



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 18374
Establishment ID No: 1294
Name of Establishment: Silver Birch Lodge
Date of Inspection: 16 May 2014
Inspector's Name: Cathy Wilkinson

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:	Silver Birch Lodge
Type of home:	Nursing Home
Address:	54 Crossgar Road Saintfield BT24 7JE
Telephone number:	(028) 9751 0392
E mail address:	info@silverbirchpnh.co.uk
Registered Organisation/ Registered Provider:	Dr Martin Ronald Phillips Mrs Sandra Martha Phillips
Registered Manager:	Mrs Jillian Jayne Gilmore
Person in charge of the home at the time of inspection:	Mrs Jillian Jayne Gilmore
Categories of care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI
Number of registered places:	33
Number of patients accommodated on day of inspection:	32
Date and time of current medicines management inspection:	16 May 2014 10:00 – 12:30
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	25 August 2011 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 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 Jillian Gilmore, Registered 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

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

Silver Birch Lodge is situated on the main Crossgar Road on the outskirts of Saintfield, County Down. It is a purpose built nursing home which commands panoramic views of the surrounding countryside and farmland.

The nursing home is surrounded by well-maintained gardens and car parking is provided at the front and to the side of the home. The home is very convenient to Saintfield and is close to a public transport route and local amenities.

Facilities are provided over two floors with bedroom accommodation on both levels. A range of single, many with en-suite facilities are available. Toilet and bathroom facilities are located throughout the home. The first floor is serviced by a passenger lift which has recently been upgraded to a size which can accommodate stretchers.

A bright spacious lounge and dining room are provided on the ground floor of the home. There is a conservatory / sun room and lounge for patients on the first floor. Laundry facilities are available within the home. The home is well maintained and features many home comforts.

The home is currently registered to provide care under the following categories:

Nursing Care

NH-I: Old age not falling within any other category

NH-PE: Persons with a physical disability under 65

NH-PH(E): Persons with a physical disability over 65

NH-TI: Persons with a terminal illness.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Silver Birch Lodge was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 16 May 2014 between 10:00 and 12:30. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

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

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Jillian Gilmore and with the registered nurses on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Silver Birch Lodge are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern.

The requirements and recommendations made at the previous medicines management inspection on 25 August 2011 were examined during the inspection; all were found to be compliant. The registered manager and staff are commended for their efforts. The inspector's validation of compliance can be noted in Section 5.0 below.

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.

A number of areas of good practice were noted and highlighted during this inspection. They included: a robust audit system to ensure medicines are administered as prescribed, recording of the date of opening of medicines to facilitate the audit process, additional balance checks on night sedation and analgesics, and additional records for documenting the site of application of transdermal patches and injections. The registered manager also demonstrated that staff were knowledgeable and had a good awareness of the needs of patients with Parkinson's disease.

The results of a range of medicines audits, carried out during the inspection, indicated that medicines are generally administered to patients in accordance with the prescribers' instructions. Some small discrepancies were noted and highlighted to the registered manager for monitoring.

Medicine records were well maintained. The personal medication records that were examined were up to date and contained all of the necessary detail. Medication administration records were fully maintained. A running stock balance of warfarin tablets should be maintained.

A small number of 'when required' medicines for the treatment of distressed reactions are used in the home. The documentation relating to these medicines should be reviewed.

Medicines were being stored safely and securely. The refrigerator temperature is monitored and recorded daily and is maintained within the acceptable range of 2°C to 8°C. Insulin pens should be marked with the patient's name and date of opening.

The inspection attracted a total of three 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 25 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>Those medicines showing audit discrepancies and all eye preparations must be closely monitored as part of the home's routine audit activity.</p> <p>Stated once</p>	<p>The home regularly audits medicines and any discrepancies noted are further monitored. All eye preparations were in date at the time of this inspection.</p>	<p>Compliant</p>
2	13(4)	<p>The registered manager must ensure that when medicines are not administered, the omission and the reason for omission must be documented on the administration record.</p> <p>Stated once</p>	<p>Omissions are highlighted on the administration sheet and an explanatory note is made.</p>	<p>Compliant</p>
3	13(4)	<p>The registered manager must ensure that the refrigerator temperatures are maintained within the recommended limits for the cold storage of medicines and if the temperature falls outside this range corrective action is taken.</p> <p>Stated once</p>	<p>A new refrigerator has been obtained. The temperatures are monitored and within the required range.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	<p>The registered manager should ensure that all new entries on the personal medication record are signed and verified by two suitably qualified members of staff.</p> <p>Stated once</p>	All new entries were signed by two staff members.	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:	
<p>Satisfactory arrangements were observed to be in place for the management of medicines.</p> <p>A number of audits were performed on randomly selected medicines and these produced generally satisfactory outcomes. Some small discrepancies were noted and the registered manager was advised that these medicines should be monitored through the routine audit process. A running stock balance should be maintained for warfarin tablets so that any discrepancy is immediately identified. A recommendation has been made.</p> <p>The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions were reviewed by the home before being sent to the pharmacy for dispensing. This is good practice</p> <p>The registered manager advised that written confirmation of current medicine regimes is obtained for all new admissions.</p>	Compliant
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
A medicines management policy and procedures and Standard Operating Procedures for controlled drugs are in place.	Compliant

