NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN017442**
Establishment ID No:	**1211**
Name of Establishment:	**Silverdale**
Date of Inspection:	**27 October 2014**
Inspector's Name:	**Helen Mulligan**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 82245828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of home:	Silverdale
Type of home:	Nursing Home
Address:	29a Castlegore Road Castlederg BT81 7RU
Telephone number:	(028) 8167 9574
E mail address:	silverdalenh@btconnect.com
Registered Organisation/ Registered Provider:	SRB Care Ltd Mrs Sarah Roberta Brownlee
Registered Manager:	Mrs Geraldine Browne
Person in charge of the home at the time of Inspection:	Mrs Geraldine Browne
Categories of care:	NH-DE, NH-I, NH-PH
Number of registered places:	41
Number of patients accommodated on day of inspection:	40
Date and time of current medicines management inspection:	27 October 2014 09:35 to 13:45
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	Unannounced 6 June 2011

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 Geraldine Browne (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 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

Silverdale is located in its own landscaped grounds on the outskirts of the village of Castlederg, Co. Tyrone and provides care for up to 41 patients. The home is registered in the general and dementia nursing categories of care.

The home consists of two units:

- The general nursing unit is a single-storey accommodation which contains one double room with en-suite facilities and 25 single rooms, two of which have en-suite facilities, a main kitchen, dining room, designated smoking area, two sitting areas, two conservatories, staff accommodation and offices, bathrooms, toilet and shower facilities and storage space.

- The dementia unit is a two-storey accommodation with access to the first floor via a through floor lift and stairs. This unit contains fourteen single bedrooms, two of which have en-suite facilities, one day room, one quiet room, bathroom, toilet and shower facilities and storage space.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Silverdale was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 27 October 2014 between 09:35 and 13:45 hours. 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 Geraldine Browne 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 in Silverdale are substantially compliant with legislative requirements and best practice guidelines. No significant areas of concern regarding the management of medicines were noted during this inspection. Areas for improvement were noted and highlighted during the inspection.

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

The requirement and recommendation made at the previous medicines management inspection on 6 June 2011 were examined during the inspection; full compliance has been achieved. The inspector's validation of compliance is detailed in Section 5.0 below.

Arrangements for the management of medicines in this home are generally satisfactory. Written policies and procedures for the management of medicines are in place. There is evidence that staff have been trained and deemed competent to administer medicines in the home. Medicines are stored safely and securely. The results of medicine audits were generally satisfactory. Medicine records are well-maintained and facilitated the audit process.

Controlled drugs for disposal must be denatured in the home prior to their disposal and collection.

Improvements are necessary in the management of medicines prescribed on an "as required" basis for the management of distressed reactions.

Systems for auditing and monitoring medicines should be reviewed and revised to ensure they include a selection of all medicines in the home (including nutritional supplements, lactulose, nebules and medicines prescribed on an "as required" basis).

The inspection attracted a total of one requirement and two recommendations. The requirement 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 6 June 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must forward confirmation that the two BuTrans patches highlighted during the inspection have been returned to the pharmacy for disposal. **Stated once**	The management of these BuTrans patches was investigated and a satisfactory report of the findings was forwarded to RQIA. The registered manager provided confirmation that the patches were returned to the pharmacy for disposal.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	The level of thickening of fluids required by those patients with a swallowing difficulty should be recorded in the patient's care plan. **Stated once**	Care plans were reviewed during the inspection and it was noted that the level of thickening is recorded.	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:	
Generally satisfactory arrangements are in place for the management of medicines. The admission procedure was reviewed for two patients recently admitted to the home and was found to be satisfactory. No patients in the home are prescribed warfarin. Other anticoagulant medicines have been prescribed; separate records of the administration of these medicines are in place and these are signed by two designated members of staff. This is good practice. A randomly selected sample of medicines in the home was audited during the inspection. The majority of these produced satisfactory results. However, discrepancies were noted in supplies of lactulose liquid and nebules. It was not possible to audit supplies of nutritional supplements in the home as stock balances are not carried forward. These issues should be addressed. A recommendation is made.	Substantially 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:	
Written policies and procedures for the management of medicines are in place. These were reviewed and revised in November 2013. Comprehensive Standard Operating Procedures for the management of controlled drugs are in place and these were reviewed and revised in November 2013.	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:	
Staff receive training on the management of medicines as part of the home's induction process for new members of staff and as an annual update. Records of staff training for registered nurses are maintained. Update training on the management of medicines was provided by a trainer from the Western HSC Trust on 5 June 2014. There was evidence that nursing staff have also attended the following training: palliative care (February, June and October 2013 and June 2014), dysphagia (May 2012, March 2013 and May 2014), syringe drivers (June 2014), anaphylaxis (September 2013 and August 2014), enteral feeding (August 2014) and subcutaneous fluids (June 2014). Care staff who administer thickening agents, topical medicines and nutritional supplements have been trained and deemed competent to do so by the registered manager. Records of training in the administration of topical medicines and nutritional supplements are maintained. Records of care staff training in the administration of thickening agents are not maintained; the registered manager advised this would be addressed and no further action is required at this time. The registered manager maintains a sample signature list for all registered nurses and care staff who have been trained and deemed competent to administer medicines in the home.	Substantially compliant

