



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	18118
Establishment ID No:	1172
Name of Establishment:	Culmore Manor Care Centre
Date of Inspection:	14 April 2014
Inspector's Name:	Judith Taylor

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Culmore Manor Care Centre
Type of home:	Nursing Home
Address:	39 Culmore Road Londonderry BT48 8JB
Telephone number:	028 7135 9302
E mail address:	ciaran.burke@larchwoodni.com
Registered Organisation/ Registered Provider:	Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan
Registered Manager:	Mr Ciaran Burke
Person in charge of the home at the time of Inspection:	Mr Ciaran Burke
Categories of care:	NH-I, NH-PH
Number of registered places:	56
Number of patients accommodated on day of inspection:	54
Date and time of current medicines management inspection:	14 April 2014 10:10 – 15:20
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	1 December 2011 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 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 Mr Ciaran Burke (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

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home.

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).

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

Culmore Manor Care Centre is situated in its own landscaped grounds off the Culmore Road on the outskirts of Londonderry. The home runs adjacent to the Foyle Bridge and is conveniently accessible to the public.

The home is registered to provide nursing care in the following categories:

- NH I - Old age not falling within any other category
- NH - PH - Physical disability other than sensory impairment.

Facilities are provided over two floors with bedroom accommodation on both floors. The home now operates single occupancy bedrooms some with en-suite facilities. Access to the first floor is via a passenger lift and stairs.

Dining room and day room facilities are provided on both floors of the home.

Larchwood Care Homes (NI) Ltd has recently become the Registered Provider of the home and Mr Ciaran Henry Sheehan is the Responsible Individual.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Culmore Manor Care Centre was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 14 April 2014 between 10:10 and 15:20. 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 inspector met with the registered manager of the home, Mr Ciaran Burke, 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 Culmore Manor Care Centre are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The management of medicines was well controlled and practices are maintained in accordance with legislative requirements, professional standards and guidance.

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

Areas of good practice were noted throughout the inspection.

Written policies and procedures for medicines management and standard operating procedures are available in the home.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

Care plans pertaining to epilepsy, covert administration of medicines and crushing of medicines are in place. Some care plans regarding the administration of medicines for distressed reactions are in place. These should be developed for each patient prescribed a medicine on a 'when required' basis for the management of distressed reactions.

Suitable arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited on a monthly basis and daily stock balances are maintained for a number of medicines. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection, indicated medicines had been administered in strict accordance with the prescribers' instructions. This included time critical medicines such as medicines prescribed for Parkinson's disease. The registered manager and staff are commended for their efforts.

The majority of the medicine records which were selected for examination had been maintained in the required manner. The recording of disposed medicines should be reviewed.

Medicines are stored safely and securely. Satisfactory arrangements are in place to monitor the temperature of medicine storage areas. Key control was appropriate.

The inspection attracted a total of four recommendations. The 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

This was the first medicines management inspection since the re-registration of this home on 3 December 2013.

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:	
<p>The registered manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.</p> <p>There was evidence that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home.</p> <p>The process for obtaining prescriptions was reviewed. All prescriptions are now received into the home and checked against the order before being forwarded to the community pharmacy for dispensing. A copy of each prescription is kept in the home.</p> <p>The management of warfarin was examined. Warfarin dosage regimes are confirmed by facsimile. The date of opening is recorded on the warfarin containers in use and no discrepancies were observed in the audit trails performed on warfarin during this inspection. In accordance with best practice, it was recommended that a daily stock balance for warfarin should be maintained.</p> <p>The outcomes of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. These satisfactory outcomes were acknowledged.</p> <p>Staff have access to up to date medicine reference sources.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Written policies and procedures for the management of medicines are in place. The registered manager confirmed that Standard Operating Procedures for controlled drugs had been developed and implemented.</p>	<p>Compliant</p>
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:	
<p>The registered manager confirmed that staff who manage medicines are trained and competent to do so. He advised that staff competencies in medicine management are assessed annually.</p> <p>A sample of training records was observed at the inspection. The registered nurses had received training in enteral feeding in January 2014 and general medicines management training in early March 2014. The most recent training provided was in relation to the management of dysphagia, which had been provided for registered nurses and care staff in March 2014.</p> <p>A list of the names, signatures and sample initials of registered nurses authorised to manage medicines is maintained. This list should be further developed to ensure it includes the designated care staff that are responsible for delegated medicine tasks. A recommendation has been made.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