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings:	
A sample of training and development records were provided for inspection. Staff have recently attended training in: the administration of medication; anaphylaxis; management of constipation; management of the Apo-go pump. Syringe driver update training is planned for the near future. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager advised that there is regular staff appraisal and competency assessment with respect to medicines management. A record is kept of all staff appraisals and competency assessments.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
Appropriate procedures in place for managing medicine related incidents.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Appropriate arrangements are in place for the disposal of medicines. Medicines are removed for disposal by a licensed waste disposal company and controlled drugs are denatured by home staff before uplift.	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 routine system for auditing medicines is in place. The satisfactory outcomes of these audits were reflected in the audits completed during this inspection.	Compliant

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 be maintained in a manner that facilitates audit activity.</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>The medicine records which were reviewed at this inspection were satisfactorily maintained.</p> <p>The personal medication records examined during this inspection were generally well maintained and contained all the required information. Similar patient names were highlighted as were any products which contain paracetamol. This good practice was acknowledged.</p> <p>Medicine administration records were fully and accurately completed. Any non-administration had been clearly highlighted and an explanatory note was provided.</p> <p>Records of medicines received into the home and records of disposal had been fully and accurately maintained.</p>	<p align="center">Compliant</p>

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:	
<p>The controlled drugs records were observed to have been maintained in the required manner; a sample of records were reviewed and found to be satisfactory. Quantities of controlled drugs matched balances recorded in the controlled drug record books.</p>	<p>Compliant</p>

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
<p>Inspection Findings:</p> <p>Medicines are stored safely and securely and in accordance with the manufacturers' instructions. The storage areas were tidy and organised.</p> <p>Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drugs cabinet.</p> <p>Medicine refrigerator temperatures are recorded daily and are maintained within the recommended limits for the cold storage of medicines.</p> <p>A number of insulin pens were examined. The pens should be parked with the patient's name and the date of opening to facilitate identification and disposal on expiry. A recommendation has been made.</p>	Compliant
Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>The key of the controlled drugs cabinet and the medicine trolleys were observed to be in the possession of the designated nurse.</p>	Compliant

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:	
Schedule 2 and 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of Distressed Reactions

A small number of 'when required' medicines for the treatment of distressed reactions are used in the home. The documentation relating to these medicines should be reviewed to ensure that the care plan documents the medicine that is to be administered and the parameters for administration. The reason for the administration should be documented in the daily progress notes and this should correlate with the administration record. A recommendation has been made.

8.0 QUALITY IMPROVEMENT PLAN

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

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

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Jillian Gilmore, 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
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

SILVER BIRCH LODGE

16 MAY 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Jillian Gilmore, 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.

There are no requirements resulting from this inspection.

RECOMMENDATIONS					
These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should ensure that a running stock balance for warfarin tablets is maintained. Ref: Criterion 37.1	One	Running stock balance commenced 16/05/14.	16 June 2014
2	39	The registered manager should ensure that insulin pens are marked with the patient's name and the date of opening. Ref: Criterion 39.1	One	All insulin pens individually labelled by chemist and staff reminded to place date of opening on label Commenced 16/5/14.	16 June 2014
3	37	The registered manager must review the documentation in relation to the management and administration of 'when required' medicines for the management of distressed reactions. Ref: Section 6.0	One	Relevant for two residents - care plans insitu, daily records reflect PRN administration. All nurses informed of same 16/05/14.	16 June 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	Mrs Jillian Gilmore
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Sandra Phillips

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	17/06/2014
B.	Further information requested from provider				