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 confirmed that there is regular staff supervision in the home and staff competency is reviewed and confirmed on an annual basis.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication incidents have been reported to RQIA in accordance with procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Arrangements for the disposal of pharmaceutical waste were discussed. The registered manager must ensure that controlled drugs in Schedule 2, 3 and 4 (part 1), which includes temazepam, tramadol, diazepam, nitrazepam, zopiclone and zolpidem are denatured by home staff and therefore rendered irretrievable prior to their disposal. A requirement is made.	Substantially 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:	
Samples of medicines are audited on a daily basis. Registered nurses also audit each patient's medicines and medicine records on an annual basis. The registered manager audits all aspects of the use and control of medicines in the home on a quarterly basis. Records of audits were reviewed during the inspection. There was evidence that any discrepancies noted during audits are reported to the registered manager and the appropriate action is taken to address any discrepancies. The registered manager was reminded that significant discrepancies in stock balances of medicines must be reported to RQIA. In light of the discrepancies noted during the inspection, the registered manager should ensure that medicine audits include a selection of all medicines in the home, including nutritional supplements, lactulose, nebules and medicines prescribed on an "as required" basis. A recommendation has been made under Criterion 37.1 above.	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 generally well-maintained and facilitated the audit process.	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:	
Personal medication records are well-maintained and are signed by the prescriber. Records of medicines administered were generally well-maintained. During the inspection, the registered manager was reminded that records of the administration of bisphosphonate medicines should clearly indicate that they have been administered clear of food and other medicines, in accordance with the manufacturer's instructions. Records of medicines ordered and received, and medicines disposed of are maintained.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

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:	
Records in the controlled drugs record book were reviewed and found to be maintained in a satisfactory manner. Records show that controlled drug patches are administered on time and in accordance with the prescriber's instructions.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially 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. Some overstocks of medicines were noted; the registered manager and staff were reminded that there should be robust stock control procedures in place.	Substantially 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:	
Arrangements for key control were noted to be satisfactory.	Compliant

STANDARD 39 - MEDICINES 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:	
Records show that stocks of Schedule 2controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Stocks of diazepam, midazolam and zopiclone are also reconciled twice daily; this is good practice.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

The use of anxiolytic and antipsychotic medicines prescribed on an “as required” basis for the management of distressed reactions was reviewed for two patients in the home. A care plan detailing the management of distressed reactions was in place for both patients and the parameters for administration were recorded on the patients’ personal medication records. The daily notes for these patients were also reviewed. Some incomplete daily notes were highlighted. Staff should ensure that daily notes detail when an anxiolytic or antipsychotic medicine has been administered and should reference why it was administered and the outcome of the administration. For one patient, a dose of an anxiolytic medicine prescribed on an “as required” basis had been administered on four consecutive evenings; the daily notes did not record why this medicine had been administered. Where medicines prescribed on an “as required” basis are being administered on a daily basis, the management of the medicine should be reviewed in consultation with the prescriber. These issues should be addressed. A recommendation is made.

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 **Mrs Geraldine Browne (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
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

SILVERDALE
27 OCTOBER 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 **Mrs Geraldine Browne, 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.

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**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must ensure that home staff denature controlled drugs prior to their disposal. **Ref: Criterion 37.6**	One	A system has been implemented for the denaturing of controlled drugs in Schedule 2,3 and 4 (Part 1) prior to their disposal and collection by Licensed Pharmacy.	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	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should review and revise systems for auditing and monitoring medicines to ensure they include a selection of all medicines in the home. **Ref: Criterion 37.1 and 37.7**	One	Additional Audit arrangements have now been implemented to include Nutritional Supplements, Lactulose, Nebules and medications prescribed on an "as required" basis.	30 days
2	37	The registered manager should review and revise the management of medicines prescribed on an “as required” basis for the management of distressed reactions. **Ref: Section 7.0**	One	The management of anxiolytic medicines has been reviewed. (1) By the prescriber where medicines prescribed on "as required" basis needed to be administered on a daily basis. (2) To ensure that nurses document in patients daily notes details of when an anxiolytic or antipsychotic medicine has been administrated, also the reason why administered recorded and outcome of administration.	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 and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Geraldine Browne
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Roberta Brownlee

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	09/12/2014
B.	Further information requested from provider		No		