



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN018442
Establishment ID No:	1184
Name of Establishment:	Longfield Care Home
Date of Inspection:	2 December 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:	Longfield Care Home
Type of home:	Nursing Home
Address:	2 Longfield Road Eglinton BT47 3PY
Telephone number:	(028) 7181 2552
E mail address:	longfield@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (Bamford) Ltd Mr James McCall
Registered Manager:	Mrs Louise McCloskey
Person in charge of the home at the time of Inspection:	Mrs Louise McCloskey at the beginning of the inspection and Sister Cathy Coyle for the remainder of the inspection
Categories of care:	NH-PH, NH-PH(E), NH-I
Number of registered places:	46
Number of patients accommodated on day of inspection:	43
Date and time of current medicines management inspection:	2 December 2014 10:40 – 15:15
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	26 July 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 Mrs Louise McCloskey, Registered Manager and Sister Cathy Coyle (Nurse in Charge) 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

Longfield Care Home is conveniently located on the Longfield Road, a short distance from the village of Eglinton, County Londonderry.

The home is a two storey purpose built facility which provides nursing care for up to 46 patients under the following categories of care:

- I - Old age not falling into any other category
- PH and PH (E) - Physical disability other than sensory impairment over and under 65 years (maximum of 11 persons)

The care home comprises the following:

- 46 single rooms of which 36 have en-suite facilities
- Choice of sitting rooms on each floor
- Two dining rooms
- Activity room
- Prayer room
- Designated smoking area for patients
- Bathroom/shower and toilet facilities
- A main kitchen
- Laundry
- Staff accommodation
- Offices

Adequate car parking facilities are provided at the front and back of the home. There is a landscaped garden area at the side of the home and a patio area at the back of the home.

Longfield Care Home is run and administered by Four Seasons (Bamford) Ltd.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Longfield Care Home was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 2 December 2014 between 10:40 and 15:15. 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, Mrs Louise McCloskey, the nurse in charge, Sister Cathy Coyle, and with the registered nurses on duty. The inspector observed practices for medicines management in the Foyle

Suite and Moore Suite of 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 Longfield Care Home are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although some areas for improvement were noted.

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

Most areas of the management of medicines are maintained in accordance with legislative requirements professional standards and best practice guidelines. The registered manager and staff are commended for their continuing efforts.

Written policies, procedures and separate standard operating procedures for controlled drugs are readily available for staff reference in each treatment room.

Several areas of good practice were observed and acknowledged throughout the inspection as detailed in the report.

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

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 vast majority of 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. However, a discrepancy was observed in one inhaled medicine and close monitoring within the audit process is necessary.

The arrangements for the disposal of controlled drugs must be reviewed to ensure that Schedule 4 (Part 1) controlled drugs are denatured prior to disposal.

Most of the medicine records which were selected for examination had been maintained in the required manner. Further attention should be given to the standard of maintenance of personal medication records and records of the administration records.

With regard to the management of distressed reactions, a care plan was in place; however, staff should ensure that a record of the reason for and effect of the administration of the medicine is documented on every occasion.

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 one requirement and two recommendations; these 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 home was registered with the new provider, Four Seasons (Bamford) Ltd, in October 2012.

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 largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.</p> <p>The outcomes of the majority 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. A discrepancy was observed in one inhaled medicine. The nursing sister confirmed that this medicine would be reviewed immediately after the inspection and closely monitored from the day of the inspection onwards. It was agreed that any further discrepancies must be investigated and reported to RQIA.</p> <p>Satisfactory arrangements are in place for the ordering and receipt of medicines and obtaining written confirmation of medicine regimes for new admissions to the home. A copy of prescriptions is kept in the home.</p> <p>A robust system is in place for the management of warfarin.</p> <p>The management of medicines prescribed on a 'when required' basis for distressed reactions was examined. A care plan is in place and the parameters for administration were recorded in full, on the personal medication records selected. The reason for the administration of the medicine and effect of the administration is recorded on some but not all occasions. This should be recorded on every occasion. The record keeping for distressed reactions should be reviewed. A recommendation is made.</p>	<p>Substantially compliant</p>