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 registered manager stated that he evaluates the impact of medicines management training on the nurse and care staff through supervision and observation of practice. Staff appraisal is completed each year and one to one staff supervision is undertaken throughout the year as needed.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
There is a written policy and procedure in place for the management of medicine related incidents. The registered manager stated that medication errors and incidents would be routinely reported to RQIA.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
All discontinued or expired medicines are placed into special waste bins. The waste bins are removed in accordance with legislative requirements and DHSSPS guidelines. Staff confirmed that controlled drugs are denatured prior to disposal.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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: The registered manager has a system in place to audit the management of medicines. Registered nurses undertake daily audits on a variety of medicines and running stock balances are maintained. This is good practice. An audit, which covers other areas of medicines management, is also performed by the registered manager at monthly intervals and records are maintained. A sample of the audit records were provided at the inspection. There was evidence of the action taken following any discrepancies. The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers and recording the stock balance of any remaining medicines for the new medicine cycle.	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: <p>Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged. This included the following:</p> <ul style="list-style-type: none"> • two registered nurses are usually involved in transcribing medicine details on personal medication records and medication administration records • obsolete records are securely archived and are ready retrievable to facilitate the inspection • there are alert notices regarding the administration of bisphosphonate medicines and patches • separate administration records are maintained to clearly document the site of location of controlled drug patches • there are arrangements in place to remind staff of the next date of administration of injections. 	Compliant

STANDARD 38 - MEDICINE RECORDS

Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings: Each of the above records is maintained in the home. A sample was selected for examination and these were found to be mostly satisfactory. The good standard of record keeping was noted. Staff are reminded that the prescribed consistency level of thickened fluids should be recorded on personal medication records and administration records completed by care staff. It was acknowledged that this was recorded on some of the records. When medicines are discontinued or deemed unfit for use, two registered nurses are not routinely involved in the disposal of medicines. This only occurs when denaturing controlled drugs. In accordance with best practice, two registered nurses/suitably trained staff should be involved in the disposal of all medicines on every occasion and both registered nurses should initial the record. A recommendation has been made.	Substantially compliant
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: Observation of the controlled drugs record book indicated records were being maintained in a satisfactory manner. No discrepancies were observed in the stock balances of controlled drugs. There was evidence that Schedule 2, Schedule 3 and Schedule 4 (part 1) controlled drugs are denatured prior to disposal.	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:

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

The temperature monitoring of the treatment room and medicine refrigerators indicated that satisfactory temperatures had been achieved.

There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.

Appropriate arrangements are in place for the stock control of medicines.

Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinets.

Oxygen is stored and managed appropriately. The signage was missing from the door of the ground floor treatment room and it was agreed that this would be replaced after the inspection.

Dates and times of opening were routinely recorded on limited shelf-life medicines. However, four containers of eye drops which were prescribed for one patient had passed the expiry date and were removed and replaced at the inspection. The registered nurse advised that this was an oversight and would be closely monitored.

Substantially compliant

STANDARD 39 - MEDICINES STORAGE

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:	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys.</p> <p>Appropriate arrangements are in place for the management of spare keys.</p>	Compliant
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:	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs which are subject to safe custody requirements are reconciled at each handover of responsibility. This occurs twice daily and a daily stock balance is maintained.</p> <p>In accordance with good practice, staff continue to include supplies of diazepam (Schedule 4) in the stock reconciliation checks in the home.</p>	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Medicines prescribed for Parkinson's disease

The management of one patient's Madopar was examined. This medicine is prescribed for administration six times daily. The registered nurses confirmed that they were aware that the administration of the medicine must not be delayed for more than 15 minutes.

To ensure adherence to this prescribed regime, a system has been implemented to alert the registered nurses of each time of administration. This is good practice. The administration is accurately recorded on the administration record.

Medicines prescribed for distressed reactions

The management of distressed reactions for four patients who are prescribed medicines on a 'when required' basis was examined. The patients' personal medication records, care plans and administration records were reviewed. These showed that some information was missing and this was discussed with the registered nurses and registered manager at the inspection. This should be reviewed to ensure that the relevant records are fully maintained. A recommendation has been made.

There were no discrepancies in the audit trails performed on these medicines and it was found that these medicines are administered infrequently.

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 Ciaran Burke (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

QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CULMORE MANOR CARE CENTRE

14 APRIL 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 Ciaran Burke, 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.

2017.05.04

No requirements were made following this inspection.

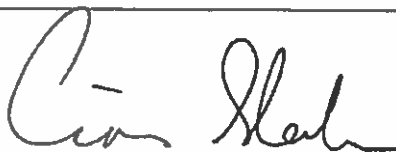
RECOMMENDATIONS


These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should maintain a daily stock balance for warfarin. Ref: Criterion 37.1	One	Daily stock balance maintained.	15 May 2014
2	37	The registered manager should develop a list of the names, signatures and sample initials of the care staff who are trained and deemed competent, in delegated medicine related tasks. Ref: Criterion 37.3	One	This list now in place.	15 May 2014
3	38	The registered manager should ensure that two nurses/suitably trained staff are involved in the disposal of each medicine and both persons should sign the disposal record. Ref: Criterion 38.2	One	Disposal records are now signed by two registered nurses.	15 May 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	<p>The registered manager should review the management of distressed reactions to ensure the relevant records are maintained.</p> <p>Ref: Section 7.0</p>	One	Care Plans and daily records updated to detail distressed reactions and relevant drug administration.	15 May 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Ciaran Burke
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

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