



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020766
Establishment ID No: 1285
Name of Establishment: Lecale Lodge
Date of Inspection: 9 February 2015
Inspectors' Names: Cathy Wilkinson and Helen Daly

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Lecale Lodge
Type of home:	Nursing Home
Address:	26 Strangford Road Downpatrick BT30 6SL
Telephone number:	(028) 4461 6487
E mail address:	lecale.lodge@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Ms Maureen Claire Royston (Registration pending)
Registered Manager:	Mrs Linda Graham
Person in charge of the home at the time of inspection:	Mrs Linda Graham
Categories of care:	NH-DE, RC-I, NH-TI, NH-PH(E), NH-PH, NH-I, NH-MP, NH-MP(E)
Number of registered places:	56
Number of patients accommodated on day of inspection:	53
Date and time of current medicines management inspection:	9 February 2015 11:00 – 14:00
Name of inspectors:	Cathy Wilkinson and Helen Daly
Date and type of previous medicines management inspection:	20 June 2013 Unannounced Monitoring

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 Linda Graham, 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 inspectors 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

Lecale Lodge is a purpose built care home. It is one of two homes on a pleasant site on the outskirts of Downpatrick. It is a two-storey building with bright and spacious patient accommodation and with good parking facilities adjacent to the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Lecale Lodge was undertaken by Cathy Wilkinson and Helen Daly, RQIA Pharmacist Inspectors, on 9 February 2015 between 11:00 and 14:00. 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 inspectors 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 inspectors met with the registered manager of the home, Mrs Linda Graham, and with the registered nurses on duty. 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 Lecale Lodge are substantially compliant with legislative requirements and best practice guidelines.

The two requirements made at the previous medicines management monitoring inspection on 20 June 2013 were examined during the inspection and found to be compliant.

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

Satisfactory arrangements were observed to be in place for most areas of the management of medicines.

Areas of good practice were observed and highlighted. They included: robust management of anticoagulants, fully and accurately maintained personal medication records and medicine administration records (MARs sheets), satisfactory audit outcomes, robust arrangements for highlighting when the next dose of weekly/monthly medicines is due, and an awareness by staff of the importance of timely administration of medicines for Parkinson's Disease.

There is a programme of training for medicines management.

A range of audits was performed on randomly selected medicines. The outcomes of these audits indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies that were noted during the inspection were discussed with the registered manager for close monitoring.

Medicines records had been maintained in a satisfactory manner; the management and staff are commended for their efforts.

Storage was observed to be tidy and organised; however, the registered manager must ensure that the refrigerator temperatures are maintained within the required range of 2°C to 8°C and that the thermometers are reset daily. Oxygen cylinders should be chained to the wall and the masks covered to comply with infection control guidance.

The inspection attracted a total of one requirement and one recommendation. The requirement and recommendation are detailed in the Quality Improvement Plan.

The inspectors 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 20 June 2013:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The audit system should be extended to include eye preparations. Stated twice	A robust audit system is in place which includes eye preparations.	Compliant
2	13(4)	All short shelf life medicines and reagents must be marked with the date of opening to facilitate disposal on expiry. Stated twice	Short shelf life medicines had been marked with the date of opening.	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: Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The outcomes of the audits which were performed on a range of randomly selected medicines indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies were noted in a number of inhaled medicines and further monitoring of these medicines was advised. The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home The management of warfarin was reviewed and found to be satisfactory.	Compliant
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings: Policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are available in the home. They were not examined in detail during this inspection.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<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>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Update training on the management of medicines is provided annually for all nursing staff. Competency assessments are also completed regularly. Records were available for inspection.</p> <p>There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.</p>	<p>Compliant</p>
<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>The registered manager confirmed that there is annual staff appraisal and that nurses have regular supervision. Records were available for inspection.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<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>The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. All medication related incidents that have been reported since April 2014 have been appropriately managed.</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 in the nursing units within the home are sent to a waste management company. The registered manager advised that the waste from the residential unit had been returned to the community pharmacy. All waste from the home should be sent to the waste management company. This was discussed with the registered manager who agreed to implement this practice immediately.</p>	<p>Substantially 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>Audits are completed regularly and records were available for inspection.</p> <p>The community pharmacist completes quarterly audits.</p> <p>Dates and times of opening had been recorded on the majority of containers examined at this inspection.</p>	<p>Compliant</p>
<p>INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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 had been completed in such a manner as to ensure that there is a clear audit trail.	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 sample of the above records was reviewed and found to have been maintained in a satisfactory manner. The registered manager and staff are commended for the standard of record keeping in relation to the management of medicines. Extra records for the administration of transdermal patches, weekly/monthly administered medicines and supplements were in place. This good practice was acknowledged.	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:	
Observation of the controlled drug record book indicated that records had been maintained in a generally satisfactory manner. The disposal of part ampules of controlled drugs was discussed with the registered manager and nurse in charge. It was agreed that this would be recorded in future.	Substantially compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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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>Storage was observed to be tidy and organised in all treatment room areas. There was sufficient storage space in the medicine trolleys and medicine cupboards.</p> <p>Four medicine refrigerators are available in the home. For the refrigerator in the Quoile Suite, the maximum, minimum and current temperatures are monitored and recorded each day and recordings within the accepted range (2°C and 8°C) were observed. However, the refrigerators in the other suites showed deviation from the acceptable temperature range. The consistent nature of the temperature recordings also indicated that the thermometers were not being reset each day. A requirement has been made.</p> <p>The temperature of the treatment rooms in the Slieve Patrick Suite and the Cara Suite were observed to occasionally rise above the recommended 25°C. This was discussed with the registered manager who agreed that it would be closely monitored.</p> <p>Oxygen cylinders should be chained to a solid wall and the mask covered to comply with infection control guidelines. The registered manager should review the storage of oxygen. A recommendation has been made.</p>	<p align="center">Substantially compliant</p>

STANDARD 39 - MEDICINES 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 key 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. The controlled drug key is held separately from all other keys.</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>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.</p>	<p>Compliant</p>

<p>INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

7.0 ADDITIONAL AREAS EXAMINED

Management of Medicines for Distressed Reactions

The management of medicines for one patient who was prescribed anxiolytic or antipsychotic medicines for distressed reactions was reviewed. There was a care plan in place to direct the management of distressed reactions and the administration of these medicines. The administration had been recorded on the medication administration (MARs) sheets, and the reason for the administration and the outcome following administration had been documented in the progress notes.

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 Linda Graham, 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:

Cathy Wilkinson
Pharmacist Inspector
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 INSPECTION

LECALE LODGE

9 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 **Mrs Linda Graham, 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 the medicines refrigerators are maintained within the required range of 2°C and 8°C and the thermometers are reset daily. Ref: Criterion 39.1	One	The medication refridgerators are monitored within the auditing process and are maintained between 2-8degrees. One refridgerator has been replaced since the inspection. Staff have been guided on resetting of the fridge thermometers.	11 March 2015

RECOMMENDATIONS

This recommendation is 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	39	The registered manager should review the storage of oxygen. Ref: Criterion 39.1	One	Chains are provided for oxygen storage and staff have been instructed to ensure oxygen is chained to the wall and all masks are kept covered.	11 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](mailto:pharmacists@rqia.org.uk)

NAME OF REGISTERED MANAGER COMPLETING QIP	Linda Graham
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Jim McCall</i>

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>awg</i>	13/4/15
B.	Further information requested from provider				