NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT
MONITORING INSPECTION REPORT

Inspection No:	**IN020793**
Establishment ID No:	**1267**
Name of Establishment:	**Louisville**
Date of Inspection:	**2 February 2015**
Inspectors' Names:	**Paul Nixon** **Cathy Wilkinson**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Louisville
Type of home:	Nursing Home
Address:	Glen Road Belfast BT11 8BU
Telephone number:	(028) 9060 4316
E mail address:	louisvillegroup@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mr Raymond Liam Murphy
Registered Manager:	Miss Stephanie J Shannon
Person in charge of the home at the time of Inspection:	Ms Geetha Rajappan (Acting Manager)
Categories of care:	NH-I
Number of registered places:	48
Number of patients accommodated on day of inspection:	39
Date and time of current medicines management inspection:	2 February 2015 10:30 – 13:10
Names of inspectors:	Paul Nixon and Cathy Wilkinson
Date and type of previous medicines management inspection:	6 August 2014 Unannounced

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

The previous medicines management inspection of this home on 6 August 2014 had shown that robust systems for some aspects of the management of medicines were not in place; improvements were needed in the standards for the management of medicines.

The purpose of this inspection was to determine what progress had been made in relation to these concerns, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes (2008) and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS / PROCESS

Discussion with Ms Geetha Rajappan (Acting Manager)
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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Home Minimum Standards (2008) and to assess progress with the issues raised since the previous inspection:

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

Standard 40: Administration of medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each 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

Louisville is situated on the Glen Road in West Belfast.

It is a two storey building and comprises 40 single bedrooms and four double bedrooms. The building was originally St Louis' Convent.

There are five lounges in the home; one is a large room which is also used for functions. A smoking area is provided for patients on each floor.

The dining room is spacious and is used by the majority of patients.

The home caters mainly for patients from the local community or those who have family nearby. There is a strong community bond, which is reflected in the relaxed atmosphere within the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Louisville was undertaken by Paul Nixon and Cathy Wilkinson, RQIA Pharmacist Inspectors, on 2 February 2015 between 10:30 and 13:10. This summary reports the position in the home at the time of the inspection.

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

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

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

During the course of the inspection, the inspectors met with Ms Geetha Rajappan, Acting Manager. The inspectors 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 Louisville are substantially compliant with legislative requirements and best practice guidelines. A significant improvement was observed in the management of medicines. The acting manager and staff are commended for their efforts.

The eight requirements and six recommendations made at the previous medicines management inspection on 6 August 2014 were examined during the inspection; the inspectors' validation of compliance is detailed in Section 5.0 of this report.

There are suitable arrangements to monitor all aspects of the management of medicines. Regular audits are performed by the acting manager and registered nurses. There is a daily equipment check, a weekly treatment room check and weekly date of container opening audits on medicines. The community pharmacist also conducts periodic audits. The audit outcomes are recorded and reflected the observations made during the inspection.

Systems are in place to ensure that all patients have a continuous supply of their prescribed medication. All prescribed medicines audited were in stock.

Staff have received training on the management of PEG tubes, Parkinson's, dysphagia and skincare. Records of training and competency are in place for care staff that carry out medication related tasks e.g. administering creams and thickening agents.

The care plans of three patients with Parkinson's and one patient with a PEG tube in situ were examined and contained the necessary information.

The records in place for the use of 'when required' medicines in the management of distressed reactions were examined for three patients. In each instance, the care plan in place for the management of distressed reactions did not detail when the medicine should be administered. This was discussed with the acting manager, who agreed to ensure that the matter would be rectified without delay. For each patient, the parameters for administration were recorded on their personal medication record. Only one of the three patients had been administered the medication and had only received a single dose. The administration had been recorded on the medicine administration record and in the progress notes.

Patients had recently taken photographs attached onto their personal medication record sheets.

An external medicines recording system is completed by care staff.

The registered nurses record the use of thickening agents for dysphagia by care staff on the medicine administration record sheets. The registered person should ensure care staff record the use of thickening agents for dysphagia. A recommendation is stated.

Two registered nurses dispose of all pharmaceutical waste into the special waste bins and both sign the record in the disposal book. Copies of the receipts supplied by the waste management company are attached to the relevant pages in the disposal book.

Quantities of Schedule 2 and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.

Medicines were safely and securely stored. The medicines storage room was tidy and well organised. The medicines refrigerator is being maintained within the recommended range of 2°C and 8°C. The acting manager confirmed that the registered nurses had been provided with further instruction regarding the management of the medicines refrigerator.

The outcomes of a range of audits on randomly selected medicines indicated that the medicines had been administered in accordance with the prescribing practitioners' instructions.

