



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020350
Establishment ID No: 1270
Name of Establishment: Movilla House
Date of Inspection: 26 August 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:	Movilla House
Type of home:	Nursing Home
Address:	51 Movilla Road Newtownards BT23 8RG
Telephone number:	(028) 9181 9399
E mail address:	doreen.movilla@btconnect.com
Registered Organisation/ Registered Provider:	Mr Derek Alfred Bell & Mr James Gordon Walker
Registered Manager:	Ms Doreen Bingham
Person in charge of the home at the time of inspection:	Ms Doreen Bingham
Categories of care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI, RC-I
Number of registered places:	50
Number of patients accommodated on day of inspection:	48
Date and time of current medicines management inspection:	26 August 2014 10:00 – 14:50
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	17 April 2012 Unannounced Medicines Management Monitoring 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 registered manager, Ms Doreen Bingham and the 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

Movilla House is situated in two acres of wooded garden and lawns in the outskirts of Newtownards. It is easily accessed from Newtownards, Bangor and Belfast and is very convenient to shops and community services. There is good parking for visitors within the grounds of the home and public transport facilities are directly outside the home.

The home is purpose-built and provides accommodation on two floors for 50 residents (46 bedrooms with single accommodation and two bedrooms with accommodation for two people sharing). There are en-suite facilities in the majority of bedrooms.

The home provides panoramic views of the surrounding Co. Down countryside from most of the rooms. Day rooms comprise - four sitting rooms and two dining rooms. Bathrooms and toilets are easily accessed from all rooms throughout the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Movilla House was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 26 August 2014 between 10:00 and 14:50 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, Ms Doreen Bingham. 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 Movilla House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The three requirements which were made at the previous medicines management inspection, on 17 April 2012, were examined during the inspection. Each requirement 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, discussion with other inspectors and any intelligence received from trusts and other sources.

Areas of good practice were noted and highlighted during the inspection and the registered manager and members of staff are commended for their efforts. These include the robust

audit arrangements, the high standard of maintenance of the personal medication records and medication administration records and the additional records in place for the recording of external preparations.

There is a programme of training for medicines management. There are annual medicines management competency assessments for registered nurses.

Standard Operating Procedures should be developed for the management of controlled drugs.

Two registered nurses should witness medicines being placed in the medicines disposal bin and should sign the disposal record.

The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had been administered to the selected patients in accordance with the prescribers' instructions.

Medicine records had been maintained in a largely satisfactory manner.

Medicines were stored safely and securely, in accordance with legislative requirements and the manufacturers' instructions. A lock should be fitted to each medicine refrigerator. The temperatures of medicine storage areas should be monitored regularly and recorded.

The inspection attracted a total of five recommendations. The recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 17 April 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	<p>The personal medication record must be fully and accurately maintained.</p> <p>Stated three times</p>	<p>The personal medication record sheets were observed to have been maintained to the required standard.</p>	Compliant
2	Reg. 13(4)	<p>The temperature of each medicine refrigerator must be appropriately managed.</p> <p>Stated three times</p>	<p>The temperature of each medicine refrigerator was observed to have been appropriately managed.</p>	Compliant
3	Reg. 13(4)	<p>On the ground floor, the registered manager must closely monitor the maintenance of the personal medication record and the management of the medicine refrigerator, in order to ensure compliance with legislative requirements and minimum standards.</p> <p>Stated once</p>	<p>The registered manager provided documented evidence that, on the ground floor, the maintenance of the personal medication record and the management of the medicine refrigerator are closely monitored, in order to ensure compliance with legislative requirements and minimum standards. The observations made during this inspection confirmed the audit outcomes.</p>	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 pods. These audits indicated that medicines were being administered to the selected patients in accordance with the prescribers' instructions.

The registered manager and registered nurses 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 two recently admitted patients.

The process for obtaining prescriptions was reviewed. The registered manager and registered nurses 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.

The records for three patients who are prescribed anxiolytic medication for administration on a 'when required' basis in the management of distressed reactions were reviewed. Two of the patients had a care plan in place that detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. Records of administrations had been maintained on the medication administration record sheets. For two patients, the reasons for the administration and the subsequent outcome had not always been recorded in their daily notes. The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. A recommendation is made.

Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed:	COMPLIANCE LEVEL
37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	
Inspection Findings:	
<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>The procedures for the management of controlled drugs were very brief. Standard Operating Procedures should be developed for the management of controlled drugs. The registered manager was referred to RQIA website, where guidance on the development of Standard Operating Procedures for the management of controlled drugs is available. A recommendation is made.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	
Inspection Findings:	
<p>Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training on a regular basis.</p> <p>The registered manager confirmed that care staff had been trained to manage external preparations and thickening agents.</p> <p>There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	
Inspection Findings:	
The registered manager confirmed that a system of supervision and annual appraisal, including competency assessment is in place. Records are maintained and were available for examination.	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:	
A system is in place to manage any medicine errors or incidents should they occur in the home. These are reported in accordance with the home's policies and procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are returned to a waste management company. There is evidence that controlled drugs are denatured by two registered nurses in the home prior to disposal. However, other medicines are disposed of by only one nurse. Two registered nurses should witness medicines being placed in the medicines disposal bin and should sign the disposal record. A recommendation is made.	Substantially compliant
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:	
A comprehensive system to audit the management of medicines is in place. Audit trails are performed on an ongoing basis, including daily and monthly audits by the nursing staff and an external audit which is undertaken by a representative from the supplying pharmacy. A sample of records of the audit activity was observed and satisfactory outcomes had been achieved.	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: With the exception of the disposal of medicines record, the medicine records were observed to have been constructed and completed in a manner that facilitates audit activity.	Substantially 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: A randomly selected sample of the above medicine records was assessed. These records had been maintained in a broadly satisfactory manner. The personal medication records examined contained the required information and the entries had been signed by two registered nurses. The medicine administration record sheets examined were fully and accurately completed. The entries in the disposal of medicines record were not signed by two registered nurses. As previously stated, two registered nurses should witness medicines being placed in the medicines disposal bin and should sign the disposal record.	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:	
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
	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 were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements.

Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.

Neither of the medicine refrigerators had a lock fitted. The registered nurses stated that the medicine storage rooms are kept locked at all times; however, best practice would indicate that a lock should be fitted to each medicine refrigerator. A recommendation is made.

The temperature range of each medicine refrigerator is monitored and recorded daily. Temperatures had been maintained within the recommended ranges.

The temperature of each medicine storage room is not monitored. A recommendation is made.

Control checks are performed on blood glucose meters at weekly intervals.

Substantially compliant

STANDARD 39 - MEDICINE STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The keys to the controlled drugs cabinets, all other medicine cupboards and the medicine trolleys, were observed to be in the possession of the registered nurses on duty on each floor. The controlled drug keys are held separately from all other keys by the nurse in charge on each floor.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses at each handover of responsibility.</p> <p>Records of stock balance checks were inspected and found to be satisfactory.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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 Doreen Bingham (Registered 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

MOVILLA HOUSE
26 August 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 Doreen Bingham (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.

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	Standard Operating Procedures should be developed for the management of controlled drugs. Ref: Criterion 37.2	One	The standard Operating Procedures for the management of controlled drugs has been developed.	25 November 2014
2	37	The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. Ref: Criterion 37.1	One	Residents who have been prescribed 'when required' anxiolytic and antipsychotic medicines now have detailed care plans and the reason for ant outcomes documented in the daily progress notes.	25 September 2014
3	37 and 38	Two registered nurses should witness medicines being placed in the medicines disposal bin and should sign the disposal record. Ref: Criteria 37.6, 38.1 and 38.2	One	Two nurses now sign the disposal records when medicines are placed in the disposal bin.	25 September 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	39	<p>A lock should be fitted to each medicine refrigerator.</p> <p>Ref: Criterion 39.1</p>	One	Locks are now fitted to the medicine fridges in both treatment rooms.	25 September 2014
5	39	<p>The temperatures of medicine storage areas should be monitored regularly and recorded.</p> <p>Ref: Criterion 39.1</p>	One	The temperature of the treatment rooms are recorded daily and monitored.	25 September 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	Doreen Bingham
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Derek Bell

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	26/09/2014
B.	Further information requested from provider		X	Paul W. Nixon	26/09/2014