to manage these discrepancies. **This recommendation is re-stated**	**Moving towards compliance**
4	38	The registered manager should review the home's filing system for medicine records to ensure records are readily available for inspection and to facilitate the audit process. **Stated once**	Medicine records were available during the inspection.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	38	The registered manager should review the layout of the medicines received record book to ensure details are consistently and fully recorded. **Stated once**	Some improvements were noted in the layout and management of records of medicines received. However, the name of one patient was missing from the records and the dosage instructions were not routinely recorded. **This recommendation is re-stated**	**Moving towards compliance**
6	38	The registered manager should ensure that handwritten medication administration records are checked and signed by two designated members of staff. **Stated once**	It was noted that handwritten medication administration records had been signed by two designated members of staff.	**Compliant**
7	39	The registered manager should ensure that the room temperature of the treatment room is monitored on a daily basis to ensure it does not exceed 25°C. **Stated once**	Records showed that the room temperature of the treatment room is now monitored on a daily basis and that the temperature had not exceeded 25°C.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
8	37	The registered manager should ensure that G.P. consent and pharmaceutical advice is sought when medicines are crushed and/or added to food or drink to facilitate the administration process. **Stated once**	One patient in the home requires two medicines to be crushed to facilitate swallowing. The patient's care plan showed that the prescriber had given consent for these medicines to be crushed and the home had obtained the necessary pharmaceutical advice.	**Compliant**
9	37	The registered manager should review the packaging of medicines prescribed on an "as required" basis. **Stated once**	Four supplies of medicines prescribed on an "as required" basis had been supplied in sealed monitored dosage cassettes. Of these supplies, three had exceeded the recommended storage time of 8 weeks and were removed for disposal during the inspection. **This recommendation is re-stated**	**Not compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
10	37	The management of anxiolytic medicines prescribed on an "as required" basis for the management of distressed reactions should be reviewed and revised to address the issues highlighted in Section 7.0. **Stated once**	The management of anxiolytic medicines was reviewed. Two patients' records were examined. Care plans for the management of these medicines were incomplete. The parameters for administration of one of the medicines were unclear and the directions on the patient's personal medication record did not state the frequency of administration and/or the maximum daily dose. Daily notes for these patients did not always detail why the medicine was required to be administered and what was the observed effect of the administration. These issues must be addressed. **A requirement is made**	**Not compliant**

6.0 ADDITIONAL AREAS EXAMINED

Management of warfarin

During the inspection, staff advised that instructions regarding warfarin are often telephoned to the home. These telephoned instructions are sometimes, but not always confirmed in writing at the earliest opportunity. This should be addressed. A recommendation is made

6.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed Ms Marcella McCorkell, Registered Manager, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

DALEVIEW HOUSE
26 JANUARY 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 Marcella McCorkell, Registered Manager**, during and after 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 REQUIREMENTS **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**	**REQUIREMENTS**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must ensure that all records of medicines administered, including topical medicines and thickening agents by non-nursing care staff are adequately maintained. **Ref: Section 4.0 and 5.0**	**Two**	A system has now been implemented whereby the records are audited daily during handover by the Nurse in Charge to ensure compliance.	Ongoing
2	13(4)	The registered manager must review and revise the management of anxiolytic medicines prescribed on an “as required” basis to ensure care plans, daily notes and medicine records are adequately maintained. **Ref: Section 4.0 and 5.0**	**One**	All relevant care plans have been reviewed in relation to the management of anxiolytic medicines prescribed on an 'as required' basis. Staff have been informed of the need to complete a comprehensive accurate daily notes and medicine records and to inform as to why anxiolytic medication was administered	30 days

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	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should ensure that stock balance records for warfarin tablets are adequately maintained. **Ref: Section 4.0 and 5.0**	**Two**	A daily stock balance for patients on Warfarin therapy will be put in place for future patients who are prescribed same.	Ongoing
2	37	The registered manager should ensure that appropriate action is taken when discrepancies are noted in medicine audits. **Ref: Section 4.0 and 5.0**	**Two**	The manager will ensure that when discrepancies are highlighted in audits that this will be addresed as a matter of urgency with the nursing staff. More frequent audits and action plans will be developed.	Ongoing
3	38	The registered manager should review the layout of the medicines received record book to ensure details are consistently and fully recorded. **Ref: Section 4.0 and 5.0**	**Two**	The layout of the medicines received book has been amended to allow record of dosage instructions.	Ongoing

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	The registered manager should review the packaging of medicines prescribed on an “as required” basis. **Ref: Section 4.0 and 5.0**	**Two**	The dispensing pharmacy Boots was requested to cease dispensing as required medication in MDS blister packs. Subsequently all as required medication will be dispensed in boxes/bottles.	Ongoing
5	37	The registered manager should ensure that telephoned instructions regarding medicine dosages are confirmed in writing at the earliest opportunity. **Ref: Section 6.0.**	**One**	Staff have been informed about the need to ensure that when instructions regading medicine dosages are given via telephone that this is followed up by written confirmation as soon as possible.	30 days

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Marcella Mc Corkell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Muriel Sands

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Mulligan	13 March 2015
B.	Further information requested from provider				