The inspection attracted one recommendation which is detailed in the Quality Improvement Plan.

The inspectors would like to thank the acting manager and staff on duty 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 August 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that the medicines refrigerator is being maintained within the recommended range of +2°C and +8°C. **Stated twice**	The temperature range of the medicines refrigerator is monitored daily. It had been maintained within recommended limits. A new medicines refrigerator has recently been purchased.	**Compliant**
2	13(4)	The registered person must implement an audit tool to monitor all aspects of the management of medicines including those highlighted at this inspection. **Stated once**	The arrangements for the management of medicines are audited by the acting manager and registered nurses. There is a daily equipment check, a weekly treatment room check and regular date of container opening audits on medicines. The community pharmacist also conducts periodic audits. The audit outcomes are recorded.	**Compliant**
3	13(4)	The registered person must put systems in place to ensure that all patients have a continuous supply of their prescribed medication **Stated once**	All prescribed medicines were in stock.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered person must investigate the unavailability of a specific prescribed medicine for one patient for three days. A report of the outcome of the investigation including the learning identified must be forwarded to RQIA. **Stated once**	This incident was investigated and the registered person informed RQIA of the outcome and action taken in the returned Quality Improvement Plan.	**Compliant**
5	13(4)	The registered person must ensure that care plans are in place for all patients especially those assessed as high risk. **Stated once**	The care plans of three patients with Parkinson's and one patient with a PEG tube in situ were examined and contained the necessary information.	**Compliant**
6	13(4)	The registered person must provide evidence that staff had received training on the management of PEG tubes **Stated once**	Staff attended PEG tube and gastrostomy training, facilitated by a specialist nurse from Belfast Health and Social Care Trust, on 24 November 2014. Recorded evidence of staff attending was available.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	13(4)	The registered person must ensure that records of training and competency are in place for all care staff that carry out medication related tasks e g administering creams and thickening agents. **Stated once**	Staff attended skincare training on 6 October 2014 and dysphagia training on 6 November 2014. Recorded evidence of staff attending these training sessions was available.	**Compliant**
8	13(4)	The registered person must ensure that accurate and complete records for the administration of external preparations by care staff are maintained. **Stated once**	A separate topical medicines recording system is completed by care staff.	**Compliant**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	Each patient should have a recently taken photograph attached onto their personal medication record sheet. **Stated three times**	This practice was observed.	**Compliant**
2	37	The registered person should provide training on the management of Parkinson's disease for all nursing staff and care staff. **Stated once**	Staff attended Parkinson's training, facilitated by a specialist nurse from Belfast Health and Social Care Trust, on 30 October 2014. Recorded evidence of staff attending was available.	**Compliant**
3	37	The registered person should ensure that the management of medicines for distressed reactions is reviewed and revised as detailed in the report. **Stated once**	The records in place for the use of 'when required' medicines in the management of distressed reactions were examined for three patients. In each instance, the care plan in place for the management of distressed reactions did not detail when the medicine should be administered. For each patient, the parameters for administration were recorded on the personal medication record. Only one of the three patients had been administered the medication and only a single dose had been administered. The administration had been recorded on the medicine administration record and In the progress notes.	**Substantially compliant**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	37	The registered person should ensure that 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. **Stated once**	This practice was observed.	**Compliant**
5	37	The registered person should ensure that two registered nurses dispose of all pharmaceutical waste into the special waste bins and both should sign the record in the disposal book. A copy of the receipt supplied by the waste management company should be attached to the relevant pages in the disposal book. **Stated once**	This practice was observed.	**Compliant**
6	37	The registered person should ensure that all registered nurses are trained and competent to monitor refrigerator temperatures accurately. **Stated once**	The medicines refrigerator was being appropriately managed. The acting manager confirmed that the registered nurses had been provided with further instruction regarding the management of the medicines refrigerator.	**Compliant**

6.0 QUALITY IMPROVEMENT PLAN

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

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

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents 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 residents 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 Geetha Rajappan (Acting 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:

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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

LOUISVILLE
2 FEBRUARY 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Geetha Rajappan, Acting 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.

There are no requirements.

RECOMMENDATION **This recommendation is based on the Nursing Homes Minimum Standards (2008), research or recognised sources. It promotes 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 person should ensure care staff record the use of thickening agents for dysphagia. **Ref: Section 6.2**	One	Detailed fluid and food charts are in place with consistency. There is an evidence of staff recording it.	4 March 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 and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Geetha Rajappan (Acting Manager)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Raymond L. Murphy

	QIP Position Based on Comments from Registered Persons	**Yes**	**No**	**Inspector**	**Date**
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	3/3/15
B.	Further information requested from provider				