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:	
Written policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place.	Compliant
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>A record of medicines management training is kept in the home, including records of induction training. Update medicines management training is provided through the completion of e-learning modules and attendance at training courses. This year, training has included the management of syringe drivers, medicines administered via enteral feeding tubes and Parkinson's disease for registered nurses. Care staff have received training in the management of dysphagia and external preparations.</p> <p>A list of the names, signatures and initials of staff authorised to administer medicines is maintained.</p> <p>A sample of the training and competency records were reviewed at the inspection. Staff competencies in medicines management are assessed annually.</p>	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:	
Medicines management training is reviewed through annual appraisal, staff competency assessment, the outcomes of audit trails and supervision of practice. Records are maintained. The registered manager advised that team meetings are also used to highlight medicines management issues.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings: The registered manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with the organisation's policies and procedures. The most recent medicine related incidents were discussed at the inspection.	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 a special waste container by two registered nurses. The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines. The registered nurses confirmed that Schedule 2 and 3 controlled drugs are denatured prior to disposal. However, examination of the disposal record indicated that a number of Schedule 4 (Part 1) controlled drugs had not been denatured in accordance with the most recent legislation. A requirement is made.	Moving towards compliance

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:	
<p>The system to audit medicines management includes records of running stock balances for several medicines which are not supplied in the 28 day blister packs. This is good practice. An overarching audit is completed by the registered manager and nursing sister; a representative from the community pharmacy also completes an audit every quarter.</p> <p>The good practice of recording the date and time of opening on medicine containers was acknowledged. This readily facilitates the audit process.</p> <p>As detailed in Criterion 37.1 the administration of one inhaled medicine should be closely monitored.</p>	Substantially compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially 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: Medicine records were legible; most had been well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged. This included the safe practice of ensuring that two registered nurses are involved in the writing and updating of personal medication records, medication administration records and warfarin administration records.	Compliant
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: The samples of each of the above records which were selected for examination indicated that the majority of medicine records had been maintained in the required manner. A small number of entries on the personal medication records were not up to date and accurate and did not correlate with the corresponding medication administration record. This was further discussed and these records should be closely monitored to ensure they are accurately maintained at all times. A recommendation is made. The records pertaining to the administration of bisphosphonate medicines indicated that these medicines are administered at the same time as other morning medicines. This is not in accordance with the manufacturers' instructions. On discussion with the nursing sister, it was established these medicines are administered before	Substantially compliant

STANDARD 38: MEDICINE RECORDS

<p>8am by the registered nurses on night duty and therefore separately from food or other medicines. The correct time of administration should be recorded on the administration records. It was agreed that this would be closely monitored within the audit process.</p> <p>Staff are reminded that a record of the disposal of Schedule 2 and Schedule 3 controlled drugs should also be recorded in the disposal of medicines record book on every occasion.</p>	
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:	
The controlled drug record book is maintained in the required manner.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 39 - MEDICINE STORAGE
Medicines are safely and securely stored

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Medicines are stored safely and securely and in accordance with the manufacturer's instructions. The treatment room was tidy and organised.</p> <p>There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.</p> <p>It was noted that a small number of medicines were not labelled e.g. inhalers. This was discussed at the inspection and it was agreed that this would be addressed at the earliest opportunity.</p> <p>Satisfactory arrangements are in place for the temperature monitoring of medicine storage areas.</p> <p>Oxygen and blood glucometers are managed appropriately.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Inspection Findings:	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the registered nurse in charge of the shift. The registered manager is responsible for the management of spare medicine keys.</p>	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:	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of the balance checks are maintained.</p> <p>The good practice of including controlled drugs which do not require storage in the controlled drug cupboard, in the daily stock reconciliation checks was acknowledged.</p>	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant

7.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Sister Cathy Coyle (Nurse in Charge)**, 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

LONGFIELD CARE HOME

2 DECEMBER 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 **Sister Cathy Coyle, Nurse in Charge**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that the requirement 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 action 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 manager must ensure that Schedule 4 (Part 1) controlled drugs are denatured prior to disposal. Ref: Criterion 37.6	One	All schedule 4 (part 1) controlled drugs are denatured prior to disposal and this has been shared with all RN's in the Home to ensure compliance is maintained.	3 January 2015

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 review the management of medicines for distressed reactions to ensure the reason for and effect of the administration is recorded on every occasion. Ref: Criterion 37.1	One	All residents who are receiving medicines for distressed reactions have a Care Plan in place and effectiveness is documented in MARR sheet and Care Plan	3 January 2015
2	38	The registered manager should closely monitor the standard of maintenance of personal medication records. Ref: Criterion 38.2	One	All PMR sheets reviewed and where necessary have been re-written and signed by 2 RN's	3 January 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	Louise McCloskey
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 13.1.15

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				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	16/1/15
B.	Further information requested from provider				