



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020541

Establishment ID No: 1262

Name of Establishment: Laganvale – General Nursing Unit

Date of Inspection: 12 September 2014

Inspector's Name: Paul Nixon

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:	Laganvale – General Nursing Unit
Type of home:	Nursing Home
Address:	General Nursing Unit 37 Laganvale Mews Moira BT67 0RE
Telephone number:	(028) 9261 9899
E mail address:	laganvalehome@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Ms Shily Paul
Person in charge of the home at the time of inspection:	Ms Sherly Mathai (Deputy Manager)
Categories of care:	NH – I, NH - PH
Number of registered places:	37
Number of patients accommodated on day of inspection:	36
Date and time of current medicines management inspection:	12 September 2014 10:00 – 13:00
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	17 January 2012 Unannounced Medicines Management inspection

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with the deputy manager, Ms Sherly Mathai
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

Laganvale is situated in a private residential development on the outskirts of Moira, County Antrim. A number of rooms have panoramic views of the County Antrim countryside and farmland. There are good car parking areas at the front and to the side of the home. Public transport facilities (road and rail) are nearby. The home is convenient to the village of Moira and community services.

The home was re-registered to accommodate a total of 37 patients in the general nursing unit who require nursing care, long and short term, and physical disablement under and over pension age, terminal illness and 36 patients in the dementia unit who require specialised care.

This report focuses on the first floor general nursing unit.

The home is owned and managed by Four Seasons Health Care. The registered manager has been in position for seven years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Laganvale – General Nursing Unit was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 12 September 2014 between 10:00 and 13:00 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 deputy manager of the home, Ms Sherly Mathai. 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 Laganvale – General Nursing Unit are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though one area for improvement was noted. The registered manager and staff are commended for their efforts.

The one recommendation which was made at the previous medicines management inspection, on 17 January 2012, was examined during the inspection. It is assessed as compliant.

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

Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the robust audit arrangements, the additional monitoring arrangements for Schedule 4 (Part 1) controlled drugs, the high standard of maintenance of the medicine records and the additional records in place for the recording of warfarin, injections and transdermal opioid patches.

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

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions. The registered provider must ensure that Lantus Solostar insulin, prescribed for one patient, is administered in accordance with the prescribed instructions.

Medicine records had been maintained in a very satisfactory manner.

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

The inspection attracted a total of one requirement. The requirement is detailed in the Quality Improvement Plan.

The inspector would like to thank the deputy 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 17 January 2012:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	A list of the names, signatures and initials of care assistants who have been deemed competent to administer external medicines and thickening agents should be maintained. Stated once	This list is maintained by the registered manager.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES
Medicines are handled safely and securely.

Criterion Assessed:

37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.

COMPLIANCE LEVEL

Inspection Findings:

A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions.

The audit trail on Lantus Solostar insulin, prescribed for one patient, indicated that an unsatisfactory correlation existed between the actual and theoretical amounts remaining in the in-use insulin pen. The registered provider must ensure that this medicine is administered in accordance with the prescribed instructions. A requirement is stated.

The deputy manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Evidence of the confirmation of dosage regimes was examined for one recently admitted patient.

The process for obtaining prescriptions was reviewed. The deputy manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing.

The current written confirmation of warfarin dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained.

Three patients have medication administered covertly. Evidence of professional advice was in place to cover this arrangement.

Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>The records in place for the use of 'when required' anxiolytic or antipsychotic medicines in the management of distressed reactions were examined for two patients. Each patient had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. The parameters for administration were recorded on the personal medication record. The medicines have not been administered on a 'when required' basis for some time.</p>	
<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>There are written policies and procedures detailing the arrangements for the management of medicines. These were not examined in detail during the inspection.</p> <p>There are Standard Operating Procedures for the management of controlled drugs.</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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>There is a programme of staff medicines management training in the home. The deputy manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and was observed to have been appropriately completed.</p> <p>A record of the medicines management training and development activities completed by the staff is maintained.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>There are medicines management competency assessments for staff members who manage medicines. Competencies are updated annually for all relevant staff.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Discontinued or expired medicines are placed into designated clinical waste bins by nursing staff. The deputy manager stated that two nurses dispose of all pharmaceutical waste into these bins. Two nurses denature controlled drugs. The waste bins are removed by a waste disposal contractor.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>There was recorded evidence that practices for the management of medicines are audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary. The dates and times of opening are recorded on the medicine containers in order to facilitate the audit activity. This good practice is commended.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

STANDARD 38 - MEDICINE RECORDS

Medicine records comply with legislative requirements and current best practice.

<p>Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The medicine records were observed to have been constructed and completed in a manner that facilitates audit activity. Staff are commended for their efforts.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 38.2 The following records are maintained:</p> <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A randomly selected sample of the above medicine records was assessed. These records had been maintained in a very satisfactory manner.</p> <p>The personal medication records examined contained the required information and the entries had been signed by two registered nurses.</p> <p>The medicine administration record sheets examined were fully and accurately completed.</p> <p>The records of receipts and disposals of medicines contained the necessary information.</p> <p>Care staff apply emollients to some patients, however, they do not record this action. The need to record this action was discussed.</p>	<p align="center">Compliant</p>

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:	
A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 39 - MEDICINES 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 were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements.</p> <p>Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.</p> <p>The temperature range of the medicine refrigerator is monitored and recorded each day. Temperatures had been maintained within the recommended range.</p>	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:	
The medicine keys were observed to be in the possession of the registered nurses on duty. The controlled drug cabinet key was observed to be carried by the designated registered nurse, separately from the other medicine keys.	Compliant

STANDARD 39 - MEDICINE STORAGE

Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings: There were no Schedule 2 controlled drugs. Quantities of Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. Stocks of Schedule 4 (Part 1) controlled drugs are also reconciled at each handover of responsibility. This good practice is commended.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

7.0 ADDITIONAL AREAS EXAMINED

None

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 **Ms Sherly Mathai (Deputy Manager)**, during the inspection, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

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

Enquiries relating to this report should be addressed to:

Paul Nixon
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

LAGANVALE – GENERAL NURSING UNIT

12 September 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 **Ms Sherly Mathai (Deputy Manager)**, during the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENT

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered provider must ensure that Lantus Solostar insulin, prescribed for one patient, is administered in accordance with the prescribed instructions. Ref: Criterion 37.1	One	Resident received right dose of medicine as prescribed. Staff opened two insulin pens by mistake and both pens were in use. Staff are advised to make sure only one insulin pen is opened at a time to avoid the confusion.	12 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [pharmacists @rqia.org.uk](mailto:pharmacists@rqia.org.uk)

NAME OF REGISTERED MANAGER COMPLETING QIP	Shily Paul
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 24.9.14

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		Paul W. Nixon	25/09/14
B.	Further information requested from provider		X	Paul W. Nixon	25/-